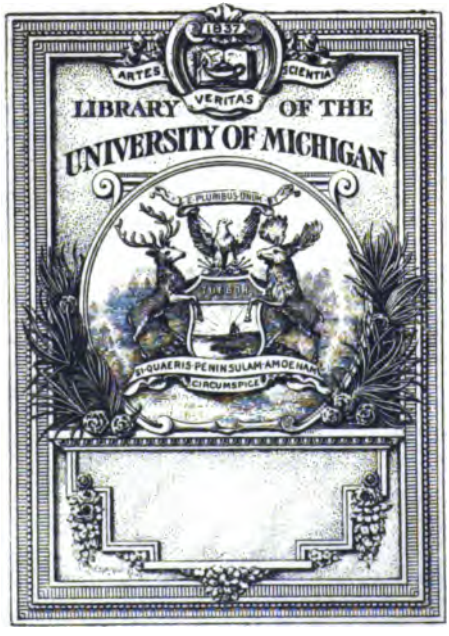

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AND OF THE

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MEMOIR

OF

FREDERICK HERVEY FOSTER QUIN, M.D.

BY

EDWARD HAMILTON, M.D.

1879.

PREFACE.

The following memoir was read before the British Homœopathic Society at their annual assembly in June of this year, and was ordered to be published in the Annals of the Society. As executor of the late Dr. Quin I became possessed of a large mass of papers and correspondence, from which, aided by the fact of my having been his pupil and living in his house from 1834 to 1839, I was enabled to compile a history of his early life which it would have been difficult for others to accomplish, most of his old friends of that day having passed away.

I have entered as little as possible into his social life, but have confined myself principally to the chief object of his long and successful career—his mission. Even this has been done but shortly, as it was difficult during the busy months of an active practice thoroughly to look through many hundred letters and a great quantity of other papers. Dr. Quin's life was a most eventful one in every sense, and I propose, should I be able to get in order the immense correspondence he has left, to publish a more extended history.

I am well aware that what I have done is but

inadequately accomplished, and I can only offer my apologies for all shortcomings.

In writing this memoir I have had the melancholy pleasure of recalling to my memory many events of past times, and recollecting many and varied kindnesses of an affectionate friendship of nearly half a century.

E. H.

Annals of the Society.

MEMOIR OF DR. QUIN.

By Edward Hamilton, M.D., &c.

A memoir of Dr. Quin embraces, in a great measure, the history of the introduction into this country of that system of Therapeutics founded by Samuel Hahnemann.

The interesting correspondence and notes which he has left throw a great light upon his life and its guiding principles. This life was in all respects a remarkable one; a distinguished career for which his abilities eminently fitted him lay open before him immediately on his taking his degree. His wonderful facility for acquiring languages, his great powers of concentration, and his earnestness, added to a most thorough knowledge of his profession, would have raised him to its highest honours had he remained constant to the theories and practice he had been taught at the University; but when once convinced that he was not following the right path, he was too honest to continue in what he considered the wrong; he gave up his brilliant prospects for the study of a new doctrine, uprooting all his preconceived ideas of treating the sick—a doctrine at that time under a ban of prejudice which might well have deterred any one from investigating or putting its principles to the test; yet by severe and personal trial, not shirking obloquy, and even risking his own life, he proved the sincerity of his belief by his conscientious determination to give up all for its sake, and by thus acting he persuaded many to inquire

into its merits, whilst all who came into communication with him treated him with the greatest courtesy and respect. It would be impossible that the cause he defended could have had a better advocate for its introduction into England. He had made himself thoroughly master of its principles and treatment previous to his settling to practice in London. The manner with which he placed his facts in the clearest and plainest language before those who sought information was in itself half convincing, and when combined with great knowledge, extraordinary memory, perfect command of words and temper, with a peculiar earnestness in his argument for the cause he had at heart, few of the many who came to inquire but went away perfectly convinced of his honesty of purpose, if not of the truth of the doctrine he had placed so lucidly before them.

It has been stated that Dr. Quin had no religious belief. The reverse is the fact. He believed and carried out through his life the great principles of true Christianity—perfect faith, great hope, and much charity. He was kind and benevolent. It was not his wit and fun but his goodness of heart and sympathetic disposition to all in joy or in sorrow that won for him an attachment, of friends, seldom surpassed. A short time before his death he wrote to a friend: "I have committed many faults, but I have perfect faith and trust in the goodness and justice of the Almighty." In the fly-leaf of his Bible, which had been given to him by his mother in 1817, when he went to the University of Edinburgh, and which he always kept by him, are some very touching verses; three stanzas of which only are given:

"A Gift from a Mother to her Son.

"Remember, love, who gave thee this,
When other days shall come;
When she, who had thy earliest kiss,
Sleeps in her narrow home.
Remember, 'twas a mother gave
The gift to one she'd die to save.

"And bade him the gift—that when
The parting hour should come,
They might have hope to meet again
In an eternal home.
She said his faith in it would be
Sweet incense to her memory.

"A parent's blessing on her son
Goes with this holy thing;
The love that would retain the one
Must to the other cling.
Remember, 'tis no idle toy—
A mother's gift. Remember, boy."

Frederic Hervey Foster Quin was born in London on February 12th, 1799. His early years were passed at a school at Putney, conducted by Mr. Trimmer, the son of the well-known authoress. In 1815, immediately after the Battle of Waterloo, Quin was sent to Paris, where he remained for fifteen months at a French tutor's. Hence his remarkable proficiency in the French language, both in writing and speaking.*

In 1817 he was sent to Edinburgh University, and matriculated the same year as Frederic Quin, of London, No. 1002 in the Register, and attended the classes on chemistry. In the next session he is No. 1065 on the Register as Frederic Quin, of London, and attended the classes of Practice of Medicine, Obstetrics, and Botany. In the third session he is No. 385 on the Register, and now, for the first time, as Frederic H. F. Quin, of London, and attended the classes of Anatomy, Materia Medica, and Clinical Medicine.

* Mr. Uwins, in writing to his brother in 1827, says: "I wish your boys could be at a French school; since I have been on the Continent I have seen the importance of acquiring that language early. Quin was at a French school, and in consequence talks and writes French better than English, and this power is a fortune to him. The bungling in which *nous autres* indulge, who learnt it late, is a miserable substitute for the mastery and power over the language, which Quin's early education has given him.

He graduated as M.D. in August, 1820. His diploma is dated August 1st, and signed by—

Thos. Ch. Hope, Professor of Chemistry.
James Home, Professor of Medicine.
G. P. Alison, Professor of the Theory of Medicine.
Robert Jameson, Regius Professor of Natural History.
Alexander Munro, Professor of Anatomy and Surgery.
Robert Graham, Professor of Botany.
Andrew Duncan, Professor of Materia Medica.
Joannes Leslie, Professor of Physics.
Andrew Brown, Professor of Rhetoric and Elegant Literature.
Jacob Pillans, Professor of Humanity.
David Ritchie, Professor of Logic.
George Dunbar, Professor of Greek.
William Wallace, Professor of Mathematics and Astronomy.
Andrew Coventry, Rei Rustica Professoreus.

Names of considerable renown at that time; all, like the recipient of the degree, have passed away.

On his return to London he was appointed physician in attendance on the exiled Emperor Napoleon at St. Helena; before he could embark, however, the news arrived of the Emperor's death, and of necessity the appointment was cancelled. Quin was in delicate health, at that early age symptoms of weakness of the respiratory organs had shown themselves, his friends were anxious for him to go abroad, and an opportunity offered in December, 1820, to travel with the Duchess of Devonshire, who was going to Rome, as her medical attendant. He received the two following certificates as to his proficiency:

"I certify that I have long been acquainted with Doctor Frederick Quin, that he is a gentleman of good abilities and a liberal education, that few have enjoyed such opportunities of acquiring, both a theoretical and practical knowledge of his profession, that few have embraced such

opportunities with more eagerness, and there are few who have profited so much by them.

"Edin., Dec. 12th, 1820. "JOHN BARCLAY, M.D."

"College of Edinburgh.

"I, Andrew Duncan, M.D., Professor of Materia Medica, and Secretary to the University of Edinburgh, hereby certify that Frederic H. F. Quin, a native of England, obtained from this University, the degree of Doctor of Medicine, on the 1st day of August, 1820, after having gone through the required course of academical study, having passed the usual examinations, and publicly defended his printed dissertation 'De Arsenico.'

"Signed ANDREW DUNCAN, Sec."

His passport is dated December, 1820, and signed Fred. H. F. Quin, in the bold, firm handwriting so familiar to us all. He was in Paris on the 26th December, and remained there a month; left with the Duchess on the 27th of January, and travelled by way of Geneva, Milan, Piacenza, Parma, Bologna, Pisa, and Florence, and arrives with his charge at Rome on the 7th of March. He remains at Rome in attendance on the Duchess till July, 1821, when, her Grace no longer requiring his constant attendance, he determined to settle and practice at Naples, but under an agreement to come to her whenever she required him to do so. He rapidly got into a very extensive practice, and made many friends, as Sir W. Hamilton, Sir Wm. Gell, Sir Henry Drummond and many others.

In 1822, the Duchess of Devonshire goes to reside at Castel-a-Mare, and there is a correspondence with her Grace as to how and when he is to be with her, considering his large and increasing practice at Naples. She writes, "I hope Castel-a-Mare will strengthen you against your headaches, which must be terrible in your profession. One should say, 'Doctor, cure yourself.' I am, however, quite convinced that you will cure many others."

On the Duchess leaving again for Rome in 1823, he again settles at Naples. Sir W. Gell, on Quin's return

from Castel-a-Mare, offers to lend him his house. "My dear doctor Quin, I am going to Rome, where I dare say I shall stay three months, and perhaps more; if you do not go with her Grace you will be in want of a lodging, and I will lend you my house, which may be a convenience and saving to you. If I were to let it I should have to pack up, whereas with you I could leave even my books as they are. If it will do you any service let me see you; if not let me know. Ever yours, my dear doctor, William Gell."

The Duchess always evinces a great interest in his welfare. "I write these few lines to thank you for all your expressions of attachment and regard, and I sincerely hope you have a fair prospect before you, which I trust may be realized."

In July, 1823, he had an offer from Lord Byron to accompany him to Greece as his physician. Sir William Drummond and his other friends urge him to accept it. Sir. W. Drummond writes—

"The salary which you require in consequence of giving up your practice here (*i. e.* Naples) does not appear to me too much. You must expect to meet some difficulties and endure some privations if you go to Greece; still there is something very attractive in making it with a man of such extraordinary talents and genius as Lord Byron."

The Duchess of Devonshire writes:

"ROME; *August 22nd*, 1823.

"I shall be anxious to know what your decision is about Lord Byron's offer, and what Sir W. Drummond and Sir William Gell advise you.

"I came from Rome the day before the pope (Pius VII) died; the change was sudden, for we had great hopes of preserving him, and I believe he might have been so had the proper medicines been given in time. The excellent cardinal (Gonsalvi) is in a state of great affliction for the loss of a tried friend, during twenty-two years, in the person of his sovereign. He never left him, and sat up the last three nights till quite exhausted he nearly fainted at the

bedside; since that he has had some good sleep and is much better. The ceremonies are very fine and awful. . . . I am delighted that Lord Byron is going to Greece, and with some success perhaps. The best succour is his noble and inspiring genius, which, when it may be wanted, will reanimate their exertions."

Quin was evidently extremely anxious to go, but he was in very delicate health; already he had had an attack on the lungs, with slight hæmoptysis, and it was finally decided that it would be too hazardous to undertake such a journey and responsibility.

He communicated his decision to the Duchess, and informs her of his determination to remain at Naples. In answer she writes, "God bless you, my dear sir; may your success be equal to my good wishes, and I have no doubt of it. There are always some difficulties to beginners, but you will soon get over all these." He soon became a universal favourite at Naples, and his practice increased in proportion. "Quin," writes a friend, "does all that is worth doing, and the dirty work is actively swept up by a certain Mr. R., who is something between an apothecary and a doctor."

At the commencement of the year 1824 Quin was brutally assaulted by a Neapolitan coachman, and nearly lost his life (*vide* letter, p. 60). The Duchess of Devonshire on hearing of it writes:

"ROME, *Jan. 8th*, 1824.

"MY DEAR SIR,—I was very glad to hear from yourself that you was so much recovered; the accident was a frightful one and you must be cautious not to engage in a quarrel with Neapolitan coachmen, who are known to be a dangerous set of men.

"Adieu, my dear Sir, I hope you will be well before your mother hears of the accident.

"Believe me, with very great regard,

"E. D."

Shortly after the Duchess was attacked by her last illness,

and Dr. Quin was summoned to Rome by a letter from the Duke, her stepson. "The Duchess is very ill, I want you to come with me to see her. Dr. Clark is now attending her, and I would like you to be with him." The Duchess died in March of the year 1824, and Dr. Quin offered to accompany the remains to England. The Duke writes :

"My dear Sir,—I feel extremely touched by your kind and amiable offer, which, however, upon reflection I decline accepting. Without the excellent Jacquerin and Solon it would be a different case, but their tried fidelity and attachment leave me without any scruple in entrusting the valuable remains to their care.

"Believe me, my dear Sir, with regard,

"Your sincere and faithful servant,

"Devonshire."

In another letter the Duke says :

"I am truly gratified by the assurance that the ring which I selected was not unknown to you ; you may like to possess the exact words of the legacy, which are—'To Dr. Quin, a little memorandum of me—ring, seal, or something; and the codicil in which this occurs is dated April 24th, 1822, Geneva.' In the Duchess he lost a sincere and most attached friend, and he returns to Naples to resume his practice. His friend, Sir W. Gell, was a martyr to gout, he was then consulting Dr. Neckar, a disciple of Hahnemann's (this is the first notice of homœopathy) ; and in a letter from Rome says, "My medicine is come to an end, and that brute of a Doctor Neckar will not send me any more, and I am for the present reduced to his *Ledum palustre*, and suppose, in consequence, have the gout in both my elbows. Dr. Clark (who had settled in Rome as Quin had at Naples) seems to be going on with great success." In a previous letter Sir William gives an account of his condition on arriving at Rome.

"Rome ; *Jan. 1st.*

"I arrived here notwithstanding my malady, and

all the prophecies that I should not set out, somewhat better in health than when you saw me, though I was carried in and out of the carriage and have not till lately been out without my arms round the necks of two servants. In a few days I hope to be able to waddle a little. If you know or see Lady Mary Deerhurst tell her I hope she is coming soon, and that there are a great many families here besides her aunt Lady Caroline, and that the world is very gay indeed. Lady ——— I saw on the stairs yesterday; she was dressed in a shroud of white satin, with a great deal of blond lace, having bled herself with leeches till her face was all of the same colour. We have at present a sort of melting snow here, but not so melting but that all my walks are white, all my lemons frozen to death, and all my geraniums retired into the next world. I fear much my lemon trees will follow the fruit, and I have positively got out my skates this morning; that if the ice bears, as it will if it freezes again, in the Villa Borghese, I may lend them to somebody who will show the Romans what skating—skaeting or skateing is. I hope we have not all the bad weather to ourselves, and that you have had all the frost and snow necessary to make you as unhappy as we are. At Florence everybody died long ago of cold.

"Most truly yours, my dear doctor,

"W. Gell."

"Rome; *July*.

"My dear Doctor,—I don't know whether your compliments on the flourishing state of my health was the signal for the Devil to recommence his torments, for I was, after reading your epistle, seized with a slow deliberate fit, which began by being nothing at all, and is now arrived in both knees, both feet, and an elbow, not to mention the fatal consequences produced by an ass ride of seven hours in the sun, in the shape of a great boil, so that I can neither walk, stand, sit, nor lie down, and it requires no small share of genius how to proceed under so many untoward circumstances. Nothing can exceed the beauty of our climate just now, as they have put off May this year till July; but

Craven, who writes from the banks of a little lake called Wallen See, says there is hard frost every evening, and snow yet reaching down to the lake; even the elder not in flower, and the apple yet in bloom, and all this, he says, two days after he had been eating over-ripe cherries and roasting himself in Italy. Oh! the delights of a German climate. He says neither peas nor salad yet exist at Munich, and that in consequence of the change of atmosphere he has got every sort of cough, cold, and consumption possible, and longs for a box of your celebrated Leake's patent pills. I scrambled all over the country on jackasses while I was well in a very agreeable manner. We went in a party to somebody's over-grown feudal palace, which the people very kindly lent us, and Lady Mary Deerhurst became the hostess of the castle, while we passed our days in exploring the country. I have long ventured the opinion that wherever there was an ancient town some traces of its walls or buildings will be found if any one would take the pains to search, but I only spoke of Greece, whereas I think the same may be said of Italy, and I should not despair of finding out in time all the towns which Romulus and the Tarquins took. We have found in the Via Appia that by turning three miles to the right at about the eighth milestone from Rome, and making for the highest of the eminences towards the sea, there is an ancient city, the walls of which are quite perfect as far as two, three, four, or five courses all around. The stones are great square masses of tufa, and have all the appearance of an ancient Greek city. It is about half a mile round, and in the form of a parallelogram, or nearly so. It is quite singular that the Roman antiquaries always stick to the great modern carriage road, as if they had the gout like me.

"Truly yours, my dear Doctor,

"WILLIAM GELL."

Again he writes:—"I am now well in health and yesterday had a little appetite. I suppose you know that the ancient and respectable tumbled-down Basilica of San Paolo fuori della Mura is burnt down, for which I should grieve

but little if with the embers of the roof they had not contrived to calcine all, or nearly all the beautiful columns which, if decently arranged, would have been quite invaluable."

Quin's health being somewhat better he makes a hurried visit to England in 1824. His passport is dated 19th July, 1824, signed Sir W. Hamilton for Monsieur Quinn allant à Londres. He leaves Paris on the 4th of August, and Calais for Dover on the 7th.

In October he is staying at 44, Montagu Square, and receives a letter from Lord Robert Grosvenor. "I was a good deal surprised," writes Lord Robert, "hearing from B. Greville that you were in England, as you did not think of quitting Naples so soon when I last saw you. I expect to hear magnificent accounts of your great success there, and I wish you every success you can desire." He also brings a letter of introduction from Sir W. Gell to the Countess Dowager Manvers. "I send you with this letter, Dr. Quin the medical gentleman who came out with the poor Duchess of Devonshire, and was with her at her death. He will give you all the news of Italy. . . . . You will find Dr. Quin a very agreeable person, and not one who sits still and says nothing."

During his short sojourn in England he goes to see his friends in Edinburgh, as a letter from Dr. John Turner, who is travelling with Lord and Lady Holland informs us, and who writes to him concerning the health of Lord Holland's son, who is a patient of Quin's. This letter is dated 18th December, 1825, and addressed to M. le Docteur Quin, Médicin Anglais, Naples.

"I had not," he writes, "the pleasure of being personally acquainted with you whilst you were a student at the University; you may, perhaps, remember that we were introduced to each other one morning that we breakfasted together at Dr. Thomson's during your late visit to Edinburgh." In this year he also makes the acquaintance which ends in a life-long friendship with Mr. Thomas Uwins, the well-known artist, afterwards R.A. On his return to Naples, after his visit to England, he is summoned to Rome to visit a patient, the brother of his great friend

Sir Richard Acton, Uwins is about to return to England without seeing Naples, when Quin offers to take him there and put him up. Uwins writes to his brother, Dr. Uwins :—" I was brought from Rome to this place by a young physician, Dr. Quin, in two and twenty hours, a journey which the Vetturini take five days. The tediousness of vetturino travelling knocks me up much more than the day and night work of a doctor's travelling. Quin came out with the late Duchess of Devonshire, and like all the rest, is only tarrying here till his beard is grown that he may start in London with all proper decorum. He is a very gentlemanly fellow, and a great favourite with those who know him."

In another letter Uwins says : " I fell ill with fever, Dr. Quin attended me like a brother, and my confinement was not long."

They became very much attached to each other, and Uwins appreciated thoroughly his sterling qualities. In a letter addressed to Mr. Severn, now our Consul at Rome, dated October 4th, 1825, Uwins, in writing of Quin, says : " People who see him in society mistake his gaiety for thoughtlessness, but I have found him possessed of a solid and serious mind, and one of no ordinary powers. I hardly know whether I most love or admire him."

It was in the year 1825 that Quin first began seriously to think of the new doctrine. He had seen some wonderful cures effected by Dr. Neckar. He got Neckar to lend him all the works he could procure touching upon Hahnemann's system, and after most careful consideration, and from a firm and honest conviction that he ought thoroughly to investigate this new system—the effects of which had been so forcibly brought to his notice—he determines to give up his practice for a while and to seek information at headquarters ; with this determination he sets out, travelling by way of Venice, Trieste, and Vienna, he reaches Leipsic, and his first letter to his friend Uwins, whom he had left at his house in Naples, is of extreme interest.

LEIPSIC; *20th July*, 1826.

"MY DEAR MR. UWINS,—Few travellers have so much on their hands as I have had since I saw you. A new system to explore, and an old one to get information about. Before, however, attempting to give you a description of what I have learnt and seen, I have a favour to beg of you, viz. that my letter may rest entirely confidential between you and me. My reason for this is, as I mean to open my mind fully to you on all that regards this wonderful new system, a great deal may be contained in my letters, a premature disclosure of which might both do harm to the system and to my professional character. I do not wish to appear before the world either as a disciple or opponent to Hahnemann until I feel myself fully competent to do justice to the side which I may ultimately be conscientiously induced to take. Although my principal object has been to get acquainted with Hahnemann's opinions and practice, I have not neglected to get all the information I possibly could of the state of medicine and the hospitals in Germany. I have worked most laboriously, and can really say that I have picked up a great deal of valuable information in my profession, laying aside altogether the new system, so that whatever it may turn out to be I have managed so as never to allow myself to regret having come to Germany. I have several times been very much disheartened, and very doubtful of the propriety of my undertaking, owing to conversations with the different professors, who laughed at the very idea of an English physician thinking of studying such a system. Their remarks at the time, made considerable impression on me, as they were all men of talent, information, and reputation in their profession; but on pushing my questions further I found that some had never read the books of Hahnemann, and that not one had put the system to the test, not one had tried the effect of the medicines as ordered to be prepared by Hahnemann, not one had proved the truth or fallacy of the system by experiments. Very little reflection convinced me that no weight was to be given to opinions which rested upon prejudices arising from their previous education. I therefore determined to persevere and

judge for myself. At Vienna, however, I met with one man whose opinion to me is worth all that I have yet heard —the Chevalier Lichtenfelz; he has now practised homœpathy three years with the greatest success. He stood very high in his profession, had distinguished himself at the University by gaining several prizes, and in consequence of his talent he was named surgeon to the hospital at Prague, and having paid great attention to diseases of the eyes he was also named oculist to the whole of Bohemia. Cases of ophthalmia arising in scrofulous persons baffled all his attempts to cure them; in vain he consulted his brother medical men; in vain he read foreign books of medicines, he never could succeed in these cases. At last Hahnemann's works fell into his hands; he was struck by the reasons and by the cures promised to those who followed the precepts; he determined to try the system on scrofulous ophthalmia. Judge of his astonishment; hardly one case resisted a treatment of nine days. He could not believe it, but repeated experiments convinced him of the great efficacy of the system. He applied it to other cases, and almost always with success. There is a very severe edict by the Austrian Government against those who practise this system, obtained by the Faculty of Medicine. He gave up his place and his practice at Prague, went to Vienna, and demanded an audience of the emperor, without any introduction or presentation. He stated to him that he had practised medicine for several years with considerable success, and that he had the honour of being employed under his Majesty's Government, but that he had thrown up his place because he could not practise according to the dictates of his conscience, which forbade him to allow his patients to linger in pain when he had certain means of relieving them, but which he was not allowed to make use of, and he boldly put it to the emperor whether he as a sovereign, who had the happiness of his people at heart, could allow such an edict to exist after the declaration he had just made. The emperor eventually, at the second audience, told him that he should not be molested."

And he goes on to say:

"He interested me very much, and I gained much practical information from him at Prague and Dresden. I also saw some men who practised this method, and they all spoke with enthusiasm of the success they had in numbers of diseases which they could make nothing with before. At Berlin I saw nobody who followed Hahnemann, but here there are a number. I am already acquainted with five, all of them men of marked talent and great information. I have been received by them with the greatest cordiality, I may even say delight, and they have promised to unite in giving all the information they can during my stay. They seem quite proud at having an English physician as a disciple. Hahnemann resides at Coethen, thirty-six miles from here, and I intend going to see him. I have had so much fatigue, both mental and bodily, that it is not surprising that I have suffered a little, from the time I left Naples till my arrival in this place I don't suppose I have been more than twelve nights in bed, as my object was only to be gained in capitals and large towns; to gain time I always got over as much of the intermediate ground as I could by night."

The day he despatched this letter to Uwins he was taken seriously ill with inflammation of the lungs, and nearly lost his life. His next letter to his friend is dated August 10th.

"I fell ill on the 20th July. I sent off a letter to you that very day; I had not been very well for two or three days, when I was seized with most violent pains in the chest, great oppression of breath, violent cough, expectoration of bloody mucus and blood, great anxiety, and fear of suffocation, so much so as to make me and my physician think that I could not recover. A great disappointment; I am obliged to renounce all study, &c., for at least three weeks. I myself, however, am a living proof of the efficacy of the new system. I have had in my life three inflammatory attacks on the lungs, all of them sufficiently violent, but none more dangerous nor equal to this; indeed, I never saw one with more dangerous symptoms. I used

to be purged, sweated, blistered, and bled, the latter enormously; in my last illness of this kind, at Naples, it was thought necessary to take as much as one hundred and twenty-five ounces of blood. In this illness I have not taken a single purge, no sudorifics, no blisters, and have not lost one drop of blood. I was only really dangerously ill for three days, and everything that my physician told me as to the probable effect of the different medicines they gave me came to pass. I only took five small powders, which had no other taste but that of sugar, and they tell me that I shall only have to take two more. What annoys me most is my not being allowed to pursue my studies; this preys on my mind sadly. However, it is no use fretting, and I must be resigned."

In another letter he says:

"LEIPSIC, *July*, 1826.

"From my letters I have received from England it is possible that I may return there instead of going to Naples. If I do go to England, I shall remain here till February to get as well grounded as possible in the new system; but pray do not mention this to any one, as it might do me great harm in my practice." And he congratulates himself on the rapidity of the post from England, only taking seven days.

A letter to Uwins, dated September 6th, 1826, we find him still at Leipsic. He says, "I am now almost recovered, with the exception of a short dry cough, I believe I shall not get rid of it till my return to Naples. I have much need of an Italian climate to put me to rights; six long and valuable weeks was I forced to abstain from studying; this was in itself enough to bring me into a nervous fever. I am now fagging away at a most prodigious rate—nine hours' a day hard reading. The homœopathic system I hope to be completely master of before I leave Leipsic, that is to say, all I can learn from others; what remains I must do for myself, that is, I must rigidly put to the test of experiment all that I have learnt. My bad health has been a great drawback upon me; it has prevented me trying some of the medicines

on myself; I am not prepared at present to talk of the comparative merits of the opposing systems, but I have gained a vast deal of most valuable and practical information, entirely new and original, and quite unknown to the profession; so that, notwithstanding my illness and suffering, I am still more than satisfied that I have prosecuted my investigations in this system. I hope to get from here in the middle of next month, then to go to Naumburg to see Dr. Stapf, editor of the *Homœopathic Journal*, from thence to Coethen to see Hahnemann, with whom I shall probably remain a week or ten days, and then go direct to Naples."

He returns to Naples, much impressed with all he has learnt, and yet does not practise exclusively the new doctrine. Uwins writes to his brother, Dr. Uwins, who afterwards became a convert to homœopathy:

"When I first came here (Naples) all the world was running after a course of violent purgatives; to this succeeded the system of Hahnemann, which was practised here by one of his pupils, of the name of Neckar. Neckar's practice, or rather Hahnemann's, occasioned so much talk here, that Dr. Quin found it necessary last summer to go into Germany to study it. Quin has come back, if not a convert to the doctrine, at least so impressed with its importance as to continue its study with much perseverance and ardour, and Quin is anything but a trifler. All the medical men here, except Quin, are loud against it and your friend R—, who, by the way, has a good deal of the old woman about him, gets red in the face, and almost foams at the mouth whenever it is made a matter of conversation. They all predicted it would ruin my little friend, and they were already shouting triumph over his fallen reputation; so far from its being the case, Quin's popularity has greatly increased, and he is doing more than all the rest put together."

On his way from Leipsic to Naples he stopped at Rome, there was introduced to His Royal Highness Prince

Leopold, of Saxe Coburg, and shortly after became attached to his household as resident physician. Uwins, writing to his brother, May 3, 1827, "You will soon have Quin in London, and I shall soon follow him, for Naples will lose more than half its charms when it is no longer embellished with his cheerful countenance. Society will be robbed of its principal ornament, and for me his absence will create a blank in my existence which nothing can fill up. But much as we all suffer from losing him, who is there amongst all his friends that does not rejoice at the occasion of his going? After a season of the greatest success, in which he has practised almost exclusively in families of the highest rank, he has been invited by Prince Coburg to become his physician, and he is now attached to the royal household with a handsome salary, to which no conditions are annexed but the necessity of living at Marlborough House, dining at the Prince's table, and travelling with his suite whenever he wishes to visit the Continent. The Prince has behaved in the most noble manner to him, he lays no restrictions on his practice, and puts no bounds to his opportunity of study; on the contrary, promises to do all he can to increase his reputation and encourage his pursuits. For a young physician of six-and-twenty this is a piece of no ordinary good fortune, but it must be recollected that Quin is no ordinary man; and I can assure you the Prince is as much congratulated here on his acquisition, on his taste and judgment in selecting such a counsellor and companion, as Quin is in having obtained so honorable an appointment. You will see Quin I daresay very soon after his return, he says he shall be able to make you stay in the room whilst he explains to you Hahnemann's system. Quin is no enthusiast, nor is he easily won by extraordinary or out-of-the-way things; he laughed as much and as long as any one about this subject, till it was forced on his observation in a way that made him determine on investigating it, and he has now seen enough to convince him that his laughter was out of place. He learnt German and went to Germany, became acquainted with all the professors who practise it, so that he has a right to talk about it."

In June, 1827, he returns to England with the Prince, he is congratulated by all his friends on his appointment, although he feels a pang at parting from his practice at Naples, where he had made so many friends and where he was so much esteemed.

Uwins, his constant correspondent, writes to his brother: "Quin writes me that you have been very kind to him in attending to his requests; you do not know how grateful I feel to you for this attention; Dr. Quin has been such a friend as I never met before, indeed, such a one as few are happy enough to meet with in this passage through life; I owe to him everything I have done here."

One of his friends writes to him:

"The once gay and fashionable Naples is now become a desert; your going seems to have been the signal of universal flight; Roskelly has everything to himself, Milne has put his house in order, new furnished his wardrobe with medical-looking waistcoats, and is prepared to take the field with unusual activity."

In October, 1827, he is on leave of absence, and is visiting his friends in Edinburgh; he writes to his friend Uwins:

"CHARLOTTE SQUARE; *Oct.* 10*th*, 1827.

"MY DEAR UWINS,—Our journey from Naples was a very prosperous one. A few days after our arrival in London the whole establishment was removed to Claremont. The Prince's health was so much improved that in setting out for Ramsgate, where I recommended him to go for sea bathing, he told me he should not require my attendance, and I might have as much time as I liked to go and visit my friends; so I came on here. I am quite happy with the Prince, and have never had the slightest cause to regret my having attached myself to him. Nothing can be kinder and more flattering than his conduct to me; the different gentlemen of the household who looked upon me at first with a jealous eye are now, I have every reason to believe, quite reconciled to me, and glad of my being one of them; they treat me with the greatest cordiality and friendship.

I have met with several of my old friends amongst the nobility, who all seem pleased to see me and gratified at my being where I am."

On his return from Scotland he went to Sir Richard Acton, and from there to London, and he says:

"I shall remain a couple of days before going to Claremont. I have not seen the Prince for upwards of two months; he is travelling about in most perfect health, shooting from ten in the morning till five in the evening; everybody says they never saw him looking so well. For some time after his arrival in England he was low both in mental and bodily vigour. I recommended him sea bathing. He had never been in the sea in his life, and was afraid of the effect it might have upon him. His old medico, Baron Stockmar, was against it. I, however, held firm. A consultation was therefore determined upon, and the result was against my opinion. I was obstinate, and would not give in, and actually urged him to try it. Whilst in Scotland I received a very kind letter from Baron Stockmar, in which he made a very candid and generous confession that he was in the wrong."

"My dear Quin,—You were right and I was wrong. The Prince has bathed in the sea four times a week with the happiest effects. He never was so well, nor never looked better than he does now. Whenever he complains again send him to the sea, and if ever I venture to oppose your opinion send me there too, and have me properly ducked. I think it but justice to you to add that the Prince is in high spirits at your knowing more about his constitution than I, who have been so long with him, and is constantly grigging me about it."

He remains with the Prince during the years 1827, 28, and 29. Is with him at Coburg, October, 1828. In a letter addressed to one of his friends dated Coburg, Sept., 1828, he says:—"Of my employment in London I have little room to speak. I occupied myself more in improving

myself in my profession than in reaping profit from the practice of it, and I am more content than if my pocket had been filled. I have pursued my homœopathic studies also, and have no reason as yet to regret the time I have devoted to them." It will be recollected that the Prince gave him full liberty to have private practice whilst with him, and it was no doubt at this time that he treated some patients in London on the homœopathic system. He again visits Naples with the Prince in 1829. "Poor Havell, writes a friend Feb. 10th, 1829, has been laid up and very ill, but Quin has set him on his legs again." In May he is in England again, and the Prince having completely recovered his health, no longer requires a resident physician, and Dr. Quin is relieved of his duties. The official letter acquainting him with this is dated May, 1829, and is as follows:

"SIR,—In acquainting you by command of H.R.H. the Prince Leopold that he is pleased to relieve you from your present duties, I have to add that it is only from the motive of having no longer occasion for a resident medical man in his family. As H.R.H. thinks it might be agreeable to you, your name will be continued amongst the Physicians in Ordinary of the Prince, and you are at liberty to wear the uniform of his household. I remain, with many regards,

"Sir, your obedient, humble servant,

"W. F. DE STOCKMAR."

After he leaves the Prince he is undecided where to commence the practice of his profession. The English climate is against his health; he longs for Italy again, and has half made up his mind to return to the sunny South; however, he passes the summer in visiting his friends. In October he is staying with Sir Richard Acton, at Aldenham, in Shropshire; a great friend of his writes: "I hope, my dear Frederick, you will not go back to Naples again; if you are to leave this country go no further than Paris, but I think it would be much better if you could possibly stay in London." . . .

The time, however, had not arrived when he could hope with any success to prosecute the system of Hahnemann in this country. He found all opinions against him, so he made up his mind to try his fortune in Paris, where he goes in the beginning of 1830. He is again for a time incapacitated by illness—another attack on his lungs. His friend, Sir Robert Gardiner, in a letter dated Feb. 24, 1830, alludes to his (Quin's) severe illness. He commenced to practise chiefly, but not entirely, on the principles of Hahnemann; but, finding his success in this system increasing, and that he was able to cure diseases which previously had baffled him, he devotes himself almost exclusively to it, yet is open to *any good* in the old practice. Uwins, in writing to his brother, the doctor, says: "Quin I find is getting quite fashionable at Paris; and, if his own health were strong, I doubt not he would soon be in a thriving way as to fortune."

Quin was so convinced of the power and efficacy of the new doctrine that he wrote to his friends in the old school of practice, urging them to inquire into its theory and practice. An eminent physician, who had just been appointed Physician to St. George's Dispensary with a salary of £200 a year, wrote to him for information.

"Dear Quin,—I wrote to you some six or eight weeks ago by your Italian Homœopathic friends, and requested you to send me some homœopathic medicine and a list of books you consider most deserving of looking into. I am desirous, *very desirous* that you would do this as soon as possible, because at this moment I feel disposed to give some of the remedies a trial in my Infirmary, and in a short time I shall be, perhaps, too much occupied with one thing or another to give the matter that close attention which it would require. I confess that, in looking into some of the doctrines on the *similia similibus* principle, I have been struck with the apparent explanation which it affords to some practical facts that I had treasured up in my mind, and which puzzled me not a little before. I beg you not to lose an occasion of sending me the medicine chest and

the information I wish so much, and if an occasion does not soon present, Ballière will take charge of it, I have no doubt. You must also send me a bottle of sugar of milk if such a thing is to be met with in Paris. I shall be glad to hear that you continue to prosper, and the late occurrences in Paris [alluding to the Revolution] have not diminished your *clientèlle.*

"The difficulty, insurmountable in private practice, in this country presents itself to the mode which you homœopathists administer your drugs: no man's reputation could stand it a month. The contraries would soon floor the *similias.* They are preparing to publish a Cyclopædia of Practical Medicine in this country. I have nothing to do with it further than writing one or two articles for it; I will send you a prospectus as soon as I can get one.

"Yours very truly,

"JAMES CLARK.

"LONDON; *October* 19*th,* 1830."

A further correspondence ensues upon this between the two friends, as the following letter, written by Dr. Quin, is evidently a reply in which he states his determination to practise exclusively on the homœopathic principle:

"MY DEAR CLARK,—Many thanks for your kind and prompt answer. I perceive, although you do not speak out, that you think my resolution an imprudent one. But as you do not advance one difficulty that has not been staring me in the face for some time (in fact, since I first began to believe in homœopathy), your letter instead of damping my spirits, rather has had the contrary effect; as for my being considered an apothecary by the profession, that is the least possible evil I can expect; I am prepared to hear myself called and treated as quack, charlatan, visionary, and heaven knows what besides by your liberal *confrères* in London. Whether either the College or the worshipful Body may think me worthy of their notice I know not, but I shall not be taken by surprise if they do prosecute me, as I shall go to England prepared for all these ills, the absence of any

one of them will be an agreeable surprise to me. However, I think Apothecaries' Hall would find it difficult to lay legal hold of me, as I shall not *dispense* medicines according to their acceptation of the term. My position will be a very simple one, and I do not think either body would gain themselves much credit by attacking me. No one can deny my right to the rank of physician, and according to my present views of the advantages attending the practice of homœopathy, I think it my conscientious duty to see my medicines prepared myself. I give them to my patients and do not sell them. I may be wrong, but I am determined to try the venture. Indeed, I cannot in honour and honesty do otherwise than avow myself the disciple of Hahnemann, believing as I do in his doctrines. In thus acknowledging myself an administrator of atoms, I do not mean to give up the privilege of prescribing in cart-loads if I have reason to suppose my patient will receive more of benefit from the latter than from the former.

"I know that a mere charlatan is tolerated and overlooked, whilst a regular bred physician must of necessity be put down by those who possess the monopoly of the present practice, most of whom I believe to be too bigoted to learn or to tolerate the new method. I am speaking of the College, strictly so called, in which there is a power invested which certainly ought not to exist, and, therefore, may be employed against me. If homœopathy possesses all the merits which my experience of its effects induces me to attribute to it, no attempts to put it down will or can succeed, however powerful they may be. Like every man who has the courage to introduce useful innovations I must make up my mind to struggle with great difficulties, and it is the conviction that I shall have the same difficulties to encounter ten or twenty years hence as much as to-day, that has in a great measure induced me to listen to the suggestion of my friends to establish myself sooner in London than it was originally my intention. In justice to these advisers I must add that, although I agree entirely with you about the facility of getting counsel from thoughtless people upon

subjects on which they are totally ignorant, they do not deserve to be considered as having unadvisedly counselled me. They are patients who from an *out-and-out* disbelief in the system have become most fervent in their advocacy for it, in consequence of the relief they have obtained from it in diseases which they have despaired in getting rid of after having consulted most of the medical men in London. These people have recommended others to me, the same happy result has followed the homœopathic treatment. Some of these patients have returned to London, there they have induced some of their friends to submit their cases to me in writing; I have prescribed for them on the strength of their description, and I receive congratulatory letters on the effects I have been able to produce, and entreaties to come to London, where I have had since the Revolution here, strange as it may appear, more patients than in Paris. Here then is a nucleus of a *clientèlle* anxious for the advancement of a system of medicine from which they have seen and derived the greatest benefit, and interested in the success of the physician who, through its practice, cured them. I have been combating for the last six months their wishes by the same objections contained in your last, and many others which at different times presented themselves to me, and I should have continued to do so had not other circumstances occurred which have changed my opinion upon the matter. Some of these people are of high rank, and in high estimation from their natural and acquired talents; these would never make a bad cause triumph, but they are sufficient in my opinion to support what I consider a good one. You say, my dear Clark, that you do not place the same confidence in homœopathy that I do. It would, indeed, be wonderful if you did. You have not yet tried it. There is no man to whom I would more willingly apply than to you were I in difficulty about the treatment of a patient according to the present practice, but till you have fairly tried the new system, and not till then can I admit your opinion on it as a valid one; and permit me to observe, in order to give it a fair trial you must do it *à la lettre* of the instructions of those who have put it to

the test before you, and not with modifications founded upon *à priori* reasoning. However, I will willingly compound in any way to induce you to try it even as circumstances will allow. I can well imagine all the *ménagement* you will be obliged to take in your infirmary, I hope you will not lose heart, but give it a fair trial. . . . God bless you, my dear Clark, receive again my acknowledgments for your kind and speedy compliance with my wishes.

"Kindest regards.

"Ever yours truly,
"F. F. QUIN."

It is not surprising that Dr. Clark did not go on with his experiments. No man's reputation could stand it a month, as he said, viz. the administering the drugs. The contrarias would soon floor the similias. Many of Quin's friends urged him to commence his practice in England at once, but he was anxious that the system should be a little more known, and was not afraid that his place might be occupied. His friend, Lord Ponsonby, writes: October 6th, 1830. "Are you so very well founded in believing yourself free from the danger of having your place pre-occupied in London? I particularly esteem it right you should be in London as soon as may be after if not at the meeting of Parliament. It is the moment for introduction. My only scruple heretofore about giving you the most open and strong advice was derived from the state of your fortune; now that I know it will suffice you for eight or ten years as it is, I have no hesitation to say stoutly go to London; try your luck, or rather show your science; if you fail, what then, you can only fail by the failure of homœopathy; *you know that to be true*, and that it *cannot* fail; but if it should prove false you are too honest a man not to be amongst the first to declare it to be so, and too acute not to find out its fallacy as soon as any other man whatever. You can then fall back to where you have been, and I think with advantage." However, circumstances occurred which prevented the immediate advent of Dr. Quin to London, and Lord Ponsonby writes later: "I think in my last I said enough on the sub-

ject of your removal from Paris. I will now only add that it may be imprudent to move under the present circumstances of London and England, and do say now wait a little, if I see light I will tell you of it."

This circumstance was the trial of St. John Long, a notorious person whose profession as an artist had failed and who proclaimed that by a secret remedy he could cure all kinds of diseases.

Lord Ponsonby writes on November 2nd, 1830: "My dear Doctor Quin, I think the late trial of St. John Long will be, absurd as it is, a disadvantage to you at this moment, and should you come to London, but a little time will force you from Paris; should I see an opening here I will immediately write to you. I am anxious to speak to Lord Anglesey, and have not yet seen him."

One of the objections urged to his practice in London was, as we have seen, supplying his own medicines, and which Dr. Clark had stated no reputation could stand. Quin urges this on Lord Ponsonby, who answers him thus:—"I do not sympathise in your objections to the *infra dig.* of vending your own medicines, if by so doing you can avoid the noxious provisions of a foolish statute. There is no descending when the end and object is to advance science and promote human welfare. Everybody may be made to know why you assume the status of apothecary, and to what point you limit the exercise of your profession; you will be in fact what you are—M.D. Don't sacrifice things to mere words."

We have seen in his answer to Dr. Clark how he intended to act as regards dispensing the medicine. From the unsettled state of France at that time he was undecided whether to remain in Paris. Lord P— writes, August, 1830: "Your letter shows that you are far from the proper degree of confidence in the permanent tranquillity of Paris. I think you will have your throat cut in 1832, about Midsummer.* I see Seneca Dupin has been successfully lec-

* In June, 1832, occurred the serious *émeute* after the funeral of General La Marque, which lasted some days.

turing the young Sovereign; he had better turn his thoughts to the comfortable reward his predecessor received for his wise counsels." Again he writes:

"I cannot tell you how much pleasure it gives me to hear from you; the statements of facts you furnish me with are very interesting, and certainly your views of the state of affairs are equally so. I consider the game to be only now at the beginning; I will hope, if you please, that the trumps may continue in the same hands to the finale of the party, but I cannot expect it. Similar causes, it is said, and philosophy is *à la mode*, always produce similar effects; I think I see clearly that those causes now exist and operate in France which I have always seen, followed by disastrous consequences everywhere. I am delighted to hear of the prosperity of homeo; I am surprised whenever I find truth in vogue. Mr. —— seems to be in high spirits, and he tells me that his general health is miraculously good, which he attributes to homœopathie ——. I spent some hours with Lord —— yesterday; he is here for change of air, and quite in exstacies about France; how little I value the judgment of violent party men, be they Whig or Tory. I recommend to you the article in the July *Edinburgh Review* concerning Jefferson, merely to see what He, and Washington, and Adams, and Hamilton thought of the American Constitution, it is curious."

Dr. Clark was in constant correspondence with him, and there was an idea of Quin's writing a pamphlet on the doctrines of Hahnemann in the *Cyclopædia of Medicine*. However, Clark writes in November, 1830: "I shall say nothing about an article in the *Cyclopædia*, as I do not think the editors would insert it. Your book will come out best by itself, let it stand on its own legs if you can give it good legs to stand upon.

"I am, dear Quin, yours truly,

"JAMES CLARK."

Again he writes:

"MY DEAR QUIN,—With this I beg to introduce to you my friend Dr. de Rabatta, a disciple of Hahnemann who

has been living for some time with Lord Shrewsbury, and is now on his return to Italy; he is desirous of making your acquaintance, and I have much pleasure in procuring him this advantage, as you will find him a good honest man. . . . In medical matters I do not know anything worth writing you. We are interested by constant reports respecting the Cholera. What says Hahnemann? I fear it is a disease that will not wait for the operation of your atomic doses, and seems even little disposed to bend to the heroic method."

Quin was soon able to prove that his friend's surmises were not founded on fact or experience. His friend Westmacott writes: "I am delighted at the news you send about yourself; you have indeed alighted on your legs, and I trust you will have your health to make the most of it. From what you say about publishing a work on homœopathy, I suppose you are practising on that system, *tant mieux*, if it answers your expectations, but you will be abused right and left by one and all—physicians, apothecaries, chemists, druggists, *et id genus omne*, who live by three draughts per diem, will devote you to the infernal gods; of course, medically, I can give no opinion, but I foresee you will have interest and prejudice harder than brick walls to contend against. I am sorry to hear of your attacks of illness. How is this? I am afraid you overwork your physique." And this was the case; always delicate, his mind and energy were too much for his body, and he was repeatedly laid up with cough and congestion; indeed, at one time it was doubted whether it were possible for him to continue to live except in the South of Europe. However, his indomitable energy prevailed, he had set his whole heart on bringing this system to the notice of the profession and the public, and would do so even unto death.

In 1831, Lord Ponsonby writes: "People here still cast up the lip with the supercilious expression of conceited ignorance when homœo is mentioned. The medical men affect to understand it, but are as ignorant of it as the laity, or more; but I believe there are some in England

who have cast off enough of their bigotry and folly to be willing to look at it. Truth in science will at last make its way, I wish you were here to practise the new system."

Lord Minto, who had been under his care in Paris, writes, in answer to Quin's inquiries about the Cholera in England:

"*August 22nd,* 1831.

"MY DEAR SIR,—As you are in pursuit of information respecting Cholera, it occurs to me that it might be worth your while, in the first instance, to pass a week or two in London. Government has taken a good deal of pains in investigating the character of the complaint, and I have no doubt that a great deal of useful knowledge may be obtained from the reports of its medical agents. As far as my information goes, this complaint is the genuine Indian Cholera, differing, as of course you know, in very essential characters from the Cholera of Europe, and though there are of course varieties of opinion and systems for its treatment, one extremely intelligent practitioner told me that he had very early in his experience been induced to abandon the established treatment by opium, calomel, and bleeding, and resort to a different plan, which proved extremely successful. . . . If it be true that extremes meet, you will soon have all the London doctors with you, for they have but one system for all complaints. Calomel measured by the bushel, bleeding by the gallon, and a continual stream of tonics and restoratives for the few remaining days of life."

In September, 1831, previous to his departure for Germany, Lord Ponsonby writes: "I am sorry to hear of your illness and that you have suffered so much; I wish you were established in London. I think the great Babylon the only fit place for your career, and that it is prepared for you; however, you are the best judge of this. I find many of the heretofore most incredulous people holding a language of inexpressed belief. I expect to see the current of opinion set in with violence for the true doctrine."

Cholera was at this time the prevailing theme, and creating much anxiety in the medical profession. It was gradually advancing westward, and every imaginable variety of treatment was recommended. Quin was alive to all that might be made of it, if the system he had adopted was capable of producing a specific remedy, as it was known that a very small percentage were cured under the usual system. He heard of its breaking out in Germany; he at once gave up his practice and started to consult with Hahnemann as to the best means to be adopted. We all know with what energy he set himself to work. He at once volunteered to go to Tischnowitz in Moravia, where the disease was raging most fearfully; how he was attacked himself, and yet with indomitable energy, as soon as he was able to crawl out he was at work again, and remained till the disease had entirely disappeared.

The official recognition of his services speaks for itself.

"To Monsieur Quin, Doctor of Medicine.

"When the doctor arrived at this place to investigate the cholera epidemic, it had reached its highest pitch in the town and surrounding village of Varkcloster, both as regards the number of victims and the violence of the symptoms, so that often death ensued in a few hours. It happened just at this time the three medical men, Dr. Gerstel, Hanesh and Linhart were all ill; although you yourself were struck down immediately on your arrival, you undertook as soon as convalescent the treatment of the sick, with the greatest readiness and benevolence during the days when Dr. Gerstel was obliged to keep his bed, and with such great success that from that time no patient died. The local authorities consider it their duty to tender their warmest thanks for your generosity accompanied with so much help. "Signed by the Mayor.

"Tischnowitz, 30th November, 1831."

Just before leaving Paris he is about to be consulted in Lord Anglesey's case; Lord Ponsonby writes to him:—"I have written to Lord Anglesey saying that I heard he had an

inclination for homœopathy and Dr. Quin, that I knew the said Homo would do anything Lord A— would desire. That Dr. Quin intended to visit Germany, for the very good purpose of dying of the cholera morbus in order to gain a knowledge of the best mode of curing that disorder. I strongly set forth that homœopathy was a branch of science which required most careful application and most delicate attention to the facts on which it was founded in order to secure the patient the benefit of its wonderful powers, that it was easy to have a slight knowledge of it, therefore the finest thing in the world for quacks, except the want of the means of killing patients, which this system did not afford." He was, however, consulted by letter concerning Lord Anglesey, who was greatly benefited by his treatment, and henceforth became one of his staunchest friends and one of the chief supporters of the system in England.

In January, 1832, he now seriously contemplates establishing himself in London, a letter from Mr. Westmacott, March 19, 1832:—"Report and our wishes fix upon Easter as your time for arrival here, don't disappoint us. By the way, your prescription for Cholera has appeared in the papers." He had been treating this disease most successfully in Paris.

"I want to know how you have succeeded in cholera, whether you have lost any one patient to whose assistance you were summoned at the commencement of the disorder. The Duke of Cleveland told me that his son Lord H. Vane had been saved by you." He is consulted and called in consultation by those holding different opinions.

"Your letter," Lord Ponsonby writes, "shows how fairly you appreciate the knowledge and talents of other physicians, and it gives me pleasure to manifest your superiority to the spirit which so commonly animates the partisans of an opposed system. Dr. Quin and homœo will stand the test of the *experimentum crucis*, and the essence of each is most valued by those who have the most knowledge of it."

In another letter he gives him advice about his cholera

pamphlet. "Be excessively careful to avoid all conjectural reasoning, and the statement of any general principles whatever. You should, I think, reserve such matter for another work, and say that you do so. A dry but authenticated statement of facts will reduce your enemies to great straits. They will be forced to deny things which you can prove to be true, and when hereafter you may have to explain or set forth the principles of your new science you will have the advantage of being able to show the fallacies of your opponents and their want of candour."

Quin's success in cholera brought a number of inquirers, and amongst others a physician practising at Bordeaux, who seems to have worried him with questions, when far from well; and he complains of this constant drain on his time and health interfering much with his convalescence and practice. Lord Ponsonby again urges him to come to England. "Get well" (he writes), "send your Bordeaux bore to the devil, prepare your book, and be ready to start for London, for you are asked for very often and expected by many."

Hahnemann appears to have sent some empty packets of papers instead of medicine to Quin. Lord P— says, "I hope Hahnemann nor his boy neither are given to putting the label on the wrong bottle." When Sidmouth, the "Doctor," as he was called, sent Moira, an Irishman, to command in Scotland, and Cathcart, a Scotchman, to command in Ireland, Hare, in reply to somebody who remarked the fact, said, "Oh, the doctor's boy put the label on the wrong phials." "I see again," he writes, "a great breach made in the prejudice and obstinacy of this country. Come over here as soon as you can if you hear of any increase of cholera."

In January, 1832, he has not recovered—is still far from well. Lord Ponsonby says:—"I am exceeding sorry to find that you still continue to be so unwell. Take care of your own health; recollect you will be not either agreeable or useful when you are dead, and that homœo will suffer a severe loss."

Again he writes:

"Your name has made its way everywhere, in every society, and to be talked about is a great thing gained. I think there is great curiosity about the new system, and that you are almost identified with it; the truth of that system, and your ability will do the rest, in spite of the violent opposition you will have to encounter. Where is your book?" His success in Germany was received with the greatest incredulity in England. Lord P— says: "Your success seems to me delightful; I have spoken of it, but meet with nothing except the most insulting incredulity, accompanied with the finest specimens of the abuse of logic. I have talked to great men, and found them as great ganders on the subject as the least would be: no matter, truth will prevail.

"Cholera is advancing upon us; my counsel is that you should devote all your time to a preparation of a detail of your practice in cholera, and publish the cases and cures. You must be prepared for several kinds of violent and formidable opposition—all the physicians, all the apothecaries, all those who already swear by any given doctor, and this last will be the most formidable of them all.

"There is a good foundation for you here, but it wants deepening. You had better wait in Paris a short time and take the step I recommend previous to your appearance here."

Lord G— was a violent opponent to homœopathy, and spoke everywhere against it, and Lord Ponsonby endeavoured to convince him of his error. He says, "His Lordship is very obstinate, but he is too clever not to yield to reason at last if plainly and clearly set before him. Tell me many things which I may in my own way state to him. I met Niemen, the Austrian diplomate, and Esterhazy, at dinner. They both, I think, were afraid of saying all they knew and believed about homœopathy; nevertheless, they supported me, and Niemen spoke of you in the highest terms. I told G—, before all the world, that he was talking of things he did not understand, and challenged him to the discussion of the question, when I should lay facts before him. I told him the truth, and I fear him not.

"You do well to publish in Paris and in the French tongue; your work can be translated and will be more likely, as a translation, to attract attention than in English. We are always foolish enough to value exotics." His friends were very anxious about him at this time—he was constantly ill.

"What, most amiable, ill again?" writes a friend, Feb. 16, 1832. "Why, how can you expect your friends to be well and happy? I wonder if you got my letter after you commenced your journey north-east in search of the cholera morbus. Many told me of your exertions, but be it permitted to friendship to say that I never, in the history of the heroic actions of great men, ever read or heard related a more heroic, a more truly brave and greater display of cool courage and perseverance than the account Mr. T. Smith gave me of your career at Tischnowitz a few days ago. Well, my dear fellow, all I know about you since your return is that you are very ill. One man says that 'his ribs are stove in;' another, 'Oh, he has not recovered from the cholera;' a third—and that's the sort of man I like—'Oh, never mind his being ill, except for his friends' sake; it will give repose to his active mind, and fit him the better for the great exertion he has to encounter as soon as he is sufficiently recovered to work.'"

In April, 1832, Dr. Belluomini arrived in London. Lord Ponsonby writes to Quin on the subject:—"Dr. Belluomini is arrived here, and has brought recommendatory letters to many persons. I am told he has not had personal experience of cholera, but says camphor is the proper remedy. Send me your memoire."

In May, 1832, Quin publishes his pamphlet on the cholera, dedicates it by permission to King Louis Philippe. He at first thought of dedicating it to the Board of Health in London, but was dissuaded from this by Lord Ponsonby, who writes:—"I am not certain of the advantage to be derived from addressing your pamphlet to the Board of Health. I do not imagine that a work on such a subject as cholera, and which exhibits to the world a new method of cure for that complaint, and which has been proved by

experience to be at least in numerous cases effectual, will stand in need of anything beyond its own intrinsic importance to make it an object of universal attention of all manner of men."

In publishing his pamphlet Quin seems to have unintentionally given some offence to an English physician, as appears from the following letter:

"My dear Sir,—I commence by disclaiming in the most positive manner the remotest intention of reflecting upon you disadvantageously in my pamphlet. In mentioning the case of Henri Thuillier I had no pretension to censure you, nor wish to expose you to censure, and I maintain (after an attentive perusal of the case since the receipt of your note of this morning) that there is nothing in my book that can by any ingenuity be construed into an accusation of want of humanity on your part; and that so far from there being a reflection upon your medical knowledge, the manner in which you are alluded to must give quite another impression of the author's opinion of you. My sole object in publishing the case was to prove the efficacy of a means which I conscientiously have tried in numerous cases, and I chose it in preference to others because, as I have stated, "le diagnostic et le prognostic avaient été tiré avant que je n'ai vu le malade par un médecin distingué qui l'est beaucoup occupé de cholera," thereby to prevent people saying it was not cholera.

"Where you find in this phrase or in what follows matter for the imputation that I have been wanting in candour and in justice towards you I am at a loss to discover.

"Allow me again to repeat that I had not the slightest intention of doing anything hurtful to you, either as a man or as a physician. Allow me also, again, to deny that anything that I have stated has that tendency. I trust that you will be satisfied by the above explanation, as I should feel real sorrow in quitting Paris, as I do in a few days, did I leave it having in the fulfilment of what I consider to be a conscientious duty given offence to any one.

"You will oblige me by informing me if Dr. Millingen, of Bordeaux, has your authority for stating that Dr. Macloughlin tried homœopathy in cholera under Dr. Quin's directions, and that it *failed*. In a letter which I have received from Mr. Scott, the British Consul at Bordeaux, he informs me that Dr. M—, on his return from Paris, made that statement to him.

"Believe me, my dear Doctor,

"Yours very truly,

"(Copy.) "F. F. QUIN."

"PARIS; *May* 21*st*, 1832.

Westmacott writes to urge him to come to London. "If great folks are to be at all trusted, there are lots of influential people who seem disposed to be your friends and back your talent. Come along then."

His friend Uwins writes to him on the subject of coming to London. Quin had seen Wilkie, who had spoken most approvingly of Uwins' work. Uwins says, "Wilkie is a giant, he can well afford to pat a dwarf on the back and say kind words to him. He has now under hand a picture which will go as far beyond everything he has yet done as he has gone beyond others of his age and generation. It is John Knox preaching at the old Church at St. Andrews. There is no word in the language strong enough to express my admiration of this work, which is as original in conception as it is powerful in execution."

He leaves Paris finally in June, 1832, as I find from a letter from Count Chabot.

"The book has been presented by me to the king, who returns you his thanks for the same. I called at your hotel yesterday, and found you had left Paris, and now forward this letter through our mutual friend Lord Ponsonby. "Believe me,

"Yours very truly,

"CHABOT."

In July he is settled in London, No. 19, King Street,

St. James's, as I find from a letter from Count D'Orsay.

"Address—The Doctor Quin, King Street. July —.

"Ungrateful Homœopath, is it because your doses are so reduced, that the result is your visits are to be on the same method?

"An admirer of the system through its Apostle Quin.

"A. D'O."

He soon got into extensive practice, as he had been long expected. On arriving at his lodgings in King Street, he found a large number of letters, making professional appointments for the next day.

Amongst others he made a convert of Sir Francis Burdett by curing his servant. Lord P—, writing from Paris, says: "I am much pleased at what you tell me of Burdett's servant. B— is a man whose tongue will be of great use, and when he takes up a new and controverted doctrine he is likely to be active in its promulgation."

Sir Francis Burdett writes:

"Dear Dr. Quin,—I am going on so satisfactorily that although I ask'd your opinion of Buxton waters, baths, &c., I should not think it now necessary to go there or to interfere with my present method of going on. I suppose it will be advisable for me to continue the treatment after all gouty feelings and affections shall have ceased if I wish to confirm the lasting or long-continued effect; at the same time, it is not fit that I should so long defer a handsome remuneration. It is but just that as the physician takes care of the patient the patient should take care of the physician.

"Yours sincerely,

"F. Burdett."

His practice increased with such rapidity, that by some of the medical journals he was denounced as a quack, an impostor, an ignorant charlatan. And the following correspondence ensued as to his legality in practising in London or within seven miles thereof.

"We, the Censors of the Royal College of Physicians, London, having received information that you are practis-

ing physic within the City of London and seven miles of the same, do hereby admonish you to desist from so doing, until you shall have been duly examined and licensed thereto under the Common Seal of the said College, otherwise it will be the duty of the said College to proceed against you for the recovery of the penalties thereby incurred.

"(Signed) THOS. HERVIE.
WM. MACMICHAEL.
H. H. SOUTHEY.
H. HOLLAND.

"College of Physicians, Pall Mall, East;
"*January 4th*, 1833.

"The Board for examining persons who have the requisite qualifications is holden at the College on the first Friday in every month.

"To DR. QUIN."

On the 1st of February another letter was written to him:

"SIR,—I am desired by the Censors of the Royal College of Physicians to express their surprise that they have received no answer to their letter of January 4th, admonishing you to desist from practising physic until you have been duly examined. The Censor's Board meets for the purpose of examinations on the first Friday in every month.

"I am, Sir, your obedient servant,
"FRANCIS HAWKINS.
"DR. QUIN. "*Registrar.*"

To this Quin returns the following answer:

"KING STREET, ST. JAMES'S; *Feb. 3rd*, 1833.

"SIR,—Your letter of the 1st inst. was only delivered to me yesterday, and I hasten to beg that you will lay before the Censors of the Royal College of Physicians that it was out of no disrespect to them that I did not answer their communication of January 4th ult., because I did not conceive that a document of the nature sent to me required an

answer. I have now the honour to acknowledge the receipt as well as that of your letter containing a repetition of the information conveyed to me in their communication.

"I have the honour to be, Sir,

"Your very obedient humble servant,

"FREDERIC F. QUIN."

Of these communications he was advised to take no further notice. He followed this advice, and from that time he heard no more of the College or their obsolete laws.

With his friend and colleague, Dr. Belluomini, he was in constant consultation. In January, 1833, Belluomini lived in Beak Street, and writes to Quin asking him to see some patients for him as he is obliged to go to Alton Towers to see Lord Shrewsbury, and will not be back for four or five days. In July, 1833, Quin was first consulted by the Duke of Beaufort, with whom he afterwards became very intimate.

"The Duke of Beaufort presents his compliments to Dr. Quin, and begs to know if it would be convenient to him to meet Dr. Belluomini at his house in Grosvenor Square at one o'clock to-morrow."

In this year he had removed to 13, Stratford Place, from King Street, and was hard at work bringing out his editions of the *Fragmenta* and the *Pharmacopœia*. He was also in constant correspondence with his friends and colleagues on the Continent—Hahnemann, at Coethen; Dufrêne, at Geneva; Schmidt, at Leipsic; Gerstel, at Prague; and many others.

In all this busy time he did not forget his old University, and sent to it a most splendid present of the *Musée Borbonico*.

Professor Pillans, December 27th, 1833, writes:

"When I mentioned to my class this most splendid donation I took the liberty of stating, as the wish of the donor, that the inspection and consultation of these precious volumes should not be open to all, but received as the reward of superior proficiency and good conduct. I am desirous of having a deliverance under your own hand as to

the disposal of the gift, the more so in consequence of some claims which have been lately put forward by the Town Council to the property of all that is used by any professor within the walls of the College for illustrating his lectures. I think you will best consult the interests of the youths and the integrity of the work by constituting me custodian during the term of my natural life, I engaging to leave it as your donation to the Humanity Class Library."

On the 21st of September, 1833, he received the following letter from Dr. Peschier, a well-known and highly esteemed physician practising at Geneva—introducing Dr. Dunsford—who became, through Quin's interest, Resident Physician to the Marquis of Anglesea, and who remained at Uxbridge House until 1836, when marrying and commencing private practice, his place was taken by Mr. Cameron, who had become a convert to homœopathy, and who never swerved in his constant and affectionate friendship with Dr. Quin.

"GENÈVE, 21 *Sbre*, 1877.

"MONSIEUR ET TRÈS HONORÉ CONFRÈRE,—J'ai l'honneur de vous addresser et recommander le Dr. Dunsford, qui se rend à Londres, pour vous aider à faire prévaloir l'homœopathie parmi vos compatriotes.

"Après son arrivée, vous allez être *trois ou tres faciunt Collegium;* je vous exhorte donc fortement à vous entendre ensemble pour jeter les fondemens d'une *Société homœopathique Anglaise* ou *Britannique*, qui puisse correspondre avec la *Société homœopathique Allemande* ou avec la *Gallicane* dont je suis le Sécrétaire, et dont vous verrez les Règlemens dans la *Bibliothèque homœopathique* que très probablement vous lisez.

"Vos travaux sur le *Choléra* m'ont inspiré le désir de marcher quoique de loin sur vos traces, et dans l'incapacité où je suis encore de donner des travaux originaux dignes de mériter l'attention des praticiens je commence à publier une série de traductions qui seront, j'espère, un premier acheminement pour nos amis les Anglais, qui volontiers lisent plus facilement le français que l'allemand; c'est dans ce but

que je viens de publier la première livraison de *l'Exposition Systématique* de WEBER, que vous avez surement reçu de Baillière, libraire, Regent Street, 219; je ne serai point fâché d'avoir votre avis sur ce genre de travail; et vous m'obligerez si vous voulez joindre vos efforts à ceux que je sollicite de M. Belluomini, pour le faire annoncer dans les journaux de la Grande Bretagne.

"Vous pouvez être assuré que dans une année, l'homœopathie aura fait de grands progrès, soit en France, soit en Angleterre, sa marche sera exactement celle du choléra; on la verra venir de loin sans y faire grande attention; puis elle germera doucement, puis elle eclatera comme une bombe qui couvre tout autour d'elle; ses eclats feront disparaitre l'ancienne médecine et ses formules ridiculement compliquées; et bientôt l'humanité souffrante elevera des autels à notre maître Hahnemann.

"Si Dieu nous prête vie, vous et moi, Monsieur, nous verrons cela.

"J'aspire au moment où mes affaires me permettront d'aller vous serrer la main à Londres, je ne désespère pas de rencontrer une opportunité favorable qui me permette de visiter avec votre aide la Capitale du Monde.

"Adieu, Monsieur, je suis bien parfaitement,

"Votre très affectionné,

"CH. G. PESCHIER."

In May, 1834, he published the *Pharmacopœia Homœopathica*, dedicated to the King of the Belgians. He had some correspondence with Pillans as regards this dedication. "Had the Belgians ever a king before? if not, I would delete the comma after Primo that it might be joined with Regi." In August in this year he published the *Fragmenta de Viribus* of Hahnemann, and dedicated it to Sir Henry Halford. The following letter from Sir Henry acknowledges the dedication:

"SIR,—I am sincerely obliged to you for the civil and respectful terms in which you address me in your note, and most especially for the caution you use to prevent your

dedication from subjecting me to any possible misconstruction as to approbation of your practice. Undoubtedly we all have in view the same object, that of benefitting ourselves by doing as much good as we are permitted to do by administering to the sick, and I care not whether the remedy comes from the east or from the west, or the north, or the south, provided it be a remedy for human suffering. If I entertain any feeling towards you than I entertain towards others engaged in the same occupation with myself, it is, indeed, one of no hostility, but of deep regret that you fail to do what the law requires, and to give us all the opportunity of associating with you and of comparing views with you by personal intercourse at the bedside of the sick. If you came to the College of Physicians and showed what I am quite sure you would to your credit, those qualifications which we expect from a physician, we could then consult with you, and avail ourselves of those further resources of our art which opportunity has disclosed to you. This would be equally advantageous to mankind, and liberal on your part, and I beg you to allow me, in the true spirit of kindness, to press this counsel upon you. It would *become* you, and be creditable to the profession, instead of subjecting yourself, as you do now, to a suspicion of conduct unworthy of the character of physician. With an assurance of my sincere good will,

"I remain, sir,

"Much your faithful servant,

"HENRY HALFORD.

"July 24, 1834, Curzon Street."

Quin personally told Sir Henry that he had no objection to submit to an examination if an honorable promise was given to him that his particular mode of practice would not stand in his way. To this he got no reply, and heard no more from the College or its Censors. At this time he wrote out a series of axioms for his guidance.

"The patient who is in the greatest danger, or in the most

acute suffering, has a privilege over all others, whatever be their station or condition in society.

The voice of the poor who has been saved speaks louder and in more thrilling tones than that of the rich.

Seldom can the faults of a physician be punished by a tribunal. There is no subterfuge, no palliative—nothing can absolve him.

Neither his own case, nor any personal consideration, should lead him to neglect his duties—adequate punishment is sure to be meeted out to him.

Every physician has vowed to do nothing which may shorten the life of a fellow-creature.

The life of a patient may not only be shortened by the acts but by the words of a physician.

Fear, anxiety, or fright are noxious poisons, and paralyse the vital powers.

Confidence in the physician inspires hope and courage, which often surpass all medicines in their vivifying powers.

If you ask the most eminent physicians they will tell you that they have often used more skill and pains in cases which have terminated fatally than in some of their most successful cases.—Unshaken Probity.

Disseminate by writing and by conversation sound ideas and correct notions respecting the preservation of health and the treatment of disease. Combat prejudices and promote institutions ameliorative of the general state of health.

He *must act cautiously and prudently* in attacking the deeply-rooted prejudices of the public. Discrimination of what is essential in art for what is merely accessory to practical art, and the power of both generalises or individualises, according as the one or the other is required—a knowledge of the remedies and their specific modes of action."

In the latter part of 1834 he began the translation into English of Hahnemann's *Materia Medica Pura*, and for the next six months he worked at this at every leisure moment.

Notwithstanding the violent opposition he encountered,

his fame and success induced many intelligent medical men to inquire into the new system, whilst others without believing thoroughly his theory had a firm faith in his honesty and singleness of purpose. Amongst the first were Kingdon, Uwins, Granville, Headland, and amongst the second, Sir Charles Clarke, Sir James Clark, Dr. Locock, Dr. Williams, of Nottingham, Mr. Liston, and many others. Quin did not rest satisfied with merely introducing homœopathy into this country, and remaining its sole exponent; he did all in his power to propagate it through the medical practitioners as well as through the public, he talked about it, he wrote about it, he opened his house for those inclined to investigate it, and he supplied them with the medicines for experiments.

Dr. Granville consulted him about some of his cases.

"25*th April*, 1838.

"Dear Sir,—I have to deal with two obstinate and chronic cases of metritis with ovarian irritation. The usual remedies and external applications have been had recourse to with ambiguous and at all events tedious good effect. I read in Gerard, Naas, Neckar, and other Hahnemannians, wonderful cures performed in similar instances by *Strychnine*, 3°; or *Sulphur*, 6; or, *Platina*, 6; or *Acid phosph.* 9; or *Conium* 30, or *Pulsatilla*, 30. The questions arising in my mind on reading these *varied* agents to combat one and the same disorder, and which (as I am willing to give every medical alleged improvement a fair trial) I would submit to you for information and guidance are these."

He then puts some questions as to which of the agents he had found most useful, what degree of dilution, and where Dr. G— could procure the medicines necessary for a homœopathic experiment, and ends his letter—

"At your leisure I shall esteem it a favour to receive a reply to my present communication, which I the less scruple to address you, as I feel convinced of your sincerity in

working in the field of science of which we are fellow-labourers. I remain, dear Sir,

"Your obedient Servant,

"A. B. GRANVILLE, M.D."

Dr. QUIN, Stratford Place.

Dr. Quin wrote fully to Dr. Granville, who thus answers him—

"DEAR SIR,—I am unwilling to suffer more than a night to elapse without thanking you most sincerely for the very full and elaborate manner in which you have replied to my queries respecting a very troublesome, and I may say often a rebellious, class of female disorders. You have extended your readiness in complying to my wishes for information respecting homœopathic agents to the favouring me with the agents themselves already prepared and ready for administration, and for the additional mark of your attention, as well as for the present of your edition of *Hahnemann's Fragmenta,* I tender you my sincere acknowledgements. Thus instructed and thus supplied with means, I shall certainly feel tempted to enter into a course of experiments in the species of disorder above alluded to, and I will think it my duty to acquaint you with the result.

Sir Charles Clarke was another above the prejudices of the generality of medical men who knew only one groove of practice, and could only run in that. The following is a letter from Lord Anglesey, who was then a thorough convert, and whose family physician was Dr. Dunsford, inviting Quin to dinner.

"DEAR DR. QUIN,—I saw Sir Charles Clarke to-day, he talked most liberally of you and of the good the homœopathic system had effected both for Lady Anglesey and me. I proposed to him to meet you at dinner on Friday next, and I hope you will give us your company. I think we shall have some pretty good fun, for Drs. Locock and Dunsford will also be of the party. I shall stand in the character of umpire and bottle holder. We will dine punctually at

half-past six in order that we may have plenty of time for disputation. "I remain, faithfully yours,

ANGLESEY."

Dunsford was always for fierce and serious disputation. Quin just as strong in faith, kept his antagonist in good humour, thereby making many friends—Locock among the number—and they were always great personal friends through their professional life. Many a letter passed between them on professional subjects, and now and then a little banter. Here is one from amongst a great many:

"MY DEAR QUIN,—I saw Miss —— this afternoon, I can make out no real local disease. When such a case falls into bad hands, it has to go through the various atrocities of speculum, caustic, and other irritating and mischievous drugs. Horrible things in such a case as this . . . Keep her health up, her nerves calm, her sensitiveness soothed with any plans your sugar plums can effect, and that is all I should advise. We benighted individuals of the extinct school should probably use lotions of Belladonna and acetate of lead."

In this year there had been some kind of misunderstanding, or rather difference, with Hahnemann and some of his followers in Germany. Quin makes up his mind to run over to Leipsic and try and put matters on a friendly footing again. The following letter determined him on this project:

"MY DEAR FRIEND,—I thank you for your book, and for your friendly remembrance. Dr. Dunsford gives me news of you. We rejoice that you will come to Leipsic. Hornburg is dead. Homœopathy flourishes in spite of ourselves being divided into two inimical parties through Hahnemann's barbarism My wife salutes you. I have lost my bet with you; we will speak of it in Leipsic.

"Ever yours,

MORITZ MÜLLER."

His passport is dated 9th September, 1835.

In 1836 Mr. Kingdon, the well-known surgeon of Bank Buildings, having heard of the new doctrine, at once went to the fountain head for information, and a voluminous

correspondence is commenced and kept up accompanied with personal interviews for some three years.

Quin gave him various medicines to experiment with, and presented him with the *Fragmenta*. In answer Kingdon writes:

"DEAR SIR,—I find myself very stupid on again going to school, and trust you will bear with me a little time. Homœopathic patients, I presume, are not subjected to the horrible symptoms set down in the *Fragmenta*, or I should get condemned here in the city without judge or jury." [Quin had advised him to let the medicine act and not repeat, but to give sugar of milk powders.] He goes on to say "I am desirous not to do injury undeserved to your system, and feel that, in case I have not sufficient pliability of mind left to acquire the tact necessary to its practice, I shall not the less appreciate the politeness and liberality of an almost stranger. "I am, dear Sir,

"Very faithfully,

"WM. KINGDON."

He is, however, most anxious to know more.

"I want more conversation, but having something of a conscience I desire that my intrusion on your time might be made convenient to you as circumstances will permit . . . Mr. Leaf has a French book, with a list of symptoms referring to corresponding remedies. I cannot make anything useful out of Leaf, at least, so I suspect from a short conversation with him; and indeed, as you have kindly undertaken to be my teacher in this system, I mean to acknowledge no other master, if (excuse the if) this system be of a nature to prove so extensively beneficial as is supposed, I presume it must be based, as to treatment, on correct pathology, though it may occasionally happen to prove useful under a common-sense observation of symptoms only.

"The subject was introduced at the Medical Society, when I chose to speak of it as requiring much scientific knowledge; but a physician, professing to know a great deal

about it and about its promoters in this country, said it required no science, since the observation of symptoms was all that was requisite, according to their own showing; that it was all deceit, perhaps some self-deceit, humbug and quackery. The latter term I obliged him to withdraw. More when we meet."

Again he writes:

"Your new system is making a more extensive stir than the stirrers choose to acknowledge, and we must be prepared for the expiring effort of deadly hate and prejudice.

"Ere this you will have read my little playful paper in the *Lancet*, and I know not whether you forgive the liberties I have taken with your name or whether you forgive my having thrown so many of your pearls before swine. They have, however, turned to rend one, though they know not how."

Again (November 16th, 1836), "I desire to know more of your new system of medicine, the charm of which to me is the infinitesimal dose impressing in some way or other the nervous system, and I have an internal conviction, spite of my many failures, that it is calculated to effect immense good, and moreover, and of equal consequence, *prevent* immense harm. When am I to have my box? I am a perfect recruiting officer among my professional younger brethren, and on the next evening you can give me, mean to bring a couple with me."

Mr. Leaf, mentioned above, was an early and ardent friend of the system and of Dr. Quin. He introduced Dr. Curie into England.

Notwithstanding the dead set made against him by the medical journals, Quin, nothing daunted, went on making converts and increasing his practice, becoming not only the medical adviser but the friend of many in the higher circles as well as the intimate of the best men in literature and art. The Bulwers, Tom Moore, Samuel Lover, Albany Fonblanque, John Forster, Charles Dickens, W. M. Thackeray, Macready, Landseer, C. Mathews, and a host of others. All were his friends, many believed in his system, all believed in him.

His friendship with Charles Dickens was from the first most cordial, and this is shown by the familiarity of their correspondence. The first time Dickens dined in Stratford Place was in 1835 or 6. The party consisted of the two Bulwers, afterwards Lord Lytton and Lord Dalling, Albany Fonblanque, John Forster, Baron Réhausen, Samuel Lover, C. Dickens, Geoffry Nightingale, E. Hamilton, and the Host. Dickens was then as his friend Maclise painted him. They constantly dined together, and wrote to each other in terms of great familiarity.

The following letters* in answer to Quin's invitations are inserted by permission of the family:

"DEVONSHIRE TERRACE.

"MY DEAR QUIN,—You know as I am of a convivial turn, and should be delighted to dine with you on Friday, but I have a cold in my head, a new babby in the house, six chancery suits on my hands, and my next number unborn and unbegotten.

"Distractedly yours,

"REBECCA."

"TAVISTOCK HOUSE;

"*17th Feb.*, 1853.

"MY DEAR QUIN,—I am truly sorry that I am engaged to a christening dinner at Chiswick on Saturday, where I shall appropriately appear after your invitation (in accordance with the catechism) as an outward and visible sign of an inward and spiritual grief.

"Ever faithfully yours,

"CHARLES DICKENS."

Quin invites Dickens to dinner, and this is his answer:

"TAVISTOCK HOUSE;

"*2nd November*, 1854.

"MY DEAR QUIN,—I am vexed; but the devil insists

* These letters and those that follow from some of his literary friends are inserted as shewing the intimate friendship which existed between Quin and the writers, although many of them of later date.

upon it. I am engaged on Tuesday, weekly business engagements that must come off. My only other engaged day next week is Thursday. But don't put off the Dr. ——. I will try to get away early on Tuesday, and come to you over what an American I knew in Virginia used to call 'the wine cup.' He came to me one morning (with his collars turned down) and said 'Waal, sir; a number of our smartest citizens located in this town desire to jine in crushing a friendly wine-cup with you this present sun-down, and in heering you give utterance to any sentiments that you may think calc'lated toe gratify Columbia's sons.'

"Ever yours,
"C. D."

Quin then forgetting his engaged day, invites him for that very Thursday, and gets the following in reply:

"What ARE you a doin' on? Didn't I tell you in my note yes'day that Thursday was my only other engaged day. Blow'd if you an't enough to make a cove go and knock his ed agen the wall with aggerarvation you are.

"BOW STREET STATION HOUSE;
"*Friday Morning.*"

John Forster, the well-known writer and at one time Editor of the *Examiner*, was an old and faithfully attached friend. He writes:

"55, LINCOLN'S INN FIELDS;
"*8th May*, 1841.

"MY DEAR QUIN,—I wish you saw the heaps of imaginary hair that lie at this instant like mats over my floor; all have been torn from my head, and if you happen to hear any distant sounds of screaming just now, it's me. My dear friend, I cannot dine with you on Monday. Bitter is the thought to me; alas, and alack-a-day! But to Rachel I must go, I am bound to say something about her; and she does not play again in sufficient time to enable me to do so for next week, unless I go on Monday. Do you see? do you sympathise? shall you regret me? I hope you will say a friendly word for me to Allan and his pretty niece; I'll certainly be owing her a visit the next time she comes.

"Even now, however, I don't know that I should not be able to COME A PAUL PRYING ROUND THE CORNER after Andromache has shed all her tears. If I can be with you at any decent hour, be sure I will. I scarcely ever regretted absence at any dinner table more than I shall do this from yours on Monday. "Always, my dear Quin,

"Yours affectionately,

"JOHN FORSTER."

And some years later Forster writes to him the following letter:

"42, MONTAGUE SQUARE;

"*9th Dec.*, 1853.

"MY DEAR QUIN,—I write this note to leave, in the event of my again failing to find you at home this evening. I say nothing of what I wanted to talk to you about myself; but I do want to talk to you, more than you will be apt to think from the time I have suffered to pass without calling. When I see you I heartily hope to find you all your old self. How much pleasure that fancy brings to my mind. The special business I wished to name to you this morning was to prepare you for a call to-morrow morning from Macready's eldest daughter (you remember Katie, the eldest of only two now left—pretty little Lily, a charming girl of sixteen, and such a handsome likeness of her mother, died in the summer of scarlet fever), who has come up to stay with us until Christmas, who is far from well, and who wishes greatly to *consult* you. Poor girl she has had great suffering ever since her sister's death from the death of her aunt, Macready's sister, who of course you well remember. It is a sad story this *real* tragedy of Macready's life following on all we know; and the saddest of all I fear is impending, his eldest son having just been obliged to leave Ceylon for Madeira. But I have wandered from the matter to which I should have confined myself. I propose to drop Miss Katie at your door to-morrow morning at eleven as I pass to Whitehall. "Always, my dear Quin,

"Yours, &c.,

"JOHN FORSTER."

Quin receives the following letter from him in answer to one he wrote:

"PALACE GATE HOUSE, KENSINGTON, W.;
"*New Year's Day*, 1874.

"MY DEAR QUIN,—If you could have seen the pleasure your letter gave me, you would not be sorry to have written it. I don't know that any thing has touched me more for a long time. Many things may be replaced in the world, or substitutes found for them that may do nearly as well; but not old friends, new ones don't even resemble them: for a precious part of ourselves forms part of them, which never, never comes back to us in any other shape. Well, then, my dear Quin, thanking you heartily for your letter, let me lose no time in sending back its heartiest wishes. May there yet be many years in store for you, happy as your own invincible spirits of enjoyment can make them. Hearing of you still from time to time, I am fain to hope that you paint your own condition as much too darkly as Quain has much too brightly pictured mine. God grant, at any rate, that this suffering may become lighter to you, the thought of it would be some alleviation to my own.

"Ah, yes—how our friends have fallen around us, not in single files, but in battalions! I am pleased to think that the book you spoke of gave you any pleasure. You shall have the third volume when it is complete. But though near completion, the sadness of it is very terrible to me, and I shrink nervously from the last chapters. If you do not come to see me before the spring days come again, I will go and see you then.

"Ever, my dear Quin,
"Your attached old friend,
"JOHN FORSTER."

On the 19th of October, 1874, one more letter is written:

"SEAFORTH LODGE, SEATON, AXMINSTER;
19*th October*, 1874.

"MY DEAR QUIN,—I hear that you have again called upon your old friend, who greatly regrets that he has not seen you,

and cannot refrain from telling you so. I am here in a pretty house by the sea, lent me by Lady Ashburton, pursuing what I fear is quite a vain quest, after the health that is gone from me—gone with all the other friends whom you and I remember. I told my present doctor (Quain separated only by a letter) that I would some day get you to come and meet him at a little dinner at my house, and when I go back I shall try and keep that promise. Meanwhile, God and all good things be with you. My dear Quin,

"Ever your attached,

"JOHN FORSTER."

With the Bulwers, particularly with Sir Edward Bulwer Lytton, he was always on very intimate terms, and was consulted by him on subjects not connected with his health, as he had great confidence in Quin's judgment and discretion. There is one letter in connection with his health which is interesting as giving his ideas of the water cure. He writes thus:

"I have much to say dispassionately on the water cure, judiciously combined with homœopathy. I apprehend that its effects would be much more certain and speedy, slow as they are now in acute cases, but tedious in local chronic diseases, and requiring time, patience, and courage, which will always render hydropathy (unless aided) confined to a comparative few, despairing of all other remedies; idle ones to spare the leisure, and bold ones to resist all the terrors of the commencement. The wet sheet is almost miraculous in feverish complaints. In bad hands, however, the whole thing is dangerous.

Everybody liked to dine with Quin, or to have him at their table. Albany Fonblanque writes:

"48, CONNAUGHT TERRACE; *Feb.* 14.

MY DEAR QUIN,—I have just discovered that there has been a most provoking mistake as to you, an invitation having been sent to you for the evening of this day which should have been for dinner at 7, and I have been wondering at not having an answer, and at your bad manners. If you

have a particle of generosity you will retrieve this error by coming duly at 7, for if you do not my luckless daughter will have to bear all the weight of an outraged father's displeasure, and it is impossible to say to what length my wrath may not carry me. "Yours faithfully,

"A. FONBLANQUE."

Charles James Mathews was a very old friend of Quin's, They had met at Naples in 1823, and Mathews in his autobiography says:

"Out of the many distinguished people it was my good fortune to be associated with, there were three who were my especial favourites,* and with whom I kept up constant companionship. The ever genial Dr. Quin, who up to this day—more than fifty years (but what is fifty years to either of us? †)—has preserved his faculty of imparting cheerfulness to all his friends by his inexhaustible flow of fun and good humour, while by his skill and science he has alleviated their bodily sufferings."

Quin was always ready to help his old friend, medically and otherwise, and in later years there was constant communication between them.

"LYCEUM, *July* 30, 1851.

"MY DEAR QUIN,—Did you ever hear the story of the dog who broke his leg, the surgeon who set it, the other dog who did the same, and who was brought by the first dog to have his leg set too? I am that first dog, you are that surgeon, the other dog is poor Bouffé. *Do* pray try and do something for him. He is in a dreadful state of hypochondria and complicated nervous complaints. Bouffé is a great man, and ought not to be left to little men who will play the deuce with him. We have raved homœopathy at him, and he has consented to try it patiently if you, and you only, will attend and look after him. I have ventured to promise that if it is in your power to-morrow you will give him a call. *Do, doo, du, duooe* try and get to him for the sake of your grateful first dog, "C. J. MATHEWS."

* The other friends were Dr. Madden and Sir William Gell, both old Naples' friends.

† Mathews died a few months before his old friend.

"LONDON, *May 2nd.*

"NOW YOU YOUNG QUIN,—Put down your little bottles, and concentrate the whole of your incapacity upon the contents of this letter, so that what homœopathic portion of intellect you may possess may be enlightened. I have referred to the female department, and it appears frightfully clear that *you*, the body corporate, should accompany the 'benedetto cusetore' to the Lyceum this night. There are, it seems, hollows in your back and monticules in your waist utterly unprovided for as yet, no existing callipers having been found sufficiently large to take you in at one sitting, your vaunted capacity evidently lying midway between your head and your heels; but the proper instruments having been constructed, an attempt will be made to surround and take your measure this evening. Mrs. M. is now cramming over the subject; she has purchased Sir James Eyre's book of the Stomach and its difficulties, and trusts to be equal to the magnitude of your case by the time you arrive. Let the bearer know at what time you and your executioner will arrive at the theatre to-night, that we may have the scaffold solidly erected, and all the requisite functionaries on the spot. Meantime, believe me in a fever of anxiety for the alarming result.

"Your admiring friend,

"C. J. M."

Quin was at this time attending Mrs. Mathews, better known as Madame Vestris, who died in 1856.

"GORE LODGE;

"*April* 23, 1854.

"MY DEAR QUIN,—I hope you are coming to-day as you lead me to hope, and am therefore justified in hoping that the hope may be realised. Mrs. M. is very anxious to have some serious conversation with you, but *that* she would like to do or to have (with your permission) to-morrow. The little allopath dines with us to-day, so that the discussion will be confined to the costume for the fancy ball, and I despatch this to ask if you can name any time at which you would see her at your own house to-morrow and she would

come to you. What do you think of a fancy dress to represent two great men, or rather the two halves of them—the front view of Esculapius and the back view of Hahnemann? Wouldn't that be original and symbolical of Esculapius having come before Hahnemann? Or suppose you put Esculapius at the back and Hahnemann in front, to show that he had left Esculapius behind.

"There's an idea.

"Faithfully yours,
"C. J. MATHEWS."

"GORE LODGE;
"*December* 8.

"MY DEAR QUIN,—Will you try and break through your rule and look at two ankles in their own house on a Sunday? Mrs. M. is the sufferer and would come to you but is afraid of catching cold. Two red rheumatic spots have kept her awake all night. They have appeared on the outer ankle bones shiny and painful. Now this wont do, and you must exorcise these fiery spirits, not with the old Pil. vij, xviij, Mist. acq. dis Plum. xxv, klzh, xij, vj, x2gph—cviij, Sum. haust. coch. iij; but with No. 1. No. 2. No. 3. heh. presto, pass. We will not keep you a minute, but come you *must*, as the leading tragedy actress of the day cannot be permitted to lay up with such a stupid, common-place thing as rheumatizm, though it may be difficult to spell. Please let the bearer know at what time we may be likely to see you, and in the mean time

"Believe me ever,
"C. J. MATHEWS.

"P.S.—eeee uuu zzzz hhh. I send you a few stray letters in case I should not have put the right number in the word rrhheuuummatizzsm."

"LYCEUM.

"MY DEAR QUIN,—Are you going out to dinner to-day? If so, at what time? This is rather an impertinent proceeding, but the meaning is this—the carriage is waiting at the door in hopes that you may be persuaded to trust your neck in it as far as the Lyceum to listen to a beautiful contralto cough. Having applauded that, said carriage will deposit

you wherever you are going to dine, within thirty miles of the place where Hick's Hall formerly stood.

"In great haste,

"Yours,

"C. J. MATHEWS.

"P.S.—If not able to come a powder for incipient bronchitis and cough might be your poor substitute."

He had written on two different sheets of paper, and there is a second postscript:

"I find I have sent you a *pair of sheets;* you may keep them in exchange for your *counter-pain.* Hem!"

"BROMPTON.

"MY DEAR QUIN,—Do, Quin, if you can Quin, come Quin, to-day, Quin, Mrs. M. is by no means well, and I want to read you twelve lines of a document which, I think, will interest you; at all events it does me. It certainly is more your business than mine, and, therefore, after all the trouble I have taken in the matter, if you don't come you may just take the consequence. So no more at present from

"Your everlasting,

"C. J. MATTHEWS."

He was very intimate at Gore House. The following is a letter from Lady Blessington:

"GORE HOUSE; *Saturday.*

"MY DEAR DR. QUIN,—M. Pipelet (D'Orsay) requests that you will send him the letter about Mr. —— you promised he should have. I suppose it is vain to tell you we are going to the opera to-night. Of course you have 999 impatient patients who *must* see you every five minutes throughout the course of the day and night, and as many more friends who expect you to dinner. However, *en passant,* I venture to hint that we go with Mdme. Calabrella, so if you manage to kill off the malades and put the friends under the table in turn, we shall be delighted to see you ready and waiting, as Homer says in the 5th book of the *Iliad,* line 49. Farewell, may you be happy whilst I —— sobs, choke my utterance. Adieu."

Dr. R. Madden, was another friend of those early days at Naples.

He writes, in 1832:

"My dear Quin,—I endeavoured to see you before leaving town, but failed in the attempt. I have the misfortune of fancying that old friends are always happy to see each other's faces, and not unfrequently finish by finding myself a fool in so fancying. I will not, however, make any application of my moral. If I thought you did not care to see me I would not, you well know, scrawl one line to you to purchase King Otho's crown. So much for a little virtuous chatter, now for a little palaver about the crown. Know you, my quondam friend, that Otho and the robbers who are descended from Leonidas have taken possession of my soul, and that my intentions are bound for Greece, for the which country I embark ere many weeks. I have been persecuting my friends to obtain for me a small consulate in the Levant or a medical appointment. If you are still the same old Quin of former, and perhaps more joyous days you will try to serve me. Touching these matters, as you are a gentleman, answer me with the pen of a ready writer by three or four return of posts. Will you come down and spend a week with me at St. Leonard's? there is a beautiful four-poster of mine at your service, and a knife and fork, moreover, and pratees and smuggled brandy, and no whiskey at all to wash down the *Cead mille failtha*, which is sure to be your portion in this world so long as you have a leg to put under the mahogany of "Misther Madden."

"7, Panton Square, Haymarket,
"1*st July*, 1854.

"Ah, signore Dottore Quin, in times of old, when George the Third was king. Amico mio, have you quite forgotten those days when we were young, and you were anything but a grave doctor, and I was a very firm, loving friend of yours. Misther sergeant Madden, at your service, the patron of W. Thady Thornton the Irish tutor, who used to hammer the parts of speech into the Duchess of Eboli, and do you forget the symposia, where I was wont to regale your honor and

big Mahon, and that thundering Irishman, Thady Thornton, on punch and potatoes and red herrings (and merrier refections were never enjoyed by gods or men)? You must have forgotten all those pleasant things or you would not have forgotten to answer a note of mine about two months ago. Take that rap on your knuckles for your forgetfulness. I almost repent I used to take care of you, with Roskelly, and the bauld surgeon of Her Majesty's navy, Charles O'Reilly, when you lay on the broad of your back with your ribs broken, and an emphysema, like a turtle taking a siesta on the buzzom of the deep, and I am half sorry, so I am, I made any efforts at all to keep your diaphragm quiet and your pectoral muscles in tranquillity, and your broken ribs from moving, and your sides from shaking, and to stop your laughing, and God knows a troublesome task it was to do that at any time, and you can't deny it, so you can't, though you are a great London docthur now, and very grave and solemn, when you are sitting in your chay, where I saw you the other day, and when I said to myself, 'Och, blood and turnips, can that be my own ould friend Quin, of Naples, who looks now as solemn as if he had the care of killing half the auld women of quality of London, on his shoulders?' 'Can that be he,' said I, 'who lived, ate, drank, and cured the sick, and kept the sound hale and hearty, laughing continually? C'est trente ans depuis. Aye, very true, docthur, vous avez bien raison, it was I who forgot that it was thirty years ago since you were the merriest of men, and I the young Chirurgo Inglese in Càpo la Mola, a fun-loving kind of fellow too, and a friend of yours in the bargain. All this means to say, you did not answer my note, and why did not you, and why don't you do what I asked you. Get me some letters of D'Orsay's and Lord B——, now or never, and now and ever I will be in a great dudgeon with you if you don't.

"Yours, my dear Quin, ever faithfully,

"R. R. Madden."

Madden dedicates a book to Quin, who neglects to answer or write to him. The following two letters passed:

"My dear Quin,—I take it for granted that you are exceedingly vexed that I dedicated my book to you, for if you had been at all gratified you would have condescended to write two words to me. Ah, docthur, I will be revenged of you. I will write your life, so I will, when you die, mind that; so you had better live as long as ever you can *non abstant.*

"Your auld friend,
"Madden."

To which Quin answered:

"Most magnanimous and magniloquent Madden, it is very wrong indeed of a moral man like you to surround yourself by a bevy of young ladies, to wit: Miss-Conception, Miss-Judgment, Miss-Apprehension, Miss-Construction, and Miss-Interpretation, who all conspire to lead you into error with respect to my sentiments about your dedication and opinion of your book. A classical and wise Athenian like you ought to avoid the allurements and blandishments of those deceitful syrens, and acknowledge no other love than The-Miss-Toccles, to whom your beloved Attica owed her preservation. The same as your now much beloved Hibernia has in you found a bold and courageous defender. But badinage apart, je suis comme de raison très flatté de votre dédicace; and much gratified and flattered by the kind and eulogistic terms you make use of in your notice of me. I would have written this to you after I had got possession of your book, but I wished to read it before writing to you, and you know how little time to spare a poor wight has, who, like me, is condemned to the treadmill of a London practice during the season. I have nearly got through the three volumes, and have been much interested in their perusal. There is a great mass of interesting matter, and I particularly admire the ability, tact, judgment, and delicacy which you have shown in the treatment of points requiring the greatest caution and prudence even to approach."

Notwithstanding his popularity in society, he did not forget his mission; he was doing all he could to make his system

known, and working night and day, to hurry on the translation of the *Materia Medica Pura.*

With all his overflowing spirits, his great repartee, and his sparkling wit, which made him such an excellent companion, there was another and deeper current of sound sense and discrimination which inspired confidence and faith in his judgment. His old medical friends and fellow students at the University keep up their friendship with him.

Dr. John C. Williams, at Nottingham, writes:

"My dear Quin,— . . . . The last I heard of you was from Dr. Bland, of Grantham. . . . . I have a double motive for wishing to make homœopathic experiments —the medical reputation of a friend and satisfaction to my own mind. Be sure nothing will prevent my open advocacy when I am myself convinced.

"How sorry I am you have been ill, my dear friend. You are a 'Heretic Doctor' in London. I trust you have many real medical friends, but never forget that there is one in Nottingham who would post up to Town day or night if in sickness or in trouble you wished for one you could depend upon."

As Lord Ponsonby predicted, homœopathy, if successful, would bring a host of charlatans. He is written to by Lord Charleville: "Do you know a Doctor de Graves, a homœopath, who has put forth an awful advertisement in Dublin as Aurist to the Czar, Oculist to the Circassian Emperor, and Disciple of Hahnemann. He professes to cure deafness in the most surprising manner." Dr. Simpson, who had been converted to Homœopathy, and translated the *Organon,* seems to have come under Hahnemann's displeasure, who writes the following letter to Quin:

"Je désavoue pour mon sectateur le Dr. Simpson, qui n'est pas un Homœopath puisqu'il mète les moyens qu' emploie l'ancienne médecine, à la pratique de l'Homœopathie et n'administre que des doses fortes de medicamens, ce qui

compose un système bâtard dont l'application est excessivement nuisible aux malades.

"à Paris,

"23 *Septembre*, 1836.

"SAMUEL HAHNEMANN."

Sir W. Ellis, Medical Superintendent of the County Lunatic Asylum, was another of those anxious to know more about this new system, and applied to Quin its untiring advocate:

"Sir William Ellis presents his compliments to Dr. Quin, and regrets he had not the opportunity of calling upon him yesterday, as he fully intended. Sir Wm. has lately heard of the system of Homœopathy, which he understands Dr. Quin is acquainted with, and conceiving that it may be useful amongst the patients of this Institution, Sir Wm. is desirous of hearing something more of it. Dr. Dunsford and Dr. Curie have been so obliging as to accept an invitation to a family dinner, and it would be a great additional pleasure if Dr. Quin would accompany them. Dr. Dunsford will be so kind as to arrange the time if next Friday is inconvenient.

"County Lunatic Asylum,

"Hanwell."

He had now three colleagues to assist him in his labours —Dr. Belluomini, Dr. Dunsford, and Dr. Curie. Mr. Cameron was also attached to the household of Lord Anglesey as resident physician. But this year a circumstance happened which for a time created an unusual amount of animosity against the system and its professors.

On the 23rd of September, 1836, Madame Malibran died at Manchester, and the fact that she believed in homœopathy and that her medical attendant in London was Dr. Belluomini, was sufficient to raise a storm and set a current of opposition difficult to withstand and encounter. The medical journals were up in arms; the system was denounced. Belluomini was to be brought before the proper tribunals as a murderer, a valuable life sacrificed to a quackery of the worst description. The affair was the talk of the town, and even when it was proved

that her death was, in all probability, owing to the mistake in supposing it a case of impending miscarriage, yet the public would not be assuaged, and poor Dr. Belluomini, who was only called in at the last moment, had to stand the shower of malice and mis-statements which nearly overwhelmed him.

A leading article in the *Lancet*, Nov. 12, 1836, although moderate compared to all the other medical journals which had lighted the flame, condemns not the system, but the practitioners of it. "The subject of homœopathy is not our object to discuss; we are bound to state that nine tenths of the propagators of that doctrine are a set of speculating quacks, and homœopathy, notwithstanding the anomalies and absurdities in which it abounds, *embraces more of sound truth* than its silly disciples have the capacity to understand. And although we are incapable of entertaining a favorable opinion of the abilities of Dr. Belluomini, still that physician is entitled to be treated with due regard to the demands of justice, he ought not to be put down by falsehood or slandered by misrepresentation, and yet the conclusions we come to are exceedingly unfavorable to him."

The other journals were not so fair as the *Lancet*, and they abused homœopathy and the practitioners in unmeasured terms. Mr. Kingdon had read a paper on October 10th before the London Medical Society, and the report of the meeting is extracted from the *Lancet*.

"Mr. Kingdon read a paper on Homœopathy. Mr. Kingdon stated to the members he appeared before the Society with this paper because, as they had been informed, he had employed minute doses of medicine. He sought an introduction to Dr. Quin for the purpose of making inquiry into the matter. He found this gentleman a most honorable and well-educated man, and ascertained from him that almost inconceivably small doses of medicine were employed.

"Mr. Kingdon then detailed several cases of cure. He was not a homœopath, but he was sure that the employment of aconite would save, in many cases, the use of the lancet. He

was answered by Dr. Johnson, who said that the facts he had heard could scarcely be exceeded in wonder by the resurrection of the dead; they were contrary to all human reason and experience, and were, therefore, miracles. One thought had struck him regarding the *similia similibus curantur* doctrine, that was, as one remedy was said to cause various diseases, so it ought to cure them. Would phosphoric acid produce forgetfulness?—it was said to cure it. He should like to know how forgetfulness was produced, except by sleep and opiates.

"Dr. Uwins, although not a declared homœopathist, was disappointed with Mr. Kingdon's paper. He said that Dr. Belluomini had not been treated with common courtesy as a foreigner. He had been treated like a blackguard by the press.

"'No, no,' from Dr. Johnson, 'treated as he should be.'

"He felt convinced that in ten years the present Materia Medica and Pharmacologia would be regarded as obsolete and bygone matters. He contended that Hahnemann was worthy of the thanks of the profession for his unwearied industry in ascertaining the properties of medicine, and his plan would not be put down by derision.

"Mr. Headland considered that as infinitesimal portions of matter would produce hydrophobia, syphilis, &c., it was just as reasonable to consider that infinitesimal doses of medicine might be effective in counteracting disease. He was not a convert to homœopathy, but he would assert that a knowledge of it had given him a power over disease which he did not before possess.

"He considered the doctrines of Hahnemann to be worthy of calm deliberation by the Society, and he thought that silly and trashy remarks, like some which appeared in a medical periodical, were very contemptible. The articles in question throughout consisted of mere assertions. Facts only would weigh with men of science. Malibran had been said to have fallen a victim to homœopathy, yet one anti-homœopathist said she died of delirium tremens; another, of inflammation of the lungs."

A number of medical men of standing were quietly in-

vestigating the facts brought before them by the unflinching advocate of the new system — a man whose probity and honour they could thoroughly trust, who advocated his cause with extreme bonhommie and earnestness, never allowing an unkind or harsh expression towards the old school to escape him, taking all the badinage of the one set who ridiculed, and the abuse and foul language of the other who condemned it with unmitigated severity, both in complete ignorance of its theory and power, with universal good humour; and, as a rule, he generally got the best of the argument. Quin had always before him 'truth will prevail.' He knew this as regards the system he advocated, and he willingly, and with great patience and consummate judgment, 'bided his time.'

That the doctrine of homœopathy was an engrossing subject and attracting very serious attention in the medical world, we have only to look back to the records of the times to see. Dr. Sigmond, in his lectures on Materia Medica and Therapeutics—he is lecturing on *Belladonna* in scarlet fever—says: "But previous to this I must introduce you to a system of which you have heard much, that of homœopathy, for to the founder of that sect we owe whatever knowledge we possess of the peculiar effects of this herb upon that epidemic. Besides which in the Materia Medica of the believers of that creed, *Belladonna* bears the first character. I shall not hesitate to quote the language of one of their most intelligent writers on this subject, and an enthusiast of no ordinary character, Dr. Peschier." And afterwards he thus speaks of Hahnemann.

"I have to speak to you of a man of high intellectual attainments, of great sagacity, of inflexible courage, and unwearied industry, who, amid difficulties of no common kind, has laid the foundation of a system which, whilst it cannot but create a few smiles at its singularity, is the work of great erudition, much toil, and striking ingenuity. The great acquirements of Hahnemann, the boldness in which he has promulgated his doctrine, the skill and fierceness with which he has carried on his arduous controversies, mark him as a man of no ordinary stamp.

"Whilst preparing his medicaments Hahnemann made a discovery of a very singular nature, and of the truth of which there appears to be no doubt, namely, that during the bruising of solid substances and the agitation of liquids the energy of their therapeutic power is developed in a still higher degree—that by long trituration and manipulation a single grain will acquire the activity possessed by ten times that quantity."

He goes on to say:

"It is a disgrace on the character of our humane and liberal science, that her votaries should so often, in their zeal for their cause, forget that which is due even to the mistaken labourers in the arduous paths we have to pursue. Ignorance, superstition, and bigotry, have their foul excuse for the persecution of Copernicus, of Galileo, and of Servetus, but gentle science must blush when Harvey or Newton are assailed by the malignant jealousies of the learned, or assailants, such as Hahnemann, when they incur sorrow, poverty, and exile, instead of calm inquiry."

Dr. Uwins, the brother of Quin's old friend, Thos. Uwins, the R. A., had become an ardent inquirer if not a complete convert. He read a paper at the Medical Society of London, and published a pamphlet entitled *Homœopathy and Allopathy; or, Large, Small, and Atomic Doses.* On the title page are these lines from Cowper—

> "I know the warning voice is rais'd in vain,
> That few will hear and fewer heed the strain."

In this pamphlet he gives some most startling cases of cure by the minute doses, and at the end he speaks of Dr. Quin in the following terms:—"One word more respecting my friend Dr. Quin. I verily believe that had the gentleman just named one tithe as much quackery in his composition as he has of high principle and stern rectitude, he might by this time have realised a splendid fortune by an empirical and concealed employment of his new facilities as has been done by others. But what is *his* con-

duct immediately upon his arrival in London? he publishes the whole of the medicinal processes openly and without restriction, and in an elegant Latin dedication to the highest medical authority of the country, Sir Henry Halford, obeys the command of conscience, and employs the language of a gentleman. If *sic omnes* could be predicated this pamphlet had not been issued, but both medical men and the public ought to be on their guard against the empirical and furtive employment of homœopathic materials. Medical men, because unless they bestir themselves, they will lose the profits of their legitimate and earnest endeavours to lessen the sum of sickness, and the public since the new instruments, if misapplied will prove anything but harmless. My late friend, Dr. Reid, used to call the lancet a minute instrument of mighty mischief, but in the atoms of homœopathy, if they are misapplied, may lurk still more minute instruments of still more mighty mischief. Men who have no character to lose can afford to be reckless of consequences provided they fill their purses, but it is scarcely necessary to say that a misapplication of large power may, while it aims to crush disorder, crush and lay prostrate the very principle of life itself. Neither Dr. Quin nor any other person will know of this tract till it is seen, and should my friend then exclaim, '*Non tali auxilio,*' I can only say with Jacob Faithful, 'What's done can't be helped, better luck another time.' "

The two letters from Dr. Uwins to Quin in 1836, previous to the publishing of the pamphlet quoted above, indicate his care and determination to carry out the investigation he had commenced.

"BEDFORD ROW;
"*June*, 1836.

"MY DEAR SIR,—You will heartily wish, I fear, that I had continued in my allopathic course, since I give you such an immensity of trouble; but I am emboldened by your kindness to say that, until my homœopathic box comes (which I shall regard as possessed of many more good things than even Pandora had of evil things), I must trouble you to send me by the twopenny post a few more

atomic doses of Aurum of Sulphur, of Stramonium, and of Hyoscyamus. I now only wish that years ago I had not been prevented from studying homœopathy from the feeling that, like all other systems, it would have its day and then go by.

"Yours truly, in haste,

"DAVID UWINS."

"BEDFORD ROW;

"*Thursday Morning.*

"MY DEAR SIR,—I must again trespass on your kindness for a few more atoms. I am giving an insane lady an *aurum* atom every Friday morning, and I cannot help hoping she is improving under it. But I have come to an end of my golden showers, and next Friday he must go without his *fee*, unless you interpose your friendly hand. Can I purchase in the way, I think you told me, Kingdon was about to do? I almost long for cholera to make its appearance since I have read your pamphlet.

"I dined with Kingdon the other day, and a patient came there to me, to whom I ordered small doses of aconite; and after we had sat down to dinner, one came to Kingdon, who, as he passed me, touched me on the shoulder and showed me an atomic powder. So that you see our scepticism is slipping away from us.

"On Saturday last, indeed, I sent nineteen prescriptions to one druggist, all of which were very small doses of aconite, belladonna, stramonium, &c., &c.; but I am well aware you will say, 'This is anything but homœopathy.' But of this *I* am aware, and I am grateful for it, that, but for these small doses, I should not have done half the good I have either to my patients or myself.

"One good it has done me, viz. cut me off from an hebdomadal labour which was becoming irksome. I sent word to Ryan to say that I felt myself somewhat in a similar position to that of Lord Spencer's brother, who was very apt to preach a Protestant sermon and in the mean time became a Catholic. He replied in ridicule of my new mania, but agreed with me that it would not do to teach

homœopathism, even if I were competent to it, in elementary lectures for young men.

"I have sent you the three last lectures, in which you will find an allusion or two to my tendency to a new faith.

"Yours truly,

"D. Uwins."

Quin has received a letter from Dr. Peschier urging him to form a society of those practising homœopathy in England, and in this year (1837), he endeavoured to carry out the plan. On August the 10th, all those practising or favourable to the system met at his house in Stratford Place, and laws and regulations for the management and guidance of the society were read, discussed, and passed (they were almost identical with those which were passed seven years later to govern the present British Homœopathic Society). Those present were Drs. Quin, Belluomini, Dunsford, Curie, Epps, Uwins, Mr. Kingdon, Mr. Cameron, Mr. Headland, and Mr. Dendy, Mr. E. Hamilton the secretary, *pro tem.*

In this year also he endeavoured to form a dispensary and issued a prospectus

"13, Stratford Place, London;

"*December 29th*, 1837.

"My Lords,—I take the liberty of submitting to your consideration the following project for forming a Homœopathic Dispensary, in the earnest hope that it will be found worthy of receiving your approval and support.

"I am happy in being able to state that Drs. Belluomini and Dunsford will co-operate with me in attending upon the sick poor of the Dispensary.

"The object of the Homœopathic Dispensary will be twofold. 1st. To extend the benefits of Homœopathy to the poorer classes, and 2nd, To afford to the Members of the Medical Profession an opportunity of witnessing the effects of *minute doses* of medicines in disease when administered according to the principle of *Similia Similibus*.

"1st. The Physicians, in rotation, will give their advice *gratuitously* at certain hours every day at the Dispensary, and the medicines will be administered to the poor *gratis*.

"2nd. Should an acute disease supervene amongst any of the patients during their treatment at the Dispensary, the Physicians under whose care such patient may be, will visit them at their own houses, and will have the right of demanding a consultation when necessary of their brother Physicians.

"3rd. It is proposed that the Homœopathic Dispensary should be supported by voluntary contributions.

"4th. Every contributor will have the right of sending patients to the Dispensary in proportion to the amount of his subscription or donation for the current year, as shall hereafter be determined upon.

"5th. From among the subscribers will be chosen Governors and Visitors, in whom will be invested the right of inquiring into the conduct of the dispensary and the employment of the funds.

"6th. A yearly account will be given to show in what manner the funds have been expended, and a report of the number of patients, their diseases and treatment with its results.

"7th. The funds of the dispensary arising from donations, yearly subscriptions, &c., will be applied to defray the expenses of house-rent, taxes, furniture, fuel, candle-light, the services of a dispenser, who will also be secretary, a maid servant, and a boy; to the purchase of the necessary medicines and medicinal utensils, &c.

"8th. Medical gentlemen desirous of witnessing the treatment of disease and verifying the application of the principles of Homœopathy, will be admitted to the Dispensary at the hours of attendance on being introduced to the Physicians.

"Should you, upon consideration, deem the above project worthy of your countenance, it will gratify myself and the gentlemen acting with me, to be made acquainted with your intentions in aid of the foundation and support of this Dispensary. "I have the honor to be, my Lord,

"Your Lordship's most obedient

"and humble servant,

"To the Earl of S." "Frederic F. Quin, M.D.

But some of his most influential friends declined to help him and he let the subject drop until better times. The Duke of Hamilton writes:—"In reference to the plan you have so obligingly laid before me of forming a Homœopathic Dispensary and encouraging the principles of poor old Hahnemann, however I may admire such intentions, I cannot (excuse me) anticipate any favorable results from them; we are much too far behindhand in this country to open our hearts to the philosophical and psychological discoveries of the day, it is therefore in vain to enter with any probable chance of success upon similar speculations with a small subscription. Nothing can be expected, and even with a large voluntary contribution, it should look forward to little success, unless Government could be induced to lend her countenance and purse. With these impressions upon my mind, you will not be surprised at my begging to decline being a party to the proposed undertaking. With sentiments of regard and esteem," &c.

Lord Francis Egerton also decided against the scheme. "I confess I doubt whether sufficient support can yet be given to the system to ensure a reasonable probability of success. I am a firm believer, but I doubt whether, if a dispensary for poor patients were established, the result might not throw unfair credit on the practice, as your patients would probably come from the list of incurables who have been given up by the regular practice, and any cure would be ascribed to accident." He therefore gave the project up, notwithstanding that Mr. Liston and Mr. Kingdon had both publicly declared that they would assist him in any surgical cases. He was in constant correspondence with Hahnemann, not only about patients, but on the translation of the Materia Medica. Hahnemann writes, March 8th, 1837: "I congratulate you with all my heart on what you are doing. This translation of the Materia Medica by you will deserve the thanks of Homœopathy and your country for so doing. But you must take care of your health—never strong. You ought never to work after 10 o'clock at night, and go to bed with your head free." Good advice, but not such as Quin could follow.

In another letter Hahnemann says: "Les bon disciples comme vous et Dunsford et quelques autres, mais du petit nombre, me consolent des chagrins réels que me causent ces ingrats."

Another, 11 Juin, 1837.

"I compliment you on your laborious work in the translation of the Materia Medica Pura. You promised to come to see us at the end of the summer, and I hope you will keep your word." He did; for I see by a passport that he went to Paris in September in this year.

In October he received a letter from Lord Elgin, introducing Dr. Scott, of Glasgow.

"Dear Dr. Quin,—I beg to introduce Dr. Scott, of Glasgow, to your particular acquaintance. I found him here an ardent student of Homœopathy at the Fountain Head, after having directed much attention to it at home—prepared, moreover, by a thorough medical education, besides the advantage of a very clear comprehension and a singular power of discrimination. I have a very strong impression that he will prove a valuable acquisition for the support and promotion of this discovery." Lord Elgin goes on to say—

"The regiment of Hussars, which has been three years under this treatment at Fontainbleau, is now come to Paris. I entertain a good hope that it will serve as a useful and favorable example. The surgeon-major told Dr. Scott that, out of 700, he had only two on the sick list.

"I am encouraging Luther in his undertaking in preparing a work on Homœopathy applied to the Veterinary Department."

Quin was always ready to assist medical friends of whatever way of thinking; his friendship and acquaintance, both medical and non-medical, gave him many opportunities. He interested himself in obtaining for Mr. George Gulliver the Assistant-surgeonship of the Blues, who writes:

"I am incurring a heavy weight of obligation to you, but it is altogether useless for me to attempt to express how

deeply I am impressed by your kindness." He did this for the sake of his old and valued friend, Robert Liston.

He is also in correspondence with the veteran homœopath, Dr. Gerard Hull, of New York, who writes:

"ASTOR HOUSE, NEW YORK;
"*November* 22, 1857.

"MY DEAR DOCTOR,—Allow me to present to your acquaintance Mr. George Butler, of this city, a gentleman in every respect, and adherent to Homœopathia, and who desires your professional attention to a chronic affection of his throat, &c.

"On my return from Europe I wrote to Dr. Hering, stating your request to be furnished with all published American documents of our system. He promised me, in his return letter, to forward them to me; but, up to this period, has not done so. They will be forwarded soon as received.

"Mr. Butler will hand to you four numbers of a journal, conducted by my brother-in-law and self, the publication of which will be resumed at some future day. Under the head 'Homœopathic Intelligence' of the third number, you will find a brief allusion to the Homœopathic Academy, concerning which Dr. Hering will be more explicit when he obtains leisure to write. At page 118 your work on Cholera is referred to in our note. At page 131 we have slightly touched upon a work, y'clept 'Abracadabra, &c.,' by Dr. Wolf—a work that came out upon us with more vehemence than any other opposition in the country—puffed by all the papers—and cried up on the 'housetops' by the allopaths. It is already converted into waste paper, and is forgotten. On the last page of the fourth number you will observe a 'preamble' to the constitution and officers of the New York Homœopathic Society. At page 155 I would call your attention to a notice of the Apocynum cannabinum, a plant indigenous to this country. All the effects I have there detailed have been confirmed by subsequent experience, of which there is an abundance in a country like mine, so perfectly poisoned with allopathic drugs. I take the liberty

of sending you a small vial of the undiluted tincture, which you may possibly have occasion for in your practice.

"As soon as my leisure will allow I intend to write a complete 'History of the Rise and Progress of Homœopathia in America,' which I shall not fail to forward to you soon as issued.

"This will be followed by a 'Treatise on Homœopathia,' which will consider the philosophy of the system, and its applicability to general practice.

"I shall feel highly gratified if your leisure will permit you to communicate any of the passing events that concern Homœopathia.

"Again I would ask your kind services towards Mr. Butler, any of which will be highly valued by one already your debtor for your attentions in London. Desirous of hearing from you,

"I remain, very truly yours,
"A. GERALD HULL."

In 1838 Quin's name was up for election at the Athenæum, and on the 27th of February he received the following letter:

"10, PADDINGTON GREEN;
Tuesday, 27th Feb.

"DEAR QUIN,—A most extraordinary scene took place last night at the Club. Your name came up on the table as one to be elected next Monday (I did not know before you were proposed). Dr. Paris took his stand over against your paper, and abused you in no measured terms to all present, calling you quack, impostor, &c., avowing his intention to blackball you, and urging every one in the club to do the same. Had I known before of this party to be got up against you I should perhaps have advised your name being withdrawn, but it seems to me now quite necessary that you should establish your respectability by getting all your friends in the club to sign their names to the recommendation, so that even if the name be withdrawn at last you may at least 'die with harness on your back.'

"You may suppose that Westmacott and I both put some

spokes in the wheels of these medical humbugs, but it will be out of our power to prevent their running you down unless aided by the backs and shoulders of men of rank and consequence. My name alone stands on your recommendation, which the circumstances forced me reluctantly to place there, because without other names of more importance my humble support will do you more harm than good.

"I should like to know your determination as soon as possible, because if you stand I shall write to every member of the club of whom I know anything to go and support you on the ballot. Humble though I be, I can do something by my zeal. As this, however, is a most busy week with me, I do not wish to be involved in so much writing unnecessarily.

"Yours ever,

"THOS. UWINS."

To DR. QUIN.

Dr. Paris was then President of the College of Physicians, and a few days before the ballot was to take place acted as the above letter states.

Quin immediately went to his friend Lord C——, who called on Dr. Paris the next day, and he (Paris) was very much astonished to find that Lord C—— insisted on an ample apology. Dr. Paris referred Lord C—— to his relative, and wrote him the following letter:

"MY DEAR MR. —— ,—When I stated my objection to Dr. Quin as a candidate for the Athenæum I distinctly stated that I had no knowledge of that gentleman *personally;* that my objection was solely to the Professor of Homœopathy. If I used the word dishonest—which I do not remember—it did not apply to Dr. Quin's personal character.

"Believe me,

"Yours faithfully,

"(Signed) J. A. PARIS."

This did not satisfy Lord C——, and so he had another interview, and Dr. Paris wrote a fuller apology; and thus

the matter ended as far as Dr. Paris and Dr. Quin were concerned.

"Letter from Lord C—— to Dr. Paris.

"SIR,—Your letter to Mr. A—— is not as satisfactory as your conversation to me. It is perfectly evident to me, both from Mr A——'s letter to Mr. Westmacott, as well as your observations to myself, that you had no intention to wound Dr. Quin's feelings, or to impute conduct to him unworthy of a man of honour and a gentleman.

"From your position in the world I am certain that you will not hesitate to write me such a letter as will entirely remove any misconception of your language at the Athenæum Club, which you assured me was directed at the system and not at the individual practising it.

"I am, &c.,

"(Signed) C."

"MY LORD,—My signature and vote were asked in support of Dr. Quin, a candidate for admission to the Athenæum Club.

"I stated, perhaps strongly, my reprobation of the homœopathic system.

"I have no hesitation in assuring your Lordship that my remarks were solely directed at the theory, not the Professor, with whom I have no personal acquaintance, and whose feelings I had no intention to hurt. I thought I had made that sufficiently apparent at the time.

I have the honour to be,

"Your Lordship's obedient servant,

J. A. PARIS.

"THE EARL OF C."

But on the day of election all the members of the College of Physicians who were also members of the Athenæum came down and voted against him, with the necessary result, and he was blackballed. The Heretic was prevented entering their club; that was a crumb of comfort, but they found to their dismay that he was more popular than ever. He

was everywhere. They could not go to a party amongst their higher patients, or amongst their literary friends, without finding Quin's name in everybody's mouth.

Lord Anglesey wrote:

"DEAR QUIN,—I congratulate you on your defeat. Nothing can prove more strongly to me that homœopathy is thriving. As for yourself, I should consider if your fortune was not already made, this illiberal attack and persecution would secure it. "Truly yours,

"ANGLESEY."

After the election he got the following letters:

"ATHENÆUM.

"MY DEAR QUIN,—The result may not perhaps surprise you. I am sure you would have been gratified had you witnessed the strong feeling which in the course of the evening was excited and expressed in your favour, let alone that there were 131 who voted in your favour. There was an inpouring from the black college, which we felt must turn the thing against you; but I did not see nor hear one man during the evening who did not consider the opposition to you as entirely professional and by no means personal.

"The letters were read after a short speech, neatly given by Westmacott and seconded by me.

"Yours ever truly,

"E. VILLIERS.

"I assure you many of your friends were active in your service to your heart's content, and your paper was well filled with names."

"MY DEAR QUIN,—I found Paris's letters were more to the point than I thought, as I was last night congratulated, not by a Medicus, on my line of conduct having kept me clear of such meanness as had been displayed by the College of Physicians.

"The meeting of the College on the evening of the election has occasioned the whole body being brought into the

contempt which more particularly belongs to the leader in this paltry game.

"I pen'd a few hasty thoughts on the present state of our profession, and read them to the Medical Society last night. Hahnemann and the Similia were touched on very gently, not in a manner to please you, but in a manner to show my determination not to permit the sarcasm assumed by ignorance and prejudice to drive me from my steady course.

"I stated that, as men of honour, we could not be satisfied with things as they are; and though I should not presume to tell them how they ought to proceed, I would, as the only person who had chosen to avow my determination to investigate homœopathy, venture to suggest that the experiments of Hahnemann should be studied, and his mode of preparing medicine from recent plants be pursued. My remarks were well received, as also an oration by Dr. Thompson on Thursday last, in which he gave them some gentle hints, such as 'let us resolve on a more united and unwearying effort to bear down the obstacles which individual shortsightedness, selfishness, and prejudice, oppose to all improvements.'

"With you the matter is safe, but if any of your little corps are detected in anything paltry your enemies are wise enough to make the most of it; but keep yourself above reproach, and though you may not live long enough to see homœopathy practised as you will like it, you will see Hahnemann's character done justice to, and an immense improvement in the practice of your profession.

"Ever faithfully yours,

"W. KINGDON.

"*Tuesday Morning.*"

Another letter on this subject will be read with interest.

"*Friday Night.*

"MY DEAR QUIN,—I have intended personally to thank you for your information concerning the *Parisian* proceedings. With such power to reject, there was no chance of your election; but that you should have been supported by the

élite of the Club must be satisfactory to you. There is no chance of the scabbard being again resumed by those who have placed themselves, as they fancy, at the top of our profession, and they have great influence on the whole body, which again has most extensive private influence on the public. Much time is necessary for the investigation into the truth of the Mat. Med. Pur., and much more to ascertain the powers of the infinitesimals; therefore, with such determined opposition from prejudice and ignorance, an age is necessary to provide for the new system even a footing, and those who touch it are more than commonly called upon to maintain high position. This leads me to consider your late conduct, which is in itself most satisfactory, but I cannot think your noble friend was well instructed in the peculiarities of this matter. It is evident he had to do with very squeezable material, and I think it a pity to let him off so easily. The Doctor has almost admitted that a physician may practise dishonestly, and yet be a man of honour and a gentleman; now, if this had been fully admitted by a physician of first rank, what must have become of the whole mass? and if this distinction be so perfect, what right had he to interfere with your desire to become a member of a Club composed of men of honour and gentlemen, as I suppose you did not seek the office of Physician to the Club? His line of conduct, therefore, places him in a double dilemma, that of damning his own order and proving his *impertinence*. Ergo, it is a pity that he had not been made more perfectly to enclose himself in his own toils, which he evidently would very soon have done. If he, having pronounced no doubt of your honour, does not admit that he and others like him could practise a dishonest system, still believing themselves gentlemen, he damnifies his own expression and still believes you to be dishonest, and, having chosen to place himself in the breach, should have been made answerable for his presumption. Your noble friend has performed the part of a gentleman, and made the other disavow any intention of personal offence, but that personal offence was intended at the time there can be no doubt; and therefore, if he had been a little more

schooled in what, under the peculiar circumstances of the case was necessary, he would have placed more completely in your hands this champion of the College. You won't catch any of them tripping again; they will be more cautious, but not less venomous.

"There was a time when openness, candour, and fair dealing had their meed of praise, but now, *O tempora, O mores!* "Yours very faithfully,

"——."

This was the only time through his long career that he took any notice of attacks upon him or the system he advocated.

The following year the first volume of the translation of the *Materia Med. Pura* was ready to be published. He was writing the preface, when a fire took place at the printer's, and the whole edition, 500 copies, was destroyed. He was at this time failing in health. He was so lame he could hardly walk. Liston was afraid of ulceration of the lunar cartilage of the knee-joint, and tried to enforce entire rest. What could he do? His lungs began to be again affected. He was obliged to give up much practice, but his indomitable pluck kept him going, and those days of great suffering he endeavoured to bear with a calm demeanour.

In 1839 there was an accession of converts to homœopathy, and its ranks were recruited with a well-known phalanx of names, Black, Drysdale, Dudgeon, Kerr, Laurie, Russell, and later Chapman, Yeldham and Vardy, Madden, Chepmell, &c., who, by their writings and examples, have helped to place our system in the position it holds at the present day. There were others, however, who seemed to think that the way to propagate the cause was by a wholly different course of conduct.

Kingdon writes to him—distressed at what was going on and seeing that such conduct would inevitably retard the progress of homœopathy—

"So you have, all of you, given great offence to Dr. Broackes, and he, in revenge, has published a translation of the German Central Homœopathic Congress, prefaced by an

announcement that he is almost the only learned, scientific and reasoning homœopath in England, and you all a set of servile followers in the train of absurdity, empiricism, ignorance, and prejudice. Leaf has been unfortunate in his attempts, as I have no doubt every word in the book is written by the bookmaker, whom his liberality warmed into life, and the Doctor is a creature of his own. Hide your diminished heads, but even in your fall

"Believe me,

"Faithfully yours,

"*May 6th*, 1839. "W. KINGDON."

Luther had established himself in Dublin and was in constant correspondence with him; he complains that he has plenty to do but very little pay. In 1840 Quin leaves Stratford Place, and takes a house in Arlington Street, and the next few years, having somewhat recovered his health, he is engaged in extensive practice. The system is well established, and although still the untiring advocate in every society he enters, he is content to leave the harder work to his younger but not more active coadjutors.

In 1843 Quin established a dispensary called the St. James's Homœopathic Dispensary, and he had a number of influential patrons and subscribers, amongst them the Queen Dowager, the Duke of Beaufort, &c. Some differences between him and Mr. Hering and Mr. Robertson caused the Institution to be broken up.

In 1844 he founded the British Homœopathic Society on the same basis as the Hahnemannian Society, which he endeavoured to establish in 1837, but this time with better and more lasting effect. There were many differences of opinion in forming the laws which were to regulate the admission of the members, and for a time the society was distracted by these differences. There were many secessions and a voluminous correspondence ensued with Quin, who had been elected President, and Drs. Chapman, Chepmell, Madden, and many others, but the President, never diverging from the duties and course of conduct he thought necessary for the well-being of the Society, was determined to uphold

its honour and integrity, and eventually, with the help of those fellows and members who agreed with him, brought it triumphantly out of all its difficulties.

From the number of converts, and from various other circumstances, the animosity of the journals of the allopathic school became intensified, and the College of Physicians and Surgeons were urged to take action against this heretical doctrine. This they wisely refused; but this refusal did not prevent other bodies acting and forming resolutions which were published by the Provincial Medical and Surgical Association in 1846. The counter-resolutions issued by the British Homœopathical Medical Society, and signed by Dr. Quin as its president immediately followed. The blast and counterblast, as Russell well designates them.

"*Resolutions of the Provincial Medical and Surgical Association.*

"REPORT ON IRREGULAR PRACTICE.

"The following Report was brought up and unanimously agreed to.

"Your Committee have, after consultation with numerous members of the Association, maturely considered the subject referred to them, and beg respectfully to suggest the adoption of the following resolutions:

"That it is the opinion of this Association, that Homœopathy, as propounded by Hahnemann, and practised by his followers, is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the Medical Profession, that it ought to be in no way or degree practised or countenanced by any regularly educated Medical practitioner.

"That Homœopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of medicine and surgery as followed by members of this Association and by the profession at large.

"That for these reasons it is derogatory to the honour of members of this Association to hold any kind of professional intercourse with homœopathic practitioners.

"That there are three classes of practitioners who ought not to be members of this Association, viz.—1st, real homœopathic practitioners; 2nd, those who practise Homœopathy in combination with other systems of treatment; and 3rd, those who, under various pretences, meet in consultation or hold professional intercourse with those who practise Homœopathy.

"That a committee of seven be appointed to frame laws in accordance with these resolutions, to be submitted to the next annual meeting of the Association.

"That the thanks of the Association are eminently due, and are hereby given, to the presidents and fellows of the Royal College of Physicians and Surgeons of Edinburgh for their determined stand against Homœopathic delusions and impostures.

"That the thanks of the Association are also due, and are hereby given, to the Universities of Edinburgh and St. Andrews, for their resolution to refuse their diplomas to practitioners of Homœopathy; but the Association feel imperatively called on to express its disapproval of any school of medicine which retains among its teachers any one who holds Homœopathic opinions.

"That these resolutions be printed and transmitted to all the Medical Licensing Bodies and Medical Schools in the United Kingdom, and that they likewise be inserted in the *Times* newspaper, the *Morning Post*, the *North British Advertiser*, *Saunders's News Letter*, all the British and Irish medical periodicals, and in such other journals as the council may sanction upon the recommendation of the branch Associations.

"In proposing these resolutions for the adoption of the Association, your committee are anxious to state that they are actuated by a strong sense of the importance of the subject in its relation both to humanity and morals. They most conscientiously believe that the countenance afforded to the form of charlatanry herein alluded to is detrimental to the true interests of the public, as it is subversive of that strict integrity which ought to characterise practitioners of

medicine, and which has ever distinguished the profession in these kingdoms."

"JOHN ROSE CORMACK, M.D. Edin., Fellow Royal College Phys. Edin., of Putney.

"JAMES TUNSTALL, M.D. Edin., of Bath.

"H. H. RANKING, M.D. Cantab., of Norwich."

"*Counter-Resolutions of the British Homœopathic Medical Society.*

"DR. QUIN, President, in the chair.

"A series of resolutions on Homœopathy passed by the Provincial Medical and Surgical Association, at Brighton, on the 14th of August, having been read, it was resolved—

"That this Society deeply regrets that a body of gentlemen belonging to a liberal profession should resort to invective in place of argument.

"That the merits of Homœopathy being a subject of dispute between two parties in the medical world of equal professional standing, it is impossible that a resolution of one of these parties, that the views of the other 'ought to be in no degree countenanced,' can have any influence in facilitating the settlement of the question in dispute.

"That, in stigmatising Homœopathy as an 'irregular practice,' as a 'delusion,' and an 'imposture,' the Provincial Medical and Surgical Association resort to terms of abuse which are at the command of every one; and which, while they are in every case inexcusable, unless accompanied by proofs, are especially valueless when employed to silence a new doctrine in opposition to the preconceived views of the persons by whom such terms are used.

"That the differences between Homœopathic practitioners and their brethren of the old school being simply differences of opinion, a resolution not to hold professional intercourse with them is nothing more than the announcement of an inability on the part of the members of the Provincial Medical and Surgical Association to tolerate in others the same independence of judgment they claim for themselves.

"That, while the legislatures of two of the most important States of the American Union (Pennsylvania and Ohio)

have granted Charters of Incorporation to Homœopathic Universities—while the Chambers of the Kingdom of Bavaria, of the Grand Duchess of Baden, and other German States, have authorised professorships of Homœopathy in the public Universities—while the Imperial Government of Austria has sanctioned the establishment of Homœopathic hospitals in different parts of its dominions—while, in Berlin and Moscow, similar hospitals exist—and, while one hundred beds in the hospital of St. Marguerite (a branch of the Hôtel Dieu, in Paris) are devoted to patients who are openly treated in accordance with the Homœopathic system by Dr. Tessier and his hospital assistants, it is to be deplored that so large a portion of the medical body in England and Scotland should not only commit themselves to personal animosities against all who may entertain the system, but should record their thanks to the Royal College of Physicians of Edinburgh for having endeavoured to expel from their body those of its members who practise Homœopathy, and to the Universities of Edinburgh, Aberdeen, and St. Andrew's, for having indicated an intention to deny their diploma to every student who shall refuse to give a pledge that he will not publicly profess himself a convert to its truth.

"Finally, that the British Homœopathic Society have never, as a body, either 'through the press, the pulpit, or the platform,' endeavoured to heap contempt upon their allopathic brethren, their conviction being that nothing could tend more to retard their cause than the use of taunts and imputations, in lieu of the calm statement of such evidence as from time to time it may be in their power to furnish.

"For, and in the name of
The British Homœopathic Society,
"Frederic F. Quin, M.D., President,
Physician to the London Homœopathic Hospital,
&c., &c."

In 1849, Dr. Quin thought it necessary to send in his resignation as President of the British Homœopathic Society. Reference to the following papers shows how all differences were satisfactorily settled, and Dr. Quin remained its President till his death.

At a meeting of the British Homœopathic Society, held on the 6th of September, 1849.—President, Dr. Quin.

In the course of the private business the Honorary Secretary read the following letter from the President, tendering his resignation to the Society :—

"111, Mount Street; *September 5th*, 1849.

"Sir,—I beg leave to place in your hands, for the purpose of being communicated to the Society, my resignation of the office of President of the British Homœopathic Society. I think it but due and respectful to the Society to state the reasons which have compelled me to take this step. They are—

"First. Because, on reflection, I do not consider the mode in which the votes of the members of the Society were tendered at the late annual assembly, calculated to give a fair and correct expression to the voice of the Society.

"Second. Because, even admitting that I could persuade myself that such mode is correct and unobjectionable, I cannot consent to hold office, seeing that my election to the chair was effected by eighteen votes only, whilst twenty-two votes are requisite to form the smallest possible majority of the Society to secure, according to the existing laws, the election of its officers.

"Third. Because the proceedings at the meetings of the last annual assembly proved to me that I did not possess that amount of confidence of the members acting as delegates for some of the provincial members, and that influence over them in regulating the order and manner of the debates, which I deem to be requisite to the proper conducting of the business of the meetings of the Society, by its chief officer;—and because the annual assembly last held had lost the scientific and medical character which had always hitherto distinguished the meetings of all former annual assemblies of this Society.

"Fourth. Because I am of opinion that I shall be able to render more service to the Society, and to support its funda-

mental laws and true interests more effectually as a member than as President of the Society.

"I have the honour to be, Sir,

"Your most obedient servant,

"To Dr. SPILLAN, "FREDERIC F. QUIN, M.D.

"Honorary Secretary of the British Homœopathic Society, &c."

The President said he had nothing to add to what was contained in the letter, beyond his assurance that he would ever continue to take the liveliest interest in the affairs and welfare of the Society as a member. On a discussion ensuing touching the President's resignation, he requested that some one might be named to take the chair, and retired; whereupon it was moved and seconded that Mr. Leadam take the chair. After a lengthened discussion, in which every member present took part, Dr. Partridge handed to the chairman the following motion, which was read from the chair. Moved by Dr. Chapman, and seconded by Dr. Partridge, "That the President having tendered his resignation, to the deep regret of the Society, it is considered expedient that Law CXXI be acted on."

"The President shall not be allowed to resign his office without the consent of two thirds of the Society."

"Resolved unanimously—That the Honorary Secretary be instructed to forward a printed copy of the President's letter of resignation, together with a copy of the report of the proceedings of the annual assembly of 1849; also a copy of the above resolution to each member of the Society, with a printed form for registering their votes, and that it be requested that every member will, *without exception*, on this important occasion, transmit, without delay, his vote, sealed, to Dr. Spillan, the Honorary Secretary, to be delivered by him, unopened, to the tellers to be appointed at the next meeting of the Society, on Thursday, the 4th of October, 1849. The envelope to have marked on the outside P. R. (viz. President's resignation). "D. SPILLAN, A.M., M.D.

"Fellow of the Dublin College of Physicians,

Hon. Sec. of the British Homœopathic Society.

"29, Gilbert Street, Brook Street,

Grosvenor Square."

"MOUNTFIELD HOUSE,
"111, MOUNT STREET, GROSVR. SQRE.,
"LONDON; *November* 1*st*, 1849.

"GENTLEMEN,—A very large majority of the Society having declared their desire that I should retain the office of its President, I consider it my duty to yield to the wishes of the Society, and withdraw my resignation.

"Your flattering and unequivocal declaration of confidence has relieved me from the false position in which I was placed by the election of the 25th of August. I could not, without degradation to myself, and damage to the well-being of the Society, continue to retain the chair, under the circumstances detailed in my letter of resignation of the 6th of September.

"I now beg you will receive my sincere acknowledgments for the honour you have done me, and my earnest assurance that I will endeavour to deserve the continuation of your confidence, by maintaining and administering, as heretofore, the laws of the Society justly and impartially, during my tenure of office.

"I have the honour to be, gentlemen,
"Your most obedient servant,
"FREDERIC F. QUIN, M.D., President.

"To the Members
of the British Homœopathic Society."

In 1849 he received the following letter:

"NEW YORK, 49, LAFAYETTE PLACE;
"*Sunday, August* 19*th*, 1849.

"MY DEAR SIR,—After a long lapse of years, in which I have ever looked for the pleasure of hearing direct from you, I have had that pleasure through the intervention of Mrs. Heurtley's friends. Dr. Hull, and others of my friends, had told me the same story of your excellent characteristics as a man of the world, of the humanities and of medicine, so that I have felt almost intimately acquainted with you for a long time; so that the receipt of your letter created the same emotions as if it had come from an old and trusty friend.

"We have not for some years made any foreign members of our Society, on account of divisions which exist in our

ranks, caused partly, if not entirely, by jealousies about practice. On one side is zeal for pure Hahnemannism, and on the other a claim for liberality and independence:—the old story over and over, dear Doctor—you know all about these affairs, of course.

"I have never ceased to strive for peace and union of force but I have fairly failed, and give up in despair; so that at the next meeting I shall do myself the honour to propose your name for membership in the Society to which I am attached. The Society was founded in 1834 at my house. It consisted of medical and lay members, and was called the 'Homœop. Soc. of New York;' but, as one or two of our physicians would not join a Society containing laymen, it was dissolved and re-constituted in 1840 under the name of '*The New York Homœopathic Physicians' Society.*' In 1846 some nine or ten of our members, all new converts, and several of them new comers into the profession from other callings, withdrew from us and formed a separate Society, taking the style of the old Society, of which not one of them was a member, viz. '*The New York Homœopathic Society.*'

"These divisions do not, however, as in other parts of the world, mar our personal intercourse. We meet in consultations and in Society on terms of gentlemanly courtesy, and in time, perhaps, the two bodies may be reunited. The old Society consists of 40 members; the new has, I am informed, some 17 or 18 members.

"We have about fifty recognised, actively engaged practitioners of Homœopathy in New York. The greater number have come over within the last ten years. Our treatment of cholera has been very successful as compared with the old school, but not as fortunate as in 1832 and 1834.

"I have had the good fortune to cure all who have been under my care, but I have had only four fully developed cases during the siege thus far.

"With every tribute of regard, personal and professional,

"I am, dear Sir,

"Yours, &c.,

"Dr. Quin, London. "John F. Gray."

Some few years previous to this the British Homœopathic Association was formed for the purpose of advocating and placing before the general public the true history of the system inculcated by Hahnemann. Mainly through Quin's interest the Duke of Beaufort became its President, the Marquis of Anglesey its Vice-president. Most of his colleagues gave it their support. The Association did its work well, and chiefly through the exertions of Dr. Quin, the London Homœopathic Hospital was founded in 1850, and in October of the same year the following letter was sent to him:

"*October*, 1850.

"Dear Sir,—We, your colleagues, medical officers of the London Homœopathic Hospital, regarding the general state of Homœopathy as one of extensive progress, exciting as it is a great and inquiring interest in the public mind, feel conscious, nevertheless, of the darkness and ignorance which prevail respecting its principles, by which much suspicion and obloquy are cast upon its professors, mainly from the want of some public academical exponent of its philosophical and practical truths; when, moreover, we look at the charitable Institution to which we are attached, and the great benefits it is already silently diffusing, the echo of which may not unfairly be expected to refresh the energies of its supporters who are upholding it from the humane desire to convey to the poorer classes of the community the same benefits which have been experienced by themselves from the practice of Homœopathy, we feel that the best mode of promulgating those principles with dignity, and unfolding the benefits bequeathed by Hahnemann to the world at large, as well as of enlisting the feelings of the public in favour of this Institution, would be to deliver a short course of lectures on Homœopathy and its principles, with clinical and therapeutical observations, in the rooms of the Hospital, addressed to professional inquirers. It is thought that this would be a grateful and becoming inauguration of the London Homœopathic Hospital as a clinical school of medicine, so happily and successfully established, that it would be in harmony with the feelings of those who

have taken so active a part in its formation, and would stimulate their efforts to perpetuate this great good, whilst it would proclaim to the world that the London Homœopathic Hospital is really intended for the advancement and propagation of the doctrines and practice of Homœopathy, as developed by Hahnemann. With these thoughts we beg leave to express our opinion that, 'from the high professional attainments and the deep practical experience of Homœopathic remedies in the treatment of disease possessed by our esteemed colleague, Dr. Quin, he is most fitted to deliver the first clinical lectures delivered in this metropolis on Homœopathy,' and we therefore invite you to deliver a course of six or more clinical medical lectures in the rooms of the Hospital, to which all Homœopathic practitioners and students, and all medical men desirous of inquiring into the mode and results of Homœopathic practice be invited (by public announcement) to attend, and that these be commenced so soon after the 1st of November as circumstances will permit. "We are, dear Sir,

"Yours faithfully,

"V. Massoll, M.D.;
"S. T. Partridge, M.D.;
"Edward Hamilton, M.D.;
"G. Calvert Holland;
"Stephen Yeldham, M.R.C.S.;
"Henry Reynolds, M.R.C.S.;
"J. Kidd, M.R.C.S. Eng.;
"Thomas R. Leadam, M.R.C.S.;
"Hugh Cameron, M.R.C.S. E.;
"Jas. Bell Metcalfe, M.R.C.S. E., and L.S.A."

Dr. Quin, in accordance with this request, gave a course of lectures on the theory and practice of the system founded by Hahnemann. The success of the hospital created great interest. Sir John Forbes wrote to Dr. Quin to be allowed to attend and observe the cases; every facility was given him, but little came of it. He candidly stated that he was investigating for the purpose of proving that our cures were the result of giving no medicine, but of leaving things to

nature. He was puzzled, however, by some cases of scrofulous ophthalmia, which he owned must have been effected by therapeutical measures. He left off his attendance, and the last letter upon the subject is as follows:

"OLD BURLINGTON STREET;
"*June* 5.

"MY DEAR SIR,—A domestic affliction has, of late, prevented me from availing myself of the kindness of yourself and colleagues to look on your proceedings in Golden Square. As I fear I shall not be able to resume my attendance at present, I write to thank you and your colleagues for the great courtesy shown to me. I hope, on a future occasion, I may be permitted to resume my observations for a short time. "Yours faithfully,

"Dr. QUIN." "JOHN FORBES."

The following extract from letter from the Archbishop of Dublin will be perused with much interest:

Copy of letter from the Archbishop of Dublin to the Editor of the *Medical Times*.

"PALACE, DUBLIN;
"10*th December*, 1850.

"SIR,—In reply to your inquiry respecting my opinions on the subject of homœopathy, I beg to state that though my personal experience of it is small, my conviction of its beneficial results in the numerous cases which have come under my notice, and most especially in acute cases is such, that I have not only acquiesced in the adoption of it by my family, but have desired, that in case of my being seized by any sudden illness which should take from me the power of expressing my wishes, no other than a homœopathic practitioner should be called in."

The above was in answer to a letter received by the Archbishop from the editor of the *Medical Times*, asking him if he had any objection to state whether it was true, as reported, that he had embraced homœopathy, as his sentiments would of course have much weight on a subject now much under discussion.

1854 was memorable for a severe outbreak of cholera. The Golden Square Hospital was devoted to cholera patients, with such successful results, that the Medical Council discredited the report and would not send it in with the others, notwithstanding the declaration of their own medical inspector, Dr. Maclouchlin. Through Dr. Quin's earnest exertions in conjunction with Lord Robert Grosvenor, Parliament published a separate blue-book containing our treatment and report of cases.

Quin was enabled by his influence and advocacy to induce many wealthy people to subscribe largely to the Hospital, so that the Board of Management were enabled to purchase the present building in Great Ormond Street. These subscriptions, many of them anonymous, were for large sums—from £200 to £1000 each. One large donation of 1000 guineas elicited the following letters:

"13, Lombard Street;
22nd August, 1853.

"My dear Quin,—I have received your note with its extraordinary announcement, and cannot express the feeling it has awakened in me. These things increase in wonder with their repetition, and the contemplation of our country possessing natures who are capable of such acts furnishes food for constant and happy confidence.

"The simple grandeur of it is such that one hardly likes to touch upon personal consideration in connection with it; but, as regards your own position, nothing could have been more opportune than its occurrence. Seeing, as I have for many years, that most of the injury inflicted upon Homœopathy in England has resulted from the small jealousies of those who have wanted to play your part without the power or claim to do so, and that amongst the colleagues who have worked faithfully with you, there has been nothing but unswerving success. I look upon all circumstances that can tend to strengthen the convictions of the profession and the public as to the singular regard in which you are held as the most important aids that can be given to the progress of the system. For this reason the gift, as far as its bearing on the immediate welfare of our cause is concerned, is doubly

valuable from the impressive manner in which it was conveyed.

"People who can do such acts, and in such a way need few expressions of warm wishes for their happiness; and precluded as we are from the enjoyment of uttering them, it is this belief in which we must find satisfaction.

"Always, my dear Quin,

"Sincerely yours,

"M. B. SAMPSON."

"PALACE, DUBLIN;

"*24th March.*

"DEAR SIR,—I should have acknowledged your most interesting letter immediately but that I waited until I could read it to the Archbishop.

"The generosity of the anonymous donors to the proposed Hospital is quite startling, and must have a good effect on public opinion.

"I am sorry to say that the Archbishop does not feel himself able to respond to the wishes of your Committee respecting an address. Nor, indeed, could he *pledge* himself to be present, as important business may very probably call him back to Ireland. The proposed entertainment is a very happy one—and if I happen to be in London, I should certainly take tickets—and I am sure the Archbishop would be present if possible. "I am, dear Sir,

"Faithfully yours,

"ELIZABETH WHATELY."

"I think it possible if the Archbishop were able to be present, that he would not object to state, as a proof of his confidence in Homœopathy, his having given to his family written injunctions—signed—that in case of any sudden illness which should incapacitate him from the use of his judgment, none but a Homœopathic practitioner should be called in; but this is merely my own suggestion, and it would not induce him to take up what he thinks himself incapable of doing justice to, viz. an *Address*."

Lord Ebury on 10th July, 1853, accepted the post of Chairman of the Board, and became one of its most active supporters.

From the formation of the British Homœopathic Association and the British Medical Homœopathic Society, to the establishment of the London Homœopathic Hospital in Great Ormond Street, a long correspondence was kept up by Dr. Quin, not only with the lay supporters but with his medical colleagues, some of whom had adverse views as to the mode in which the Officers of the Hospital should be elected, and an active opposition was got up, with the formation of another hospital under Dr. Curie and others. An able supporter of the Hospital was greatly distressed at the opposition. Dr. Quin was constantly urged to reply to various attacks made on the Hospital or the Society. He asked his friend's advice, and he wrote thus: "It is not our function to descend to single combats but to fight the general battle of the cause on the broadest field and with the largest army and with the most sublime rallying cry that we can find; there are spirits whose peculiar aptitudes for personal attack might have been employed for the benefit of the cause, but as you know these have preferred to misdirect their energies by setting Homœopaths against Homœopaths, and breaking up, or at least diminishing a band of *fellowship which, until they appeared amongst us with their doctrines of liberty, equality and fraternity, had been one of the truest, most harmonious, and at the same time unaggressive bodies that had ever been formed for the propagation of a truth.*"

In 1857 a Bazaar was held in the Riding School of the Cavalry Barrack, Hyde Park, for the benefit of the Hospital. Sir E. Landseer promised a contribution.

"St. John's Wood Road;
"*May 8th*, 1857.

"Dear Quin,—I write in haste to-day. The sketch of the Stag so highly flattered by your committee, forms part of a work I have in hand relating to deerstalking in the Highlands. It is etched and will some day be sold belonging to the work in question. If you can call here to-morrow at 5 o'clock I will, in addition to the original chalk drawing, give you two impressions (my only proofs). The proof I

give of my admiration for your institution and my affection for you. "Yours affectionately,

"E. LANDSEER."

His friendship with Landseer was of many years' standing, and the two friends were seldom long without communicating with each other, and when confined by illness they were constantly together.

"DEAR QUIN,—Thanks for your letter, you can't be in better hands; are you humbugging for the sake of the comforting discipline? Have you pluck enough to come here? we have not tender temptations to offer (not that the venison is tough), but as far as hearty welcome and gladsome friends can tempt, here we are; dull, stupid, knocked up and irritable; one day like another. The forest all day, return late, cram, drink, and sleep. Quite insensible to the charms of Deeside scenery, where there is a combination of boldness and tenderness that would do your large heart good. We are equally insensible to the horrors of our sport, regardless of lovely landscape, sweet air, genial sunshine; hard as bricks; the object of life is to take life; the toast we drink is blood; the death struggle is glory; the bloody blade wiped with pride. The full bright eye settling into a fixed and senseless jelly points no moral, the only point we value is the tail adorned with a due proportion of fat (rather good style). Come, and we will make you happy — as a Quin."

Sir Edwin Landseer gave him a series of his engravings marked with his initials as a token of his friendship and regard.

"Thanks, best of friends for your cheering letter. I write a word in haste just to say. The Bottom (the well-known print of Titania and Bottom), but without anything written on the margin, simply (E. L.) to mark its being a first-rate impression. God bless you you kind-hearted old boy. "Yours ever,

"E. L."

"BRAHAN CASTLE;

"*August 28th.*

"MY DEAR QUIN,—Since I left Chillingham I have wan-

dered from place to place in this Highland world. The last week has been passed in Glen Strathfarrer with Lord Lovat and his stalwart sons (whose calves shake their fists at you). Here I returned last evening, after a week's stalking in bad weather, cold, snow on the hill tops, wet to the bones, after struggling up the mountains in my own heated moisture, taking stations to wait for deer, and being suddenly iced; all such transitions I promised you to avoid; such resolutions are difficult to keep in the casualties and accidental circumstances of deerstalking. All this I have ventured in spite of my nervous apprehensions; as yet I am none the worse, and wonderfully better from the comfort of finding your kind letter and the papers it enclosed; with all my heart I thank you as I now feel armed against an invasion. The tardy post has been my worst of foes; your letter has wandered, and at last finds me here. I am so glad to receive your friendly pen and ink, I only wish we (our happy group at Brahan) could be cheered by the sound of your friendly voice. Jump over board and take another trip in the healthy Highlands. I am off to Strathconan on the 1st September. After a sojourn there I shall find myself here again before going south, which I propose doing if Marochetti makes good his promise, and goes with me to Taymouth and the Black Mount. What a Brick you would be if you joined the party. The Glen Quoich (Ellice's), too, would be enchanting to see the Pair so applauded at Carlisle. I suppose I must expect to have my check-string pulled occasionally. I have every reason to rejoice in being able to undertake a hill in any form, which I gratefully acknowledge as your doing. "Ever yours,

"E. L."

"*25th September.*

"My dear Quin,—Letters just received tell of your indisposition; like a dear, good old friend, write me a line, enable me to answer gladly the tender inquiries of the anxious group all so eager to hear you are all right again. We (the M. of Breadalbane, Stanley of A., and E. L. came here on the 14th, Elcho on the 18th) do not muster a large

party till next week, when the D. and Dss. of M., Abercorn, Stafford, and a foreign grandee or two are expected. Our Host is kind enough to wish me to remain, and to afford me endless opportunities for the improvement of my rifle eye. After thirty years' playing at being a Highlander,. I feel thankful to the kind stars that still enable me to enjoy a deerstalker's life without suffering from the hard work. Constantly as I am tempted to sketch, I have indulged the trigger more than the brush or pencil. My score of deer now amounts to thirteen. Dear, kind Lord B. has just repeated his friendly advice, viz. that I stay where I am—the longer the better. You will, I am sure, recommend me to follow this healthy suggestion, particularly as my holidays are soon to cease. I ought to be in harness again by the 10th of October. I could tell of very picturesque events of the forest and pursuit of deer; perhaps my brush may convey more accurate details and save you from pen-and-ink twaddle. Thanks, dear Q., for your paper of comfort; altogether I am stronger and better than I have a right to be. Let me have a line soon. Address, Forest House, Black Mount, Dalmally, N.B. God bless you.

"Yours, E. L."

"St. John's Wood;
"*20th October.*

"Dear Quin,—Thanks, my good fellow, for your letter. I am sorry you are so out of condition, as had you been all right we might have had you behind a haunch. I returned last evening, and have at once plunged into artistic thoughts; my holidays are over and harness on. We are always startled to find our belongings grown older, and never believe in our own looking-glass, Truth. Everything at my house looks pinched, old, and wretched; so the sooner I see your gladsome face the better I shall be. "Yours, E. L."

"My dear Quin,—Ten thousand thanks for your letter just received. I am sincerely grieved to hear of the attack you mention. Altogether I have to acknowledge improvement; but yesterday, after painting three hours and a half, I took a walk in the woods to find a woodcock, and was suddenly reminded of my old foe, in the shape of weakness and

faintness, that made me unhappy for hours; but I have been strong enough lately to remain out gunning the whole of daylight. I am very glad you like your print; take it as a proof of my affection for your generous friendship and excellent kindness. Tell me your inconvenient sensations are flitting. The weather is in your favour, not so for me. The other day in a frost I was out shooting with ———; he said, 'Have a drop of sherry,' and before I could discover my (his) mistake, drank a good gulp of raw brandy. Perhaps this bothered your discipline. When you have time write me a line. That you may realise many happy years is the sincere wish of "Yours, affectionately,

"E. LANDSEER."

"ST. JOHN'S WOOD;
"*2nd November*, 1859.

"MY DEAR QUIN,—I, as you must know, had not the remotest idea you were again a patient. Poor dear old boy. I am really distressed to hear of your condition. Nothing can be more touching than your heroism. I do sincerely hope your pluck and excellent frame of mind may be very soon rewarded. Let me know if you would like to see an old pal who is quite at your service to scribble at your side every evening, and to gossip over Highland achievements and Swells, one and all so attached to you. By your pencil sketch I see your hand is as strong as ever, even though you write on your back; so you will be able to answer my proposal. Since my return I have been trying to plunge into success in the old dirty studio; so any little outing in the evening will be a pull for me, particularly if I can make you for a second forget the hard trial you are put to.

"Dear Quin, remember

"I am very truly and affectionately,

"E. LANDSEER."

1856 was a year of great suffering to him, and he almost retired from active practice. In 1859 he had to undergo a surgical operation which, in his impaired state of health, might become serious. Previous to the operation he made his will, which has given such a munificent bequest to the

Hospital. Mr. Fergusson operated. A second operation was afterwards found necessary. He recovered entirely from the local affection, but his attacks of asthma became more frequent. He returned, however, in a great measure to active life and accepted the office which the following letter offered him:

"LONDON HOMŒOPATHIC HOSPITAL,
"52, Great Ormond Street,
"Bloomsbury, W.C.;
"18*th October*, 1859.

"MY DEAR SIR,—I am directed by the Board of Management to request your acceptance of the Chair of Therapeutics and Materia Medica in connection with the Medical School of this Hospital, to which office you have been unanimously recommended by the Medical Council.

"I am, my dear Sir, yours very truly,
"F. F. QUIN, Esq., M.D. &c., &c. "R. BUCHAN."

And in conjunction with his colleagues gave a series of lectures in the Board Room of the Hospital.

About the end of the next year a violent attack was made by some of the medical journals upon Fergusson, in conjunction with Homœopathy, more particularly as to his consulting in surgical cases. He had at first determined, like his predecessor, Liston, to take no notice of these attacks, and Dr. Quin wrote the following letter:

"111, MOUNT STREET;
"*August 7th*, 1861.

"DEAR FERGUSSON,—I have had, as I believe you know, an interview with Mr. Price, since which I have read the articles and correspondence in the *British Medical Journal* and *Medical Circular*. Mr. Price will have told you that I shall be most happy to take any step that you thought would assist you in this illiberal, ungenerous outcry which certain members of the profession are making against you, provided you wished it, and I could see my way to its being of service to you. Now, the more I reflect on the matter, the more I become convinced that any testimony or evidence from me, or any one of my persuasion, would harm instead of

benefiting you. The object of your detractors is evidently to make you out to be a 'black sheep' in their pure white spotless flock, and me and my friends to be the wolves that have tempted you into other pastures. Now, my or our stating that several others of your body have at different times wandered into the same pastures, and are equally 'black sheep' as yourself will not make your fleece whiter in the eyes of those who are interested in making and determined to keep you black. On the contrary, I cannot help believing that my testimony would raise up a host of new enemies, and inundate the medical press with more correspondence and fresh leading articles, and furnish besides fresh pretexts for attacking you. You have written your letter and have made *your* statement in *your own way*, and I would take my stand upon it were I you. This, I think, would be wiser than friends or evidence, that would be held suspicious, being brought forward with information that other nameless persons acted exactly as you did. This would inevitably bring a nest of hornets upon you.

"Mr. Price tells me that some one has given you a report of the dinner that was given to me. You would see that I had made it a rule never to answer attacks upon myself, but I would do for you what I would not do for myself, if you think that good to you would come of it. If these considerations and reflections of mine do not convince you, let us meet and determine the best means of assisting you.

"Believe me, yours very sincerely,

"FREDERIC F. QUIN."

To this letter Mr. Fergusson returned no answer, nor did he call or request Quin to call on him, but some time after its receipt he published a letter in the *Lancet*, promising that, in deference to the wishes of the profession, he would not meet any Homœopathic practitioner in future, upon which Quin wrote the following letter:

"111, MOUNT STREET;

"*August* 23, 1861.

"DEAR FERGUSSON,—I beg to enclose a cheque for a hundred guineas for your kind and skilful surgical treatment of

me. When I sought your valuable aid I was under the impression that our numerous professional relations since the death of Liston, and consequent intimate friendly intercourse, made it natural that I should apply to you, and that you should be pleased to have an opportunity of being of use to me. At the same time, I felt that my putting myself into your hands, in preference to those of any of the other eminent surgeons in London, was the best proof I could give my patients and friends of the sincerity of the advice given by me to them to apply to you when they required surgical aid. I therefore unhesitatingly sought and accepted your professional assistance, intending to recognise it as the service rendered by one friend to another, by one professional brother to another, and for that purpose I had a considerable time ago, knowing your taste for bronzes, commissioned a friend, a great judge and connoisseur, then starting for Italy [but who, instead of returning home as he intended, went on to the East], to bring me back some of the best class and epoch, with the intention of begging your kind acceptance of them as a token of friendship and regard from me.

"I find, however, by a careful perusal of your different published letters, which are for the first time all now fairly before me, that on the many occasions on which we met in consultation during some twelve years, as also when I applied for your aid for myself, I was under most erroneous impressions in regard to the position which you wish it to be understood you occupied towards myself and other physicians practising homœopathy. I feel, therefore, that to carry out my original intention now would be unsuitable equally to your views of our past, and to my views of our present relations. With renewed thanks for your kind professional assistance, I am yours truly, "FREDERIC F. QUIN."

To which letter Sir William returned the following answer:

"16, GEORGE STREET, HANOVER SQUARE;
"*23rd August*, 1861.

"DEAR QUIN,—I have within the last hour received your note and its enclosures.

"With the greater part of it I feel much gratified, as it accords with all the feelings I ever entertained on the subject to which it refers.

"I have never considered that you were under any pecuniary obligations to me, and the personal services which I have been able to give I have always deemed as of a friendly kind. I am truly pained that you should think otherwise, and in asking you to take back the cheque for one hundred guineas I must express a hope that you will let our personal relations stand as heretofore. My professional views I have never concealed from you at any time.

"I start for the country within a few minutes.

"With much personal regard, I am yours very sincerely,

"Dr. QUIN." "WM. FERGUSSON.

In 1861 his colleagues, in recognition of his services and his life-long and successful advocacy of the cause, determined to give him a dinner, which took place at the London Coffee House, and was a complete success; and Dr. Dunn, in the following letter best expresses the sentiments of all who were present:

"DONCASTER; *July 2nd*, 1861.

"MY DEAR DR. QUIN,—The report of what took place at the dinner made me deeply regret that I could not be an actor. I read with delight and pride your speeches, and have sent the report to many of the right sort of people all round here. I was called to one on Saturday night, and your speech so tickled his fancy that he gave me a five pound note for the London Homœopathic Hospital, which I enclose, and shall feel obliged if you will direct Buchan to send the receipt for it.

"I hope to send many such, but will not trouble you. I could not, however, refrain telling you the effect of your speech not only on myself, but my patients. I will defy the whole allopathic body, professors and fellows, to acquit themselves with a twentieth part of the ready wit and literary merit that were displayed on the occasion. Nothing but a heavy charge and great responsibility kept me away, but I revel in the report, and will spread it *to all the world.*

"Chapman, too, was the right man in the right place, and I don't think a better chairman could have been found. They told me in the winter that you were likely to die, but I was glad to see you in good health, and likely enough to last twenty years longer. *Ainsi; soit-il.* Believe me to remain,

"My dear Doctor,

"Yours very faithfully,

"GEORGE DUNN."

Alas! although he did live nearly twenty years, from that time till his death his health broke down completely, and it was most distressing to see or even to hear him in the violent attacks of asthma by which he was affected, and which seldom gave him any remission.

After nearly forty years of activity and communion with his fellow men, of honour and respect such as fall to the lot of few, he had well earned his *otium cum dignitate*, but the dignity came without the ease, and for the last fifteen years he was obliged to forego all the active duties of his profession, and he felt the coming shadows over the brightness of his previous active life.

Yet with all his sufferings he worked whenever he could for Homœopathy. In February, 1869, he requested his friend, Sir W. Fergusson, to accept a small token of his gratitude for services rendered, and he received the following letter:

"16, GEORGE STREET, HANOVER SQUARE, W.;

"*25th February*, 1869.

"MY DEAR QUIN,—I cannot find words to thank you sufficiently for the magnificent gift which you have been pleased to present to me.

"If you had asked me to choose something to be pleasing to the eye and useful also, I doubt if I could have named anything likely to produce equal gratification, for it has the same effect upon others as upon myself.

"I thank you in addition for all the kind expressions, wishes, and hopes contained in your note, and you may rest assured that my eyes will never rest upon these objects without a lively recollection being raised of the long period of

happy friendship which I have enjoyed with the generous and kind-hearted donor.

"Believe me,

"Ever yours very sincerely,

"WM. FERGUSSON."

"DR. QUIN, Belgrave Mansions."

Others also learning the universal esteem he was held in by all grades of society, and knowing the power he possessed, did not hesitate to seek his assistance when they required it. He was respected, and deservedly so, by many medical men as we have seen, and he gave his interest when he saw those who sought it were deserving of it. The following two letters are indications of this:

"43, SACKVILLE STREET, PICCADILLY, W.;

"*May 24th*, 1866.

"DEAR SIR,—I did myself the pleasure of calling upon you this morning to ask your kind offices in obtaining the vote of one of the Governors of Charing Cross Hospital for the vacant Assistant-Physiciancy for which I am a candidate, but as you were engaged, I did not send my card in to you. On Monday, perhaps, I may be more fortunate in seeing you. I feel that my request savours much of obtrusiveness, but my anxiety to come off victorious will loudly plead as my excuse. To-day the voting papers will be sent to all the Governors, and I should esteem it very much if you could make it agreeable to yourself to obtain the vote of Her Royal Highness the Duchess of Cambridge. This post will bring you a copy of my testimonials. Pardon this trouble, and believe me, dear Sir,

"Yours obediently,

"TILBURY FOX, M.D. Lond., M.R.C.P."

"Dr. QUIN."

"43, SACKVILLE STREET, W.;

"*May 31st*, 1866.

"DEAR SIR,—I return you my best thanks for your kindness, and am, "Yours very faithfully,

"TILBURY FOX."

"DR. QUIN."

In 1863 he was asked by a medical acquaintance then practising Homœopathy whether the cause would be benefitted if some distinction as knighthood was conferred on its leading practitioners; to which he sent the following reply:

"BADMINTON;
"*January 25th*, 1863.

"DEAR SIR,—Absence from town and a severe attack of illness has interfered with my correspondence. Your two letters have been forwarded to me by the post. I learn that you are anxious to hear from me. This I did not understand from your first, in which you ask me to write *only* in the event of my agreeing with the general principle, &c., of the subject of your letter. I confess I do not see how so great a cause as that of Homœopathy can be advanced by the endeavour to obtain for some leading practitioners of Homœopathy such sterile titles as those you mention. On the contrary, I think that Homœopathy would be more likely to lose cast by such means in the estimation of the educated class who lead the public. Such a barren honour as knighthood conveys no distinction whatever unless conferred on the field of battle, or when it accompanies some order of merit granted for great public services. Hahnemann, the founder of Homœopathy, would have been a very proper recipient for some mark of distinction or order of merit, but I cannot perceive upon what plea any successful Homœopathic practitioners, who do good to themselves by doing good to others, could be put forward by the advisers of the Crown as deserving of distinction, unless they had performed some great public services and disinterested acts meriting reward beyond the emoluments of their profession. I am, moreover, quite convinced that until such public services and disinterested acts have been performed by some of our body, and have claimed the attention and admiration of the general public, any attempt to influence the advisers of the Crown, as proposed by those of whom you speak, would be attended with signal failure.

"I am, yours truly,
"FREDERIC F. QUIN."

Another time he is asked advice as to the propriety of merely meeting in consultation with men who, professing our doctrines, hold but slight qualification for practice.

"111, MOUNT STREET;
"*February 27th*, 1864.

"DEAR ——,—I do not feel that I am warranted to set myself up as an authority on the subject on which you have written me, nor in a position to give a categorical answer to your question, the more so as all the circumstances of the case are not stated by you. I have, however, no objection to state to you the rule I have laid down for myself. I have always acted upon the principle that our duty to the sick seeking our aid ought to be paramount, and after that comes the question of self respect and professional etiquette with regard to consultation with others not so well placed as ourselves. When sent for by *the patient*, I never inquire whom I am to meet, but go, and receive all the information I can get, whether from the patient, his friends, his nurse, or his medical attendant, whoever or whatever he may be. I state my opinion of the case and my views as to future treatment to whomever it is sought by. If requested to continue my attendance in conjunction with a person in a doubtful position as to qualification, I state to *him* candidly but *privately* my doubts and objections to doing so, and if he does not satisfy me as to his medical position I tell him I must communicate these doubts and objections to the patient's friends, or I give him the option of making the communication in my presence, so that I may have the opportunity of correcting anything not quite correct. If, on the other hand, I am requested to see a patient by a medical attendant, of whose qualifications I have reason to entertain doubts, and learn that it is he and not the patient who has called me in, I decline to go unless he can give me satisfactory proof that he is properly qualified. I think that *we* are too illiberally treated, in general, *ourselves*, by our colleagues of the prevailing school, not to make us disposed to stretch a point on the indulgent side, except where there is a systematic attempt made to impose upon the public by men practising with spurious qualifications and not properly

educated in the profession. Here we are bound in the interests of the sick, the public, and our profession, to hold ourselves aloof from intercourse with such men after we have given our opinion as to the nature and seat of the disease and treatment. In the case of the individual you have written about I know not if he is an American, or some one who has gone through the usual curriculum of study at the College of Pennsylvania, or even obtained his diploma after passing the proper examinations there. If he has, I should not feel myself warranted in refusing to meet him at the bedside although not registered here in England. My continuing to meet him would depend upon the character of the man and his antecedents and moral conduct. Many thanks for your inquiries about myself. I am still at times very suffering. "Yours truly,

"FREDERIC F. QUIN."

Although broken in health and bowed down by the depressing influence of his infirmity, his mind and memory remained pre-eminently clear. His wit and power of repartee were the same. Some only seeing and meeting him in society in his old age knew little of his sterling qualities. An eminent friend of his, of great intelligence and repute, stated the other day that he considered Quin a man of exceptional good judgment; not only was he capable of giving the best advice in private affairs, but he was a most clever and experienced physician, and gained the confidence of his patients in the most surprising manner.

It is not the intention to enter into Quin's social life. This memoir has been written for the purpose of showing how much the system which he introduced into this country owes to his influence and character; but it is pleasant to record that he was as genial and delightful in a little family dinner with any one of his medical colleagues as he was when dining with the noble or wealthy, or with the magnates in literature and art. His beaming, happy countenance gave brightness to every party, and it was his aim always to endeavour to make that party pleasant. He never in any of his stories raised a laugh against another which would cause

[illegible] painful feelings, and he was often delighted in [illegible] at his own expense. "For the love of St. [illegible], give me a penny, your honour," said a sweeper to him. "How did you know I was an Irishman?" "Och, your honour, could I be mistaken in that potato face?" Many will recollect with what gusto he related this. He was invited to a dinner to meet a party of directors of a company where there had been some unpleasant differences, and this dinner was given for the purpose of reconciliation. The solicitor of the company, who was present, was a sombre, matter-of-fact sort of person, not open to a joke. Quin, on sitting down (all looking very gloomy), made some happy, witty remark about the said solicitor, which set the table in a roar. Gloom was dispelled, everybody became very happy, and the evening passed away most harmoniously, all parting the best of friends.

"I have to thank you for the merriest evening I have passed many a year (writes a friend to a mutual friend of Quin's). Dr. Quin is the most extraordinary man I ever met with in my long life. He must be a great acquisition to London society, for besides his capital stories he is brimful of information on all subjects. It was quite a new life to me after my long retirement."

His memory for past events was surprising. He could give an account of most circumstances which had happened during his long life. A discussion arose once at a dinner party as to various employments of a certain member of the diplomatic body. Quin stated that he had been at certain places as Secretary of Legation in 1823-24. This was doubted. The next day he got the following letter, with an exact account of the services of the said diplomatist, and tallying completely with Quin's version:

"My dear Quin,—Here is the testimony to the accuracy of your memory, which I mentioned last night. May it always be as fresh, especially as regards

"Yours ever faithfully,
"John P. Delane."

An instance of his argumentative powers is given by Uwins in his correspondence.

"My friend Quin the other day, at the Austrian Ambassador's, in the midst of a company of Catholics, tackled the Count in such fine style and put him to such shifts as I never before saw him reduced to; and Quin is altogether unaccustomed to such discussions. He declared to me afterwards, though he confessed it to his shame, that it was not merely the first time he had ever talked on the subject, but the first time he had ever considered it; and that he was only forced upon it, by the absurdity of something that fell from the ambassador. Quin, though not a scholastic reasoner, is a young man of astonishing acuteness and address. He accomplished his end by assuming the air of a scholar and a learner in the school of religion; and in this quality he put such sly questions as not merely puzzled Count Figuelmont, but would have puzzled the Council of Trent had it been sitting on the subject. I never saw simple truth so triumphant. This was in 1827. With all this, his kindness of heart, and his desire to help others was always a prevailing trait with him."

"Dr. Quin," writes Uwins, "who has been to me a brother, is one of the most accomplished and fascinating men in existence. There is not a party of rank, talent, or fashion that would be thought complete were he omitted. He is gay without buffoonery, witty without punning, and always pleasing without appearing to make an effort to please. I have seen him in the most trying situations, and I never saw him for a moment at fault; and with it all he is a man of deep feeling and solid character. I love him from my heart; he has been to me the kindest friend that man can be to his fellow man."

With such varied powers he was peculiarly fitted to inaugurate a new system of therapeutics for the treatment of the sick into a country where medical practitioners are particularly conspicuous in their dislike to innovation, who, as an eminent medical man stated in a public lecture a short time since, run in a groove and never wish to get out of it. In fact, we may say, in the hackneyed expression, "he was the right man in the right place."

No man had more friends. Those of his later years were

just as fond of him as those of earlier days, and he was much gratified by the strong attachment shown by all.

The unswerving friendship and affectionate regard of His Royal Highness the Prince, and Her Royal Highness the Princess of Wales was a source of unmixed pleasure and comfort to him (the Prince was at Quin's bedside a few hours before his death). The Duke of Edinburgh was also much attached to him.

His professional connection with H.R.H. the Duchess of Cambridge was of long standing. The Duchess appointed him one of her Physicians in Ordinary, and the more than friendship shown by every member of that family for so many years was most devotedly appreciated.

His last illness was a very brief one, a sudden chill brought on a severe attack of bronchitis, which his enfeebled constitution and great age was unable to withstand, and he sunk without suffering on the 28th November, 1878.

With the close of Dr. Quin's life closes also the first half century that has elapsed since the system of therapeutics enunciated by Hahnemann was introduced into this country. It was in 1828 that Dr. Quin first practised it in London. The fifty years determined fight in defence of its principles has been crowned with success, for he lived to see the system which he so courageously introduced and defended, take its place as a 'methodus medendi' in every civilised country in the world.

It only remains for us and those who come after us to follow his example, viz. always to bear in mind that our first duty is to our profession; that in advancing our particular tenets we must always act as "becometh gentlemen"—that any departure from the ethics which regulate our conduct affects more or less the whole body of those who profess our views; and that a high standard of professional conduct is more particularly necessary if we desire to maintain our position as medical reformers, *sans peur et sans reproche.*

SOME FORMS OF DEAFNESS.

By Robert T. Cooper, M.D. (Dubl.), Physician, Diseases of the Ear, London Homœopathic Hospital.

(Read February 6th, 1879.)

Gentlemen,—Attempts have been made to classify the diseases that occasion deafness, and I am not solitary in expressing an opinion that none have been attended with any decided success.

Writers seek to place in the background the symptom, deafness, and require a classification that embraces the various diseases producing it.

For purposes of description I incline, however, to steer an opposite course, and would place in the foreground the symptom, deafness, and would then proceed with a consideration of the structural alterations associated with it, in the hope that in thus treating the subject our remarks may become more intelligible than they otherwise would be.

This, then, is what I propose—acting strictly in accordance with the spirit and teaching of our own school, and taking the symptom, deafness, as a heading—to classify the acquired in contradistinction to the congenital forms of it, in three distinct, though by no means natural divisions.

i. The first will be, Simple Deafness, which we may thus define:—*A deafness where we have no reason to suppose from the past history of the patient or the present condition of the ear, that actual loss of structure calculated to interfere with audition is present, and where perosseal hearing is not perceptibly diminished;*—the power of hearing the vibrations of a tuning-fork or the ticking of a watch transmitted through the head.

ii. Our second, or Complicated form of Deafness, will be:—A deafness where *loss of structure calculated to interfere with audition is, or, by inference, has been present in or near the ear, and where* (like the last) *perosseal hearing is unimpaired.*

iii. The third, or Complex form of Deafness, will embrace the other two, but *will be characterised by diminished perosseal hearing.*

And first, as to *Simple Deafness*; its history is plain enough, the patient either takes "a violent cold in the head," which is accompanied by dulness of hearing, or, after a succession of colds, hearing powers are found to become dull more or less gradually, or else, without any ascertainable cause, a gradual and progressive diminution of hearing power takes place. There may be a history of acute otitis, of mumps, ulcerated, malignant, or other forms of sore throat.

We would confine the term SIMPLE to all those cases, of no matter what duration, in which no visible destruction of tissue, no polypus, otorrhœa, or perforation of the drumhead existed, and in which there is, as we said, no ascertainable loss of hearing-power for the vibrations of a tuning-fork placed anywhere upon the head (*perosseal deafness*), but in which the hearing is defective for external sounds (*areal deafness*), for the watch, metronome, or human voice.

It would include cases of simple contracted tensor tympani, as well as the proliferous deafnesses of Roosa.

The explanation given of the causation of deafness is, in a general way, that a catarrhal condition leads to a thickening of the lining membrane, and consequent closure of the Eustachian tube, and hence the natural outlet for the air contained in the tympanic cavity, its ventilating tube, becomes blocked. The air thus retained in the middle ear is absorbed, and in process of time the membrana tympani undergoes a condition of collapse in front of or on either side of the malleus handle, or the handle itself may press back, and so be foreshortened.

We sometimes succeed in getting these cases well by simply causing a current of air to pass up the tubes during the act of swallowing by means of the Politzer inflation.

In the October of 1877 a young lady of fifteen was sent to me with deafness which had been going on for two years; in the summer previous she had consulted a celebrated aurist, with some temporary benefit, but when brought to me her hearing was getting increasingly worse, and she was having a constant succession of colds. Catamenia but twice, and irregular.

Watch-hearing distance—on the left side $\frac{3}{36}$, on the right $\frac{13}{36}$. Malleus handle projecting and membrane sunken in on either side. Not much redness. Right membrane obscured from view by particles of cerumen.

On performing inflation with the bag with some force, the hearing distance of the left side rose immediately to 22 inches; and, as I subsequently learned, by persevering with the inflation, and taking at the same time the third dilution of *Kali hydriodicum*, her hearing became quite restored.

Cases of this description are very common; nor would it be worth while our dwelling upon them did we not very frequently meet with instances where our own colleagues have neglected to resort to inflation, and have pronounced to be hopeless cases that in reality were easily curable; thus bringing unnecessary discredit upon themselves and upon the system of medicine we represent. The other day a case came to me where the mother of a fine young lad of eleven was advised to take no notice of her son's deafness, as nothing could be done for it. One or two whiffs of the bag raised his hearing from 3 inches on the left, and 9 on the right, to 20 inches on both sides.

Would to God that this mechanical treatment were always so successful; far, very far from it!

We must turn to our Materia Medica; and in remedies for this affection we are rich, and might well repose in luxurious affluence were it not that in attempting to utilise our valued possessions we encounter the most bewildering

difficulties—the indications for ear remedies being as unreliable as they are undefined.

Nothing is more certain than that deafness is not the incurable infirmity it was at one time supposed to be; homœopathy has proved its amenability to remedial agents. Some cases, it is true, are, in the present state of science, beyond remedial range, but homœopathy has done this, it has presented us with evidence sufficient to justify our saying that in pursuance of the homœopathic method we can obtain success with something like a fair proportion of deaf cases. It is simply the greater interest attaching to the other departments of medicine that has led to the neglect amongst us of aural therapeutics.

Let investigation be pursued in the direction of homœopathy, let the way in which our drugs affect the ear be more searchingly inquired into, and all the remedial efforts of allopathy will inevitably sink into the shade.

You will pardon my devoting a large portion of this paper to the consideration of the action of a remedy too little thought of in connection with the ear; this is the *Hydrastis Canadensis.*

In Hale's* *second edition* we are favoured with the following proving of Dr. Whiteside's, excerpts from which we take :—

November 21st.—9 a.m., 130 drops (1st dec.); 12.30 p.m., 180 drops. A little mucus in the fauces, which I cannot swallow. *Roaring in the ears like a partridge on waking in the night.*

22nd.—Woke, or, as he has it, "waked," at night with *a noise in the ears like cogwheels.* Tongue seems large, and marked by the teeth. *Roaring in the ears* at 9 p.m. (300 drops to-day and next day).

24th.—*Noise in the ears on waking at night.*

25th.—*Noise in the ears at night* as before. 7 a.m. *Ringing in the ears,* with slight pain in the anus. 120 drops.

26th.—*A noise of cogwheels at night.*

28th.—50 drops. *A noise in the ears* in five minutes.

* *New Remedies,* by E. M. Hale, M.D., 1867.

This shows *Hydrastis* to act very determinedly upon the ear; in other provings we get such symptoms as these:—*Tensive aching in the right ear; a partial stoppage of the Eustachian tube* (symptoms of which, not given). *Dull, pressing pain on the top of the head pressing outward from the ears* (a very constantly met with symptom in deaf cases). *Noise in the ears as from the turning of a machine in a machine shop;* besides *nose* and *throat* symptoms in abundance.

I first proved the utility of *Hydrastis* in ear cases at the old Southampton Dispensary, when in the February of 1870 a girl of 10 was brought to me suffering from deafness with enlarged tonsils. *Calcarea phosphorica* improved the state of her tonsils and her hearing very considerably, but finding, after some four months' treatment, that her hearing was still imperfect, I changed to *Arsenicum iodidum,* and then to *Kreasotum,* and then to *Mercurius iodatus,* all in the 3rd dec., and last of all to *Hydrastis* in the first cent. dil. After taking it for one month, she left quite cured.

In the June of 1873, a woman, æt. 22, who had been deaf for ten months, turned up with a deafness that she described as worse in damp or any cold weather, attended with a splitting headache on the right side, and to whom, after failure with *Sulphur,* I gave *Hydrastis* ϕ gtt. iij, to go over a week. In exactly one month she also left quite cured of headache and deafness. Dr. Ussher, of Wandsworth, writes to me that, acting on my suggestion, he quickly cured a bad case of post-scarlatinal deafness in a child with *Hydrastis* in the third dec. potency.

Let us now take up a case from this hospital; three were reported in the last number of the *Annals,* and in connection with the second of these I suggested as reliable indications for *Hydrastis*: *Persistent catarrhal tendency, affecting chiefly 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.*

And in connection with the last of them stated that the "case lent 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." And proceeded to remark that "*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."

John W—, æt. 6, whose father's hearing is defective, was admitted 21st December, 1878, with deafness on both sides, which he had had for two years and a half. He used to have, but is now free from, enlarged cervical glands; has had measles and scarlatina without any effect upon his hearing, which has gone on getting worse by degrees.

He is a very irritable child, and wakes up at night with screaming fits and trembling, followed by profuse perspiration; had four attacks this last week, but before this had not had one for a year. Complains very often that he hears "an engine singing" in his head. Used to have many falls on his head, as a child.

Six months ago, after wax was taken from the right ear, his hearing remained better till three weeks back, when an abscess formed in the left ear, and he has since then been very deaf. The left ear remains tender to the touch.

He is now too deaf to go anywhere by himself, but when attending school he used to hear better than when at home —query, in a noise?

Gums and mouth are tender. General health good.

Membranes look natural enough; no perforation.

Watch-hearing—right 1½ inch, left 1 inch. Prescribed *Hydrastis Canadensis* 3rd dec., seven drops for a week.

December 28th, 1878.—Seems much better, hearing very much improved, noises in head still; had one screaming fit. Watch-hearing—right 5, left 3. Continue.

January 4th, 1879.—Hearing is very much better, some pain in the left ear, where he had the gathering some weeks ago. He is not nearly so irritable; appetite is very bad; gums and mouth all right. Watch-hearing—right 20, left 7.

January 11th, 1879.—Appetite has improved, and he is hearing much better; he has much pain and soreness at root of tragus. Sleeps well, and no screaming fit. Watch-hearing—right 15, left 4.

The case is not completed, but the effect of *Hydrastis* upon the patient was very obvious; we would put down *noise as from an engine, tenderness of the mouth and gums*, and more especially, *the being able to hear best in a noise*, as the indications for *Hydrastis*, the last of these being as yet unproven.

A history of fits, as well as of injury to the head in childhood, are looked upon in deaf cases as unfavorable to recovery, and the symptom "hearing better in a noise" is also regarded unfavorably.

Only yesterday I had reason to thank *Hydrastis* for a brilliant relief of an intense ear-ache. My little boy of 6 was taken with a severe cold in his head, with ear-ache, just as he came down to breakfast; he described it as a throbbing pain, it came in violent paroxysms every half minute, causing him to scream out violently. Warmth aggravated the pain. He looked pale, and his tongue inflammatory. On examining the membrane, I found the malleus handle, the upper part and rim of the membrane, intensely red. Not having any *Verat. vir.* by me, which had I had I should have used with *Glycerine* as a local application, I gave him *Aconite*, followed by *Pulsatilla*, both in small doses of the mother tincture; neither relieved him, and then I put three drops of mother tincture of *Hydrastis* in a wineglass, and ordered him to take a sip from it every few minutes. After the first sip the intense pain left like magic, a dull aching only remaining; he got through yesterday and last night quite free from pain, although his cold is still bad.

ii. *Complicated Deafness.*—That in which there is *palpable loss of structure in or near the ear calculated to interfere with the functions of the ear as an acoustic instrument, and where areal hearing alone is impaired*, includes cases of polypus, otorrhœa, perforated drumhead, as well as cases

in which we infer that any of the ossicula auditûs are wanting.

How ill-defined is the description "calculated to interfere with acoustic functions" will be evident when we remember that the entire cochlea has ulcerated away without impairment of hearing.

As the Complicated differs from the Simple Deafness only in presenting some tangible tissue change, its history will be, in most instances, precisely the same.

The first case under this section follows well after preceding remarks :—

Charles H—, æt. 50, a clerk, was admitted 1st June, 1878, deaf on both sides. The hearing of the left ear has been impaired for many years, that of the right for two months. He ascribes his affliction to taking a severe cold. He is continually afflicted with noises in the ears; otherwise is a healthy man.

A minute perforation exists on the upper segment of the right membrane (Shrapnell's space) from which discharge can be seen to ooze when he blows up through the tubes.

Hearing dull—only contact, right side; very feebly on contact left side. Ordered *Hydrastis canadensis* 3rd dec. 21 drops to 6 oz. of water; a teaspoonful three times a day.

June 15th.—Has had a great deal of bloody, purulent discharge from the right ear during one day, which had never happened before. He hears very much better; smell of the discharge is very disagreeable. Caught fresh cold three days ago and noises have since been worse; bowels are confined.

Repeat prescription, and a lotion of twelve drops of *Hydrastis* to glycerine and water, of each a drachm. Watch-hearing—right, just off contact; left, 1½ inches.

July 6th.—Decided improvement in his hearing, but still has some "numbness and thickness," with singing in the right ear. Watch-hearing the same.

This patient did not again turn up; the improvement in his conversational hearing was very marked. It seems characteristic of *Hydrastis* to influence the voice-hearing much more than the watch-hearing. We have under treatment

a very old-standing case of deafness, where continuous improvement is being effected by *Hydrastis* in conversation-hearing, and where, as yet, I have not been able to detect the slightest improvement in the watch-hearing.

In this respect *Hydrastis* stands in bold contrast, so far as my experience goes, with the *Scrophularia nodosa*, the influence of which is exerted in developing conversational hearing. In another case, that of a girl of 17, *Hydrastis* is improving both watch and voice-hearing, though it had no influence upon either until given in drop-doses of the mother tincture.

There is much resemblance between *Phytolacca* and *Hydrastis* in the way in which they affect the ear, though the former more specially influences the Eustachian tube, in this respect surpassing even *Graphites* and *Causticum*.

In otorrhœa I use in preference to anything else a lotion of *Hydrastis* tincture diluted with glycerine.

As a curative agent, *Hepar sulphuris* has as yet stood me in better stead than any other drug, especially where the discharge is very offensive. It succeeds brilliantly in some cases, and in others as signally fails.

M. J. O—, æt. 18, admitted 10th Aug., 1878, engaged at needlework, has had an offensive purulent discharge from the left ear for eight months, during which time she has been under homœopathic treatment. Hearing distance—right, 5 inches; left, 7 inches.

Prescribed: *Hepar sulph.* 3rd dec. trit., five grains every night—dry.

For lotion: *Hydrastis* ϕ gtt. xv, glycerine and water, of each a drachm.

After first fortnight hearing dull; right, 6; left, 5.

By end of first month is quite well, membranes look natural, left quite healed. Hearing distance—normal (30 inches) both.

In the treatment of otorrhœa with polypus I hold to *Nitric acid* given internally, and *Thuja* tincture with glycerine as a lotion. Warm clothing is as essential to success in the treatment of the otorrhœas of childhood, as is the selection of a remedy appropriate to the case.

I must say, however, that the successful treatment of aural polypus has yet to be laid down.

In mastoid caries with periosteal thickening and tenderness, and where extensive chronic suppuration is going on, my experience places *Mezereum* in the foremost rank, used in the low potencies and mother tincture form.

iii. *Complex Deafness.*—That in which perosseal hearing is defective—the receiving as distinguished from the conducting media of the ear being involved—has to do with the internal ear, especially with the labyrinth and its semi-circular canals; and hence, contrasted with the simple and complicated forms, its history will more often be that of severe nervous disturbance. Its cause will be referable to fits of various kinds, mental worry, the excessive use of powerful neurotics, blood loss, or debilitating illnesses. It may be taken that, in general, multiplicity and diversity of symptoms characterise complex deafness; vertigo, noises in the head, epilepsy, epileptiform seizures, mental aberration, are more often accompaniments of it than of the simpler forms.

Most of you, doubtless, have read in the August number for 1868 of the *Monthly Homœopathic Review* a paper by Dr. Richard Hughes on the "Homologies of Eye and Ear."

In this paper—pithy, pointed, and suggestive as it in every way is—occurs this paragraph:—"The vitreous humour in its hyaloid membrane has been seen to correspond with the membranous labyrinth enclosing the liquor Cotunnii. It is not known whether either of these structures is liable to primary disease. But it is interesting to observe how the essential evil of glaucoma—increased intra-ocular pressure—reappears in the ear in the shape of the 'increased labyrinthine pressure,' mentioned by Mr. Hinton as a frequent cause of nervous deafness. Mackenzie will have it that changes in the vitreous are the immediate cause of the ocular distension in glaucoma; and I would call attention (Dr. Hughes says) to a suggestion made in the last number of this journal (p. 389), that the change in question is of the nature of a dropsical effusion, and might find its remedy in *Apis*."

As helping in some measure to ascertain whether *Apis* can exert an influence such as is suggested, we give the following facts:—

Case 1.—Ada C—, æt. 17. Deaf five years; tuning-fork heard only through the teeth.

After first fortnight of *Apis mellif.* in 3rd dec., the tuning-fork could be heard ¼ inch in front of and an inch above, but not at the back, of the left ear.

Not heard on the right side. Still under treatment. When last seen (after a month's treatment) reported herself being constantly startled at hearing sounds to which she had long been a stranger; otherwise there was no change.

Case 2.—Rhoda B—, æt. 40. Deaf seven or eight years; unceasing noises in both ears, worse at night; most on the left side. Tuning-fork and watch heard on both sides very feebly on being pressed to ear.

After a month of *Apis mellif.* 3rd dec., tuning-fork could be heard readily all over the head except opposite the frontal sinuses, and the watch at 3½ inches on the right, and 2½ inches on the left.

Patient reports that an itching with which she had long been tormented in the auditory canals has gone, and that the noises are not nearly so loud; is able to distinguish the kind of noise present in the right ear, which, until treated would have been impossible, owing to the overpowering tone of that of the left ear.

During the month that succeeded the above report this patient wrote up from the country to say she was unable to travel, being confined to bed with a frightful chill caught in travelling by rail.

Case 3.—Miss B—, æt. 29. Deaf from childhood; much worse the age of 17.

Tuning-fork heard ½ inch in front of left ear, not at all on any other part of head; on the left side plainly through teeth, and on the right side, but only when meatus is closed.

After taking *Apis mellif.* 3rd dec. for a month the tuning-fork could be heard very readily over both temples, and conversation-hearing had very perceptibly improved.

Case 4.—In a patient, Mr. A. W—, æt. 59, in whom

the tuning-fork could only be heard through the teeth, after taking *Apis mellif.* for three weeks it could be heard four inches in front of, above, and behind the left ear; not at all on the right—the very bad—side.

In vol. xii, p. 126 of the *Homœopathic World,* Dr. Ussher, of Wandsworth, under Mackenzie's term aquo-capsulitis, gives us a very pronounced case of keratitis punctata with serous iritis, the kerato-iritis of Hutchinson and more recent authorities, which inferentially supports our observations as to the effect of *Apis.* I will give the principal part of the paragraph as it stands:

"Aquo-capsulitis is not a very common disease, and all the cases I have seen have been in children. There is a searching for light; you see the patient has the groping look of blindness, and as you examine the eyes (in this case both) you find them spotted as with fine dust, and cornea is bright without, the pupil obscured more or less, the head bent downwards; lachrymation and intolerance of light. The first look at this little girl made me suspect brain disease, which was indeed her history. The forehead was prominent above, and the orbital bones expanded. She was hydrocephalic from six weeks old; irritable to the highest degree. Here we had a patient who had been under homœopathic treatment, and seemingly without benefit. The question which first suggested itself to me was, Has this blindness a cerebral origin? You could see nothing, and any attempt was followed by such screaming and agitation that your interference would have done harm rather than good. Working upon a pathological basis, a thing forbidden by the high-potency school, I gave her *Merc. cor.* 3, and after a while the eyes opened—one pupil was visible, not the other—and the spotting behind the cornea was revealed. For pathological reasons, again, *Apis* 12 was given, and the result is admirable; for, Dec. 8th, I have this note:—'Better altogether; sleep more restful, less excited by day, plays about, guides herself wittingly, bears the lamp-light, and her bowels act daily; the left pupil is larger.

"The last report, Dec. 12th, is: 'Progressive improve-

ment.' The mother has signs of cerebral irritation, and more than once has expressed a suicidal determination. The rate at which the cure progressed has astonished me."

The form of deafness we have been dwelling upon—complex deafness—has hitherto been regarded as positively incurable; we have this evening shown that we possess a remedy that appears to exert a pronounced influence upon its pathological basis, and even though we have not as yet proved its absolute curability, we have given good reason for saying that it is by no means beyond the reach of our remedies.

This influence of *Apis* promises to be of avail not alone in a curative point of view, but may even aid us in distinguishing between paralytic conditions of the auditory nerve due to central causes, or to intra-neurotic changes, and those arising from pressure effects consequent upon increase in the labyrinthine fluid.

ON THE BUBONIC PLAGUE.

By Jas. Compton Burnett, M.D.

(Read March 6th, 1879.)

Mr. President and Gentlemen, — My friend, Dr. Galley Blackley, was announced to read a paper before the Society this evening on—1, Two Rare Varieties of Pemphigus, and 2, a Case of Dysidrosis.

I am sure we all regret the sad family event that deprives us of the advantage of this paper.

Dr. Drury has requested me to stand in the gap thus created, and assures me that you will not be hard upon a mere stop-gap.

I began a little paper on *psora*, but after advancing a little way, getting in fact just up to the Rubicon, I could not get across, and after wandering along its bank to find a fordable place or a bridge, and failing to find either, or even a ferry, I returned to my starting-point. Besides, methought psora rather too sore a point, or, at any rate, too ticklish for a débutant to touch.

On the other hand, there is a subject that has set all the governments of Europe in a perfect scare during the past few days, and is, therefore, one that might most fitly occupy the attention of practical men for a short hour when come together for the purposes of mutual help and strengthening of hands, hearts, and heads; I mean the plague. During antiquity and the middle ages the name pest, plague, or pestilence was given to almost every epidemic disease in which the mortality was very large. In the mouth of the people and in our national prayers the word plague stands as a generic term for any severe fatal epidemic. In medicine it is now understood to mean the bubo plague.

History informs us that the bubo plague occurred in Egypt before the beginning of the Christian era. The plague of Justinian in the middle of the sixth century was the bubo pest. Since then it has often reigned epidemically in Europe, but for the last 150 years the plague has not seriously affected Western Europe. But every few decades it has appeared in Asia and Eastern Europe.

Liebermeister says it is universally admitted in modern times that the plague never originated autochthonously in Europe, but was always introduced, and that, according to the received opinion, the plague can be communicated from one person to another, and is thus regarded as the very prototype of a contagious disease. As a matter of fact the doctrine of the contagiousness of the disease has many opponents. Doubts regarding its contagiousness have been again and again raised by able physicians who had themselves passed through serious epidemics of the plague. Here, as everywhere else in medicine, we have no certainty because we are largely dealing with the unknown, and medical men above all others are great in the explanation of the unknown by the unknown. Yet it does not seem to be contagious like typhus or variola.

Liebermeister calls it a contagious miasmatic disease, which amounts to this, that it is contagious, and yet it is not. He says, "In later reports we often find statements founded on fact which pretty clearly indicate that the plague is disseminated almost exclusively in an indirect manner. Thus, it is stated that the observers very often expressed their astonishment that physicians and clergymen, who come in close contact with the plague patients and with the dead, did not contract the disease. The priests saw in this the proof of a special divine protection in such a work of charity, while the physicians inferred that fear was the principal cause of the disease, and consequently those who had no fear whatever would not be attacked."

Liebermeister further states that the season of the year and the climate have only a very slight influence on the existence and propagation of the plague, and yet moderate warmth in connection with dampness

seems to be quite favorable to the propagation of the disease. Most of the epidemics in European Turkey have occurred in the spring and in the beginning of summer. On the other hand, severely cold weather or very dry heat do not seem to hinder the spreading of the disease, although they exercise a considerable influence in diminishing it.

One thing strikes me as very interesting and suggestive, viz. the influence of temperature on the development of the plague. Thus, it is stated that in Cairo the epidemics generally ceased on the commencement of intense summer heat. Also that in Nubia, and particularly in countries with a tropical climate, the plague has not yet made its appearance. We shall later see that quite lately this is again repeated by Dr. Cabiadis in regard to the epidemic in Bagdad.

Some epidemiologists do not consider the black death as the ordinary bubonic plague, but as a more deadly than it. About the middle of the fourteenth century almost all the known countries of the earth were devastated by a malady which was more murderous than all previous or succeeding epidemics. It was, as Hirsch puts it, "that frightful epidemic of the plague which was known under the name of the black death, and which fills one of the darkest pages in the history of the human race. Its name still lives in the mouths of the people, fills their minds with horror, and was the most terrible scourge which man has ever seen."

It seems the black death is that variety of bubonic fever which has a lung complication with blood-spitting.

Hirsch is of opinion that the black death and the ordinary bubonic pest are similar but different diseases. The black death having occurred in India in the earlier part of this century it has also the name of the Indian plague. It is the black-death variety of the bubonic plague that is now said to be on the march at the present time in Russia. Pestilence loves to walk in the wake of wars.

The question as to the real nature of the plague must remain open—Is the plague contagious or infectious? cannot be satisfactorily answered. Some say it is neither,

others that it is both. We have contagionists and infectionists, and anti-contagionists and anti-infectionists. Again, some say it is just the epidemic genius of disease in the sense of Sydenham, of Paracelsus, and of Rademacher. It runs its course independently of *cordons sanitaires*, lopping off the predisposed of the human stem and leaving the others untouched. Telluric and cosmic influences are pooh-poohed now-a-days; in these days of exact science we are no longer affected by either sun, moon, or earth.

In the eyes of the world generally plague stands out boldy in the foreground as the very symbol and type of all that is deadly and catching. The very thought of it is enough to give one the cold creeps of horror. If the plague comes, and come it may, it will be the duty of every man to do his part to save society from scare and panic. An Italian physician made in the Senate this startling announcement:—"It is no use to delude ourselves; if the plague comes, it will carry off one third of the population of Europe."

Some of you have met the cholera face to face and fought it with success; with your *Camphor*, your *Cuprum*, your *Arsenicum*, and your *Veratrum*, you have not only marched up to the cannon's mouth, but you have stopped that mouth, seized the cannon, spiked it, and rendered it harmless. Those of you who have thus proved history have won, although you have not received, the greatest distinction for valour *and victory*. You are not professors and medical Q.C.'s, but you are a good deal more, you are right and victoriously so.

Orthodox physic stands in self-confessed impotence in the face of cholera. In my student days the cholera was around me; the only remedies I was taught to rely on were *Laudanum*, wine, and heat. They are better than nothing, but they are but poor broken reeds.

In the yellow fever orthodoxy rules the roost also, but, as ever, with therapeutic impotence. Dr. L. P. Dake, in his letter to Dr. Conrad Wesselhoeft, President of the American Institute of Homœopathy, speaks thus:—"I may

say, in regard to our work, that it will mark an epoch of great importance in the history of medicine. Nothing ever made public has done homœopathy the good that our report will do when issued by Congress. The old school has abandoned the field of therapeutics in yellow fever; they claim nothing hopeful in that direction, and look only to quarantines for safety. How different on our side. We find a disease generally less fatal than pneumonia, or scarlet fever, or dysentery—one manageable under the law of similia. . . . Dr. Harper, and Dr. Hardenstein, and their lay helps, treated over 1200 cases, with a loss of *less than 7 per cent.*"

What a great gulf between abandoning the field of therapeutics in despair and a mortality of less than 7 per cent.! Such facts should be published from the house tops throughout the world.

Of course it was mere chance all this, and this same kindly change shows that most of the homœopathic doctors head their list of remedies for the first stage of yellow fever with that rare remedy *Aconite,* and for the second stage they almost unanimously proclaim *Arsenicum* as *facile princeps.*

What egregious luck to go through an epidemic of yellow fever with a mortality of less than 7 per cent.! and then only think of fair fortune's favours that allowed so many different men in different places to happily hit upon the same drugs as remedies! Why, if I were not a homœopath I declare I would join the lucky folks for their very good fortune's sake.

So, Mr. President and gentlemen, if the homœopaths have thus been blessed in their efforts to cope with cholera and yellow fever who knows but great victories may be in store for the disciples of old Hahnemann in the plague? The venerable seer has long since gone over to the majority, and hence we cannot look to him for guidance; yet his spirit abides with us in his law, and we have the same royal road to learning that he had when the cholera was looming in the distance in his time.

As a preliminary inquiry we need the totality of the

symptoms of the plague, and then we can go to the pure Materia Medica and look about us.

It is unfortunate that we have not all the symptoms of the plague before us to guide us; but we have a good many, and we must make the best use we can of what we have. To begin with, it is not probable that one remedy will do for all cases; more likely several will come into play.

The plague as now creeping along the highways of commerce in Russia is declared by Dr. Botkin, physician to the Emperor of Russia, to be of the very worst form—the Indian plague, the black death of the 14th century, which was particularly characterised by affecting the respiratory tract.

Its being sometimes mistaken for typhus, and termed, at first, *pestiform typhoid fever*, or *pestiform typhus fever*, gives us a fair idea of it; perhaps we could not better summarise it in a name than by calling it—

Exanthematic bubonic typhus, or *typhus exanthematicus bubonicus*. We have all seen typhus in its various forms and phases, and we have all seen buboes; hence I picture to myself a typhus patient with buboes in the armpits or groins, and can quite realise the fact that if it be very acute and *foudroyant* the patient may be dead before the buboes have time to develop. It strikes me, too, that a poison has impinged upon the organism and been absorbed; that a violent reaction occurs, and the patient perishes in its violence of hyperpyrexia or putridity, or the organism stands this violent onslaught, and the superficial or other glands begin to suppurate, and then the patient may die exhausted or of septicæmia, or the amount of poison being smaller it, or its resultants, are eliminated, and patient recovers.

Thus, some three years since, a peculiar epidemic occurred in Birkenhead, in which I was myself struck down, although it did not develop in me typically. I will narrate a typical case. A child fell ill with cold chills—classical rigors—and soon showed high fever, watery eyes, and then presently a measly rash. At first I had no hesitation in declaring it to

be measles. The next day the child seemed rather ill for measles, still there seemed no mistake about it; some bronchial or pulmonary congestion accounted for the extra fever and severity of the illness. Then the whole body would cover with a uniform scarlet or dusky rash, the lips begin to cover with black shreds of skin, the tongue going brown and dry, teeth covered with sordes, great weakness, and yet violent pyrexia. Then the patient would go worse, swellings of the glands under the jaw—submaxillary buboes—would occur, and perhaps suppurate, then slow tedious recovery, with shedding of the epidermis, or rapid death, the body swelling and *going black almost immediately*. This was a veritable black death, and my mortality per cent. was frightful, although only a few cases occurred. German measles was the name given to it by the doctors, and then by the people, but this is not the German measles of the authors.

I myself was stricken down in apparent health, and had just returned from a consultation with Dr. Drysdale. As soon as I reached my consulting room I had a very severe rigor, then some sore throat, hyperpyrexia, delirium, and head and spine pains. Two other adults in my practice were afflicted like me, and one died suddenly without apparent cause six weeks after the commencement of convalescence. There was no rash in the adults. Still I feel sure I caught it off children, and of the two adults in question one was the nurse and the other the father.

In this epidemic, if the children had had buboes and carbuncles instead of the cutaneous eruption, it would have come very near the description of the plague which we find in the books. Of course I do not approximate the two; I am merely endeavouring to get a concrete conception of the plague.

In the present plague there is a continued fever with lymphatic engorgement and suppuration, and, moreover, an inflammatory affection of the lungs. The follicles of the intestines are said to be not affected as in typhoid fever, and the carbuncles are said to develop in a way similar to noma.

Dr. Giovanni Cabiadis observed the plague at Hillah and Bagdad in 1876-77, and he states that *two or three months previous to the manifestion of the plague in Mesopotamia glandular swellings free from fever prevailed* in the country. They showed themselves in *the groin, armpit, or neck,* and were not accompanied by any other symptoms. They began to appear amongst the inhabitants about the end of autumn, and continued through the winter; but towards the end of it plague broke out and reached its acme of intensity in the spring, and died out suddenly during the summer season when the great heat declared itself, and the thermometer rose to 45° or 50° of the centigrade scale. During the prevalence of the plague the thermometer ranged between 5° and 30°; when it rose to 30° the disease had reached its maximum of intensity. As the temperature increased from 30° to 45° the epidemic began to diminish, and as soon as the thermometer got up to 45° it ceased abruptly. On the cessation of plague, apyretic glandular swellings reappeared again, precisely similar to those which had preceded the outbreak, and then continued to manifest themselves for about two months longer.

General Symptoms of the Plague (*Cabiadis*).

1. Prolonged shivering fit.
2. High fever. Temperature 42° 'centigrade' or more.
3. Pulse 130 or more.

A. There may be nervous tremor, prolonged regular shake (six hours to three days); patient does not complain of cold, neither does the thermometer indicate a lowered temperature, but is about normal.

B. Coma.

C. Death.

Local.

Local suppurations = Buboes, carbuncles, and abscesses.

If it should be proved that the plague cannot exist with a high temperature, the idea occurs to one's mind that it might be successfully treated with Russian or Turkish baths. If the plague cannot exist at 45° Centigrade, it seems fair to assume that a plague patient put into such

a temperature and kept there would have a fair chance of recovery.

So while cosmic and telluric influences are denied by the authors on one page, on the next, they tell us the plague has not been known in great heat.

This behaviour of the plague in regard to temperature might also point to the germ theory as the direction whence we may look for a better appreciation of its true nature; we know nothing more likely than germs to be thus affected; possibly the graft germs are so altered at a given temperature that they die or become innocuous.

If it should be shown that graft germs are the essence of the plague I should fear that homœopathy would largely fail in its treatment. I am open to conviction on this point. We might, of course, treat it with some success, nevertheless, by preventing lethal termination in the various stages through the timely administration of one of our antipyretics in the fever, and by using *Hepar, Arsenicum,* or the snake poisons, when suppuration and sepsis occur or threaten.

I apprehend we have not yet advanced beyond this in our treatment of variola, varioloid, typhoid, typhus, measles, scarlatina, and zymotic diseases generally. Still we do a great deal even here. But the same theoretical objections to the amenability of the plague to homœopathic treatment are at least equally true of diphtheria. Eberth's aphorism stands now accepted. . . . *Without micrococci there can be no diphtheria.*

Diphtheria is, also, like plague, a *miasmatic contagious disease.* In diphtheria the question—which causes the other? The local inflammatory process, the constitutional state, or conversely? On this point Oertel's pathological experimentation seems very conclusive. . . . For according to these experiments *diphtheria fixes itself at the point of inoculation*—the centre of infection, if we may so call the first part attacked, *and radiates from that place throughout the whole body.*

This view of Oertel's is in direct opposition to that which maintains that diphtheria, the poison of which has been

taken into the system in some way or other, either by the lungs, or by the stomach, or intestines, without causing any appreciable local destruction of tissue, penetrates the whole organism as a general infectious disease, and finally, advancing centripetally to a certain part, there localises itself.

Whenever the diphtheritic infecting agent finds a foothold upon the body *it always excites a local* affection *in the place where it attaches itself,* and it will thence sicken the entire organism. This, gentlemen, is the outcome of direct experiment, and cannot be controverted by mere opinion. You or I may say diphtheria is a constitutional disease and the micrococci its product, but this is mere hypothesis, and of no value as against direct scientific experiment.

Now, what is the result of medicinal treatment of diphtheria? Speaking for myself, it is eminently satisfactory. It is an established fact that dynamic medication does exercise a direct influence on the diphtheritic process constitutionally and locally. And we go into a case of diphtheria with confidence, and not hopelessly. Hence we have long since given up the throat scavenger treatment as worse than useless.

No matter, then, what the essential nature of the plague may be; no matter whether it be dependent upon parasitic bacteria or whatsoever else, we are warranted, from the past experience of good observers and from our own experience, to expect that remedial means will not be unavailing, even based on our ordinary, though not exclusive, rule of practice—the homœopathy of Hahnemann.

No doubt, in all methods of cure, it is a good old axiom *to obviate the tendency to death,* for a certain span of time is required for all remedial efforts, and hence individual cases of plague (just as individual cases of any disease) will have to be treated entirely on their own merits, and hence there is no telling what drugs may come into play in individual cases. But, probably, there would be a general type in the bulk of the cases that would admit of our affirming entirely on theoretical grounds such and such drugs will be our remedial weapons.

As a preliminary step, a careful consideration of the symptomatology of the plague will claim our attention. I will take them from Liebermeister. He says:

"The plague, in well formed *typical cases*, is a fever of the most acute and aggravated kind, accompanied with localisations in the form of buboes or carbuncles. Four stages are recognisable.

1. The stage of invasion;
2. The stage of intense fever;
3. The stage of fully developed localisation; and
4. The stage of convalescance.

Symptomatology of the Stage of Invasion.

1. Malaise, sense of illness, bodily and mental weakness;
2. Headache, fulness in the head, and dizziness;
3. The face is pale and flabby;
4. The features are distorted;
5. Eyes languid;
6. Speech awkward;
7. Staggering gait;

In fact, most authors compare the patient's condition with that of an intoxicated man; in fact, he seems drunk, but he is plague drunk.

8. Nausea, vomiting, diarrhœa, may occur. This prodromic stage is often only imperfectly developed, and lasts only a few hours, while in other cases it may last one or more days. The change from this to the second stage is marked by the occurrence of

1. Chill, slight or severe; and,
2. Fever.

So we may take the rigor as the commencement of the

Stage of Intense Fever.

1. Fever.
2. Extreme lassitude.
3. Skin hot and dry.
4. Inward heat and unquenchable thirst.
5. Eyes injected.
6. Tongue moist, broad, white, and covered with *pearl-coloured* or *chalk-like* coating.

7. Vomiting continues.
8. Pulse frequent, 120.
9. Respiration accelerated.

Soon the patient passed into a well-marked typhoid state, with wild or bland delirium, and then supervene sopor and coma. The tongue becomes dry, hard, and cracked; the tongue, teeth, lips, and nostrils are covered with a darkish mucus, or with soot-coloured crusts. Then come the signs of cardiac weakness, or paralysis; the pulse grows feeble, small, often irregular and sometimes scarcely to be felt; coldness of the peripheral parts sets in, and sometimes there is cyanosis of the lips. After the fever has continued for two or three days the buboes begin to make their appearance, preceded oftentimes by tenderness on pressure in the corresponding parts.

In this bubonic *third stage*, when the local manifestations occur, the fever as a rule diminishes, while, occasionally, at the same time the surface of the body breaks out into a perspiration, sticky in character, and having a strong odour; the pulse also grows fuller, and falls to 100, or even 90 beats, and the mind becomes clearer. The swelling of the lymphatic glands, in which consists the characteristic local manifestation, occurs oftenest in the inguinal region, though it may also occur in the axillæ or in the neck; as a rule it does not affect more than one of these regions. In the inguinal region they are usually found lower down on the thigh than the ordinary venereal buboes. Sometimes they are so small that they can be found only after careful search; in other cases they attain the size of a hen's egg, or are even larger. When they suppurate, as they often do, the case is considered more favorable; the pus is often of an ichorous nature, and destruction of the neighbouring soft parts takes place. In other cases the tumours become resolved.

The carbuncles are of less constant occurrence than the buboes, and *are usually found on the lower extremities, on the buttocks*, and on the *back of the neck*. In favorable cases the gangrene ceases to spread after a few days, and the slough separates by the process of suppuration. In

the severest cases petechiæ, vibices, or extensive ecchymoses sometimes appear just before death.

Convalescence begins generally between the sixth and the tenth days, and is often protracted by continuous suppuration of the buboes. Among the sequelæ should be enumerated parotitis, furuncle, abscesses of the skin and muscles, pneumonia, protracted fever, with continued typhoid state, dropsy, partial paralysis, mental disturbances. Genuine relapses may also take place.

Besides the typical and severe cases there are also less severe ones, which present all the essential symptoms, but in greatly diminished intensity; such cases occur specially towards the end of an epidemic, when the disease shows a less malignant character. There are also cases which could be called abortive; in these a profuse sweating, just after the appearance of the local symptoms, ushers in a rapid diminution of the fever, and all the manifestations of the disease subside. We may also meet with quite mild cases with only slight fever and without any appreciable local trouble, cases which simply consist in a disturbance of the general health, accompanied by slight fever, and running its course sometimes rather slowly. Finally, cases have been described in which buboes and carbuncles occur, while at the same time the general malaise and the fever are only slight, or do not show themselves until later, or may even be absent altogether.

Many other variations from the usual course are described.

Modes of Termination.

Death can occur during any stage of the disease. The mortality of the plague is greater than that of any other epidemic disease, being from 100 to 90, 70, or 60 per cent., rarely less than 60 per cent.

As to the morbid anatomical changes, they are comparatively slight. The only constant changes found are the enlarged lymphatic glands, within and without, at any part of the body. The spleen is almost always hypertrophied, soft, and of dark colour.

The following letter comes in here very *à propos :*

"THE PLAGUE.

"*To the Editor of the Standard.*

"SIR,—A disease (whose symptoms in many respects agree with the description of those of the Russian plague) from time to time breaks out in the Himalayas, in the district of Kumaon, in the North-Western Provinces of India. The natives know it as the 'Maha Murree,' or Great Death, and by another name, meaning the plague with swelling of the glands. The English, for the want of a better term, call it 'plague.'

"Some three weeks or so before it attacks mankind the rats in the village die; their bodies are generally bloated, and free from marks of violence. Next, as a rule, it attacks the low caste people of the village, they being the ones who most neglect the laws of sanitation; thence its spread is irregular; but a cleanly, well-fed person seldom falls a victim.

"When a man is first affected he complains of having a low fever, which makes him far more languid and miserable than the ordinary fever; two days of this utterly exhausts and prostrates him; then enlargements (usually of the size of half a cricket ball) of the glands of the armpits, neck, and groin, manifest themselves. After their appearance the sufferer seldom survives more than two or three days. During his last moments a terrible thirst comes on. In some cases the swelling of the glands subsides after death; in others it remains as in life.

"I have never heard of its having affected an Englishman. In the spring of 1877 a somewhat severe visitation of this plague was prevalent in the villages surrounding the town of Almora. Whether an official inquiry was made at that time I am unable to say. The Government of India in former times caused various inquiries to be made by its medical officers. The most exhaustive one was by Drs. Francis and Pearson, of the Indian Army, whose report might be found useful to determine the likeness or difference between the plague of Russia and that of the Himalayas, and if they were found to be one and the

same thing good would be done by enabling those who, like myself, have been in close contact with the latter complaint, to allay alarm, and to assure the public of its comparative harmlessness in a country like England, where the people are so much more healthy, cleanly, and well fed than in Eastern countries.

"It may be the distinction between these two complaints is well known and recognised by the medical profession, and that my suggestion for a comparison between them is needless, in which case pray accept my apologies for troubling you.

"I am, Sir, your obedient servant,

"March 1st. "G. L."

The treatment of the plague, says Leibermeister, consists principally in prophylaxis.

So, gentlemen, we see that the treatment of the plague by orthodox medicine is the same as in the other epidemic scourges—cholera, and yellow fever—namely, practically, none at all.

So far as I know there are no records in medicine of any homœopathic treatment of the plague, but we are in a position to set about seeking its simillimum in our rich Materia Medica. We are not confronted with sterile nihilism to start with at any rate. The diagnosis of the remedies likely to be of service in the plague is no mean work, and one which might fairly engage our serious attention in our leisure moments.

Now, to fight this foe we want a drug, some noxious agent, that will produce fever with rigors and high pulse, and kill then outright; or, being prolonged, engorgement of the glands, running on to suppurating buboes and carbuncles, or, contingently, produce apyretic glandular swellings, or long-lasting nervous tremor, coma, and death.

Such a drug being given, we dilute the drug into a remedy and put it aside, waiting calmly and confidently for the fight.

If our armamentarium contain no such noxious agent, then we should have to fight the enemy *en détail,* and meet each stage and complication with its simile. Perhaps

Aconite at the onset and *Arsenicum* and *Arnica* subsequently. But if the plague be due to a specific poison then I should not expect much from *Aconite* in the initial pyrexia.

We might have to parley with *Ailanthus glandulosa, Arsenite of copper, Cyanide of mercury, Doryphora decemlineata, Eucalyptus globulus, Mygale lasiodora, Naja tripudians, Rhus venenata, Theridion curassavicum, Lachesis, Crotalus, Apis, Cantharis, Arsenicum, Cuprum, Gelseminum, Veratrum, Belladonna,* or some deadly nosode.

I had thought of essaying a differential diagnosis of such likely remedies, but the time at my disposal did not admit of it, for it is only a few days that I had to prepare this poor paper. If I may be permitted to make a suggestion, it would be that this representative society should take up this question of diagnosing the most likely remedies for the plague if it unhappily come among us. That such a task should be *possible* we owe to the labours of the great and good Samuel Hahnemann.

TWO RARE FORMS OF SKIN DISEASE.

By J. Galley Blackley, M.B. Lond.

(Read April 3rd, 1879.)

Case 1. *Acute pemphigus, attacking the mouth, fauces, and pharynx.*—On April 16th of last year I was sent for to see Mr. A. H—, a young German, aged 30, of phlegmatic temperament and powerfully built, and who had previously enjoyed uninterruptedly good health. He came to me four months previously with a slight excoriation on the prepuce, which I touched with strong nitric acid, and after a few days of water dressing it had disappeared, and I had not seen the patient in the interval, his report being that he was perfectly well.

A week ago, being previously in his usual health, felt that he had a sore throat coming, but took little notice of it for the first day or two. At the end of three days, thinking it was quinsy, he applied to a local practitioner, and has been under his care until now.

At the time of my visit I found the patient in bed, face flushed and anxious, unable to speak above a whisper, and with constant rattling, in the throat, of mucus which he voided from time to time.

Pulse 108, full and hard; temp. 101·3°; skin hot and dry; lips parched.

On looking into the mouth I found the whole of the mucous lining of the buccal cavity swollen and congested, and covered with a white membranous coating, which hung in shreds here and there. It extended over the gums and inner surface of the lips and cheeks, covered the fauces, and spread as far as one could see into the pharynx. Here

and there the mucous membrane was completely denuded of its epithelial covering, and was bleeding. From this surface everywhere exuded a copious secretion of mixed mucus and pus streaked with blood, which exhaled a powerfully and intensely fetid odour. The secretion was so copious as to cause the patient great distress, as he had to be constantly hawking up and expectorating. Externally the glands of the neck were tumid and very painful. Owing to the difficulty of swallowing, he had taken very little food for the last two or three days.

I prescribed *Mercur. cor.* 3x, and mopped out the mouth with a solution of nitrate of silver, 20 gr. to the oz.

For the next forty-eight hours matters remained very much *in statu quo;* if anything the dysphagia increased. At the end of this time the nurse directed my attention to an eruption which had made its appearance round one ankle, and on examination I found several small bullæ there. The patient also complained of some itching and scalding, with slight difficulty in passing water, and when I came to look I found the inner surface of the prepuce and the glans almost denuded of their epithelium, and presenting, in fact, in a modified degree, the appearances seen in the mouth. As the fœtor from the mouth increased rather than diminished, I ordered a wash of Pot. Chlor. and HCl, with which the mouth was to be brushed every two hours, and substituted *Biniod.* for *Merc. cor.* The patient began to take nourishment in small quantities, although the difficulty of swallowing was great.

On the 20th the blebs on the right ankle had increased to the size of a threepenny piece, and a few smaller ones came on the other leg. The difficulty of swallowing was greater and the breathing began to be laboured. The mucous membrane lining the mouth was dusky, muco-purulent in colour, and so much swollen as to prevent his closing the mouth. The secretion had increased in quantity, and amounted to at least a quart in the twenty-four hours. The fœtor was intense. The lips were peeling, cracked, dry, and bleeding, and the tongue was dry down the centre. The pulse was 120, and the temperature 103°. I gave the

patient *Crotalus*, 3 gtt. j, 2dâ quaque horâ, continuing the mopping out of the mouth and throat with the chlorine wash. There was mild delirium at night.

On the 23rd, one week from the time of my first seeing the patient, as there was no perceptible improvement in his condition, although his strength kept up fairly well, I asked Dr. Mackechnie to see him with me. The temperature was now 102° and the pulse 112, and the dyspnœa was at times very distressing. Secretion great. Eyelids inflamed, and secreting muco-pus.

At Dr. Mackechnie's suggestion I gave the patient *Cantharis* 1x, gtt. j, 2dis horis. This was persevered with steadily for three days, but, as at the end of this time the patient's condition remained much the same, except that he was perceptibly weaker and the dyspnœa was alarming at times, I returned to the *Merc. bin.* and ordered some Champagne, to the extent of a pint daily. I also ordered him a dose of morphia to procure sleep. The rash had now faded round the ankles, and the ulcers on the prepuce were healing. The muco-purulent expectoration remained much the same.

Matters now took a turn for the better; the pulse and temperature came down, and secretion from the mouth lessened; the patient also got sleep, which he had not previously done for more than a few minutes at a time.

On May 1st I ordered him some Burgundy in place of the Champagne, and gave drop doses of *China* ϕ, along with the *Merc. bin.*

On the 5th he was up, and from this date until the 12th he continued to improve rapidly, and on the latter date was able to leave town for the country. The mouth remained red and tender for some weeks. The ankles still showed distinct red stains on the site of the bullæ, and the glans penis remained tender and slightly excoriated for some weeks. He regained flesh very slowly, and even now is not as stout as he was.

After his recovery the patient informed me that he had had a similar, though much milder attack, some years ago previous to leaving Germany.

Remarks.—The interest of this case naturally centres upon the question of the origin and nature of the disease: Was it idiopathic pemphigus? was it syphilis? or was it malarial, or the result of drain emanations? These are the questions I would throw out for discussion by the meeting.

As to the probability of its being syphilitic, he had never had syphilis before coming under my care, and the excoriation for which I treated him was not followed by any symptoms whatsoever until this attack, after an interval of five months. Since his recovery there has been no sign of its return, and, in fact, an utter absence of all symptoms beyond a little tarsal ophthalmia from which he has suffered for years.

The probability of its being malarial is not much stronger, for, although he had served through the whole of the Franco-German war, and had been subjected to severe exposure often in malarious districts, he had never had ague or, indeed, any fever.

The drainage of the house he had been living in for the past twelve months, without being very bad, was not of the best, and being in a confined part of London (Clerkenwell), may probably have conduced to a low state of general health. The other inhabitants of the house were, however, in their usual health.

Cases of pemphigus where bullæ are found in the mucous membrane of the mouth and throat as well as on the skin, although rare, have been described by several authors. Hebra* mentions only one case (that of a young lady) as having come under his own observation. Still more rarely, it has happened that blebs have been seen on the mucous tract, whilst the integument remains entirely free from them.†

Case 2. *Dysidrosis.*—In 1873 Tilbury Fox described for the first time in detail a disease resembling in many respects sudamina and miliaria, but differing in several important particulars from either. "It is characterised,"

* 'Diseases of the Skin,' New Sydenham Society, 1868, vol. ii, p. 374.

† A case of this kind is described by Rollet in the 'Wochenschrift der k. k. Gesellschaft der Aerzte' for the year 1862 (No. 19).

he says, "by the retention in the follicles of the skin, of sweat rapidly and freely secreted. It bears the same relation, in fact, to the sweat follicles that acne does to the sebaceous follicles." The disease, moreover, is of common occurrence, and is regarded as an eczema. Fox's views as to the real nature and pathology of this disease, which he has distinguished by the name *dysidrosis*, have not been unassailed, and it was whilst reading the controversy regarding it in the *Lancet* and other medical papers that the following case presented itself in my out-patient room at the hospital.

Harriet G—, æt. 45, admitted April 24, 1876. Does nothing but her own housework, including a little washing. Complains of having a rash upon the hands, which first made its appearance thirty years ago, and has returned regularly early in the summer since then. Menstruation had gone on regularly ever since. Has a family of five, all healthy. Has never had any miscarriages. General health has been good, and is now only inconvenienced by the itching and burning of the palms.

On examination the palms and sides of the fingers were seen to be occupied by a large number of minute vesicles deeply embedded in the skin; some were isolated, others aggregated into groups. Some, larger than others, bore considerable resemblance to boiled grains of sago, and were slightly raised above the level of the surrounding skin. One or two cracks existed at the bends of the fingers, and two or three of these were bent, and could not be extended. Here and there one or two of the vesicles had run together and formed small bullæ. The skin of the palm was very irritable and perspired, but was not sensibly reddened.

Looking upon the case at first as one of eczema, I ordered the patient *Rhus tox.* 1x, gtt. 4tis, and a lotion of *Rhus.* Under this treatment the rash gradually disappeared, the cuticle peeling off and leaving a non-discharging, reddened, exposed derma. The palm was then left hard and scaly, but there was no thickening or tuberculation, as in syphilis.

In 1877 she returned on the 18th of June, stating that the rash had reappeared ten days before, which was much later than usual. She felt persuaded that its duration had

been decidedly cut short by the treatment adopted the previous year, in spite of the summer months having been unusually hot.

I ordered her a repetition of the same treatment.

Came on July 1st, 1878, saying that the rash had only just made its appearance, being later than she ever remembers it. In general features it is precisely the same as in 1876, but this time is more severe, the pain and irritation being greater, small bullæ and cracks in finger-joints preventing her using the hands.

I ordered *Rhus ven.* 1x, gtt. j, t. d., and a lotion of the same.

July 14th.—Worse. *Arsen.* 3x.

29th.—Worse. *Arsen.* 3x; *Ung. Ac. Chrysophan.*

Aug. 11th.—Improving; repeat.

Oct. 7th.—Worse again. *Canth.* 1x, gtt. j, 4tis.

14th.—Same.

I saw the patient a few days ago for the first time this year, and she still thinks that even last year's attack was much milder than those she had before coming to the hospital. I had hoped to have been able to show the patient to you to-night; but, as there were as yet only the faintest possible signs of its reappearance, I did not think it necessary to take up your time. As soon as the rash is sufficiently developed, however, I will bring her down to show to the society.

Although the disease is, according to Fox, fairly common, this is the only case I have as yet diagnosed as a case of genuine dysidrosis.

With regard to the pathology of this disease, I would refer you to a paper on the "Minute Anatomy of Dysidrosis," by T. Fox and H. R. Crocker, in *Trans. Path. Soc.*, 1878, p. 264.

The disease consists essentially, according to these gentlemen, in the formation of one or more distended spots in the course of the sweat-ducts, causing in the earliest stages merely slight tumefaction, prominence or increased distinctness of the ridges of the papillæ, the openings of the sweat-follicles being more than usually distinct, and in some cases

enlarged. The distended spots increase in size and cause inflammatory changes to take place in the surrounding skin, but they are still little, if at all, raised above its surface, as in ordinary vesiculation. In many cases the opening of the sweat-duct occupies, as it were, the centre of the embedded vesicle, and can be distinguished as a minute white rim in the area of the latter.

Fox states that the individual feels weak and depressed, looks pallid, and presents the dull aspect of one suffering from slight pyrexia. In the above case the patient's general health was unaffected.

Diagnosis.—From ordinary eczema it is distinguished by its slightly inflammatory character, the absence of sero-purulent exudation or crust. On pricking the "sago-grain like vesicles" the fluid which exudes too is at first alkaline; but after a short interval it becomes distinctly acid, and is, in fact, identical in qualities with normal perspiration.

ON ISOMORPHOUS DRUGS AND THEIR PATHOGENETIC ANALOGIES.

By J. Murray Moore, M.D. Edin.

Read May 1st, 1879.)

For some years past, during intervals of study, my mind has dwelt upon the possibility and the desirability of devising some trustworthy arrangement or classification of the treasures of our vast homœopathic Materia Medica on some natural or scientific principle.

Our more or less proved remedies now amount to the large number of 670, taking *Allen's Encyclopædia* as the complete catalogue, and calculating the probable number that will appear in his forthcoming[1] volumes. Though for reference and descriptive purposes the alphabetical arrangement is sufficient, yet when we come to close study and comparison of drug action we are left in

"A mighty maze without a plan,"

or a guide, were it not for the admirable lectures of Dr. R. Hughes, and the crisp and vivid "studies in the *Materia Medica*" of Dr. Dyce Brown, of which there are too few at present for the student's requirements. But I have searched in vain hitherto for some really comprehensive and successful attempt by a homœopathic author to classify all the members of our entire Materia Medica according to their pathological, organopathic, or therapeutic resemblances. The fifteen groups of Burt's characteristic Materia Medica (based on the fallacious key-note idea apparently), and the ten groups of Dr. T. S. Hoyne's *Clinical Therapeutics*, do not seem to be formed upon any thoughtful method or intelligible principle, and neither Teste, Gross, nor Bönning-

[1] The total to the end of vol. ix is 624 (July, 1879).

hausen have successfully grappled with the difficulties of reducing to orders and classes this "rudis indigestaque moles" for the benefit of the student and practitioner. Now, surely there must exist some natural common element in our drugs, or some common phenomena in their provings, which may link them together in groups according to certain resemblances, as the botanist arranges his natural orders.

The thought has often been impressed upon me that in the case of at least the inorganic drugs a certain similarity of atomic constitution, of chemical affinities, or of crystalline form, may be found to coincide with certain correspondences of pathogenetic and pathological effects. It is true that an inquiry in this direction may not be considered of much practical importance by the practitioner of homœopathy, whose aim is, and ought to be, to select the "simillimum" to the totality of the symptoms present in every case, his study thus being rather to individualise than to classify. But if the inquiry result in facilitating the comprehensive study of our Materia Medica, the dimensions of which are becoming yearly more appalling, and in demonstrating the existence of a link between natural science and the homœopathic provings, I conceive that it is a subject full of interest to all medical men, and quite within the cognisance of the British Homœopathic Society.

In my investigations I have found it convenient to divide our Materia Medica into three sections.

1. The purely inorganic drugs, excluding vegetable acids and other allied substances.

2. The organic drugs of the vegetable kingdom.

3. The organic drugs of the animal kingdom inclusive of the nosodes.

The present communication is limited to the 1st section. The other two sections may perhaps be dealt with in future papers, the principle of arrangement being an original one in eaeh section.

Believing chemistry to be at the present day the most exact of natural sciences, its laws being now most accurately defined—though, indeed, the nomenclature of compounds, now substitutive, may yet undergo changes—I sought in

that science some element common to all inorganic medicinal substances which might serve as a basis of classification. The following suggestions from Dr. John F. Gray, the veteran pioneer of homœopathy in the United States, seemed to point in the right direction :—"It is important that practitioners should point their attention to the question whether drugs which are *isomorphous* are not on that account, allies in the treatment of disease. Thus, *Arsenic*, *Phosphorus*, and *Antimony* being eminent instances of the isomorphous relation, and being analogous in their pathogeneses, is it not very probable that these two similitudes depend on the same element in each, namely, an identical original force or power? We find these drugs chemically uniting with other substances in precisely the same atomic proportions, and producing crystals in each case of the same form." . . . "It is certainly worthy of sturdy inquiry whether isomorphous drugs can be used as substitutes for each other in any or all cases; for, if the curative power be that unknown force which determines their atomic relations and their crystalline form, then not only will a test be presented whereby the errors and falsities of pathogenetics . . . . may be corrected promptly and soundly, but, by the simple consideration of these known elements (the atomic relations and crystalline dimensions), we may be enabled to determine the therapeutic value of very many as yet untried agents of the future art of healing."

Though I could not endorse the sanguine expectations expressed in the last paragraph, yet I resolved to examine into this "isomorphous" relationship, and into the general laws of crystallography. The law of isomorphism (ἴσος equal, and μορφὴ form), first enunciated by Mitscherlich in 1819, affirms that "bodies having a similar chemical constitution have also the same crystalline form, as determined by the measurements of their angles," or, in other words, "analogous elements or groups of elements may replace one another in composition without essential alteration of crystalline form." Professor Otto, of Brunswick, writes :—"It certainly appears that isomorphism is always accompanied by a resemblance in many other properties,

and it seems as if it were a feature indicative of the closest relationship between two bodies." Professor W. A. Miller states that this discovery of the coincidence of similarity in crystalline form with similarity in chemical composition, is one of the most important generalisations yet arrived at in the science of crystallography. That it has rendered great service to chemistry by facilitating the classification of compounds, often calling attention to analogies in composition which might otherwise have been overlooked, and that in determining the chemical equivalent of a substance it is frequently of essential value. From all these quotations we perceive the chemical importance of the law of isomorphism, and I shall now state a few of its leading facts, for we shall find this law a sufficiently clear basis of classification apart from the principle of atomicity.

While the property of isomorphism can only strictly apply to compound bodies which crystallise in the same geometrical form, most chemists infer the isomorphous relation to exist between elements whose corresponding oxides of salts are exactly isomorphous. Thus, the isomorphism of the elements chlorine, bromine, iodine, fluorine and cyanogen (a quasi element), all five monatomic bodies, that is, combining with one atom of hydrogen, is deduced from the isomorphism of the chlorides, bromides, &c., of the "alkaline metals." The isomorphism of the metals copper, iron, manganese, cobalt, nickel and magnesium, is assumed from the isomorphism of the hydrated sulphates of their oxides, and calcium and zinc are added to this group from the fact of native carbonates of zinc, lime, magnesia, manganese and iron, having been found having the same crystalline form, namely, the rhombohedron. And thus, too, ammonium, a hypothetical quasi element, is deemed to be isomorphous with potassium. A few elements, such as carbon and sulphur, and some compounds, as carbonate of lime, nitrate of potash, biniodide of mercury are *dimorphous*, that is, occur in two different figures of crystallisation; and others, such as the sulphate and seleniate of zinc, are trimorphous, occurring in three different forms. In these cases I take the form most common and most permanent at

ordinary temperatures as the typical one. As various disturbing causes in the process of slow crystallisation, whether in the earth or in the laboratory, may prevent us from obtaining in some cases a perfect cube, octohedron, &c., the difference of 1° or 2° in angular measurement by the goniometer of two crystals is not deemed to negative their isomorphism.

Some substances—for example, the teroxides of arsenic and of antimony, are even *isodimorphous*, that is, each salt crystallises in two forms, and the two forms of one salt are exactly similar to those of the other salt.

The relationship between isomorphous salts *in solution* is so intimate that they can scarcely be separated by any known process. This fact may explain the well-known solvent power of iodide of potassium over iodine and over the biniodide of mercury in solution, a chemical fact that I have utilised with marked success when treating diphtheria with the last-mentioned remedy. Both these iodide salts belong to the same (the 1st or regular) crystallographic system.

It has been discovered that in double salts, of which we have several proved (alum, tartar emetic, platinum muriaticum), the two bases are never taken from the same isomorphous family.

The following is an arrangement in two classes, comprising twenty-seven groups, of nearly the whole of our proved inorganic drugs, on the basis of isomorphism, elementary bodies only constituting Class A, and compounds only being included in Class B. To complete certain groups I have inserted two drugs indirectly derived from the organic world, namely, the cyanide of mercury and the potassio-tartrate of antimony.

With a view to completeness also in Class A, I insert, in brackets, certain isomorphous elements which are not as yet proved, but of whose salts we have provings. The usual Latin nomenclature of the homœopathic Materia Medica, though inaccurate, I have thought it best to retain for the present.

The Inorganic Materia Medica Arranged on the Principle of Isomorphism.

Class A. Elements.

Group I.—Chlorum, Bromium, Iodum (Fluorine) (Cyanogen).

Group II.—Arsenicum metallicum, Phosphorus (Antimonium metallicum) (Bismuthum metallicum).

Group III.—Sulphur, Selenium, Tellurium.

Group IV.—Cuprum, Ferrum, Cobaltum, Niccolum, Manganum, Indium, Zincum (Cadmium, Calcium, Magnesium, Aluminium).

Group V.—Carbo animalis, Carbo vegetabilis, Graphites, Plumbum (Boron, Silicon, Barium, Strontium, Sodium, Potassium, Ammonium, Lithium).

Group VI.—Argentum metallicum, Aurum, Mercurius vivus, Platinum, Osmium, Rhodium, Palladium.

Group VII.—Stannum, Titanium.

Class B. Compounds.

Group I.—Kali iodatum and bromatum, Natrum muriaticum and bromatum, Ammonium muriaticum and bromatum, Mercurius iodatus ruber. 1st system (Cube, Octahedron).

Group II.—Kali chloricum, bichromicum, and permanganicum, Argentum nitricum. 2nd system (Pyramidal).

Group III.—Mercurius corrosivus, cyanatus, iodatus flavus, nitrosus, and sulfuricus. 2nd system.

Group IV.—Arsenicum album, Antimonium oxidum, Antimonium crudum, tartaricum, and sulf-auratum, Arsenicum sulfuratum flavum, Kali arsenicosum, Cuprum arsenicosum, Bismuthum oxidum, Alumen. 1st system.

Group V.—Natrum, Kali, and Zincum phosphoricum, Natrum arsenicatum and sulfuricum, Borax (Natrum biboratum). 5th system (Oblique).

Group VI.—Kali nitricum, Ammonium nitricum, Kali sulfuricum, Uranium nitricum. 5th system.

Group VII.—Zincum, Ferrum, and Magnesium sulfuricum. 5th system.

Group VIII.—Cuprum sulfuricum, Bismuthum subnitritum. 6th system (Doubly Oblique).

Group IX.—Calcarea carbonica, Baryta, Strontiana, and Magnesia carbonica, Lithium (carbonicum), Manganum (carbonicum), Kali, Natrum, and Ammonium carbonicum, Natrum nitricum. 3rd system (Rhombohedral).

Group X.—Aurum muriaticum, and Muriaticum natronatrum, Platinum muriaticum, Mercurius dulcis, and solubilis. 4th system (Prismatic).

Group XI.—Baryta muriatica, Magnesia muriatica, Calcarea chlorata, Calcarea sulfurica. 4th system.

Group XII.—Chromicum acidum, Plumbum chromicum. 3rd. system.

The crystallisation of the groups that follow is imperfect, some of these drugs being amorphous, some pulverulent, and some, like the acids, liquid at all ordinary temperatures. They are, therefore, grouped according to theoretical isomorphism, that is, according to the forms they would assume if crystallisable, judging from their atomic constitution and known chemical affinities.

Group XIII.—Alumina, Chromium, Manganum, and Zincum oxidatum.

Group XIV.—Ferrum muriaticum, Manganum muriaticum, Ferrum iodidum. 3rd system.

Group XV.—Silicea, Lapis albus, Calcarea phosphorica, Boracicum acidum. 2nd system.

Group XVI.—Aurum sulfuratum, Cinnabaris, Cadmium sulfuratum, Hepar sulphuris.

Group XVII.—Causticum, Calcarea caustica, Ammonium causticum.

Group XVIII.—Barii iodidum, Calcarea iodata, Sulphuris iodidum.

Group XIX.—Acidum (hydro-) fluoricum, Muriaticum, Phosphoricum.

Group XX.—Acidum nitricum, Nitro-muriaticum, Sulfuricum.

Pathogenetic Analogies of the Isomorphous Groups.

In comparing the pathogenesy of one drug with that of another in the same isomorphous group, we shall find always some features of general resemblance, sometimes even an

identity of individual symptoms. Chiefly the resemblance lies in the fact that the same tracts, tissues, and organs of the human body are affected by two drugs, sometimes with the same kind of action, but oftener with such a *degree of difference* as is sufficient to establish the individuality of each.

In accordance with this fact the therapeutic action of two isomorphous drugs is similar, but into this large field of inquiry I have no time to enter. One impediment to the comparison of pathogeneses on the principle of ismorphism is, that analogous salts derived from the same bases or oxides are not all proved; but still there are a sufficient number *now* described (though not when I first began to study the subject) to afford suitable material for comparison. It would have been more easy to classify with accuracy certain crystallisable drugs if the crystallographic descriptions thereof in our British Homœopathic Pharmacopœia had been more minute.

CLASS A. Elements.

GROUP I.—These three elementary bodies, Chlorine, Bromine, and Iodine (vaporised), have a most powerful affinity for the respiratory tract. All three produce the same kind of irritation upon the Schneiderian membrane, the conjunctiva, and the fauces; they all produce a dry, hacking, exhausting cough; then extending more deeply, they vary to this extent, that Iodine produces laryngitis, Bromine tracheitis, and Chlorine acute bronchitis. All three cause prostration, and long-continued debility. Chlorine is recorded to have produced hæmoptysis and apparent phthisis pulmonum (Sympt. 106 of *Allen*), and Iodine marasmus and hectic fever. No provings exist of Fluorine or of Cyanogen. The close analogies of the Potassium salts of this group will be noted later.

GROUP II.—The "metal" Arsenic is here classed with the element Phosphorus for the sake of chemical accuracy; but its provings exhibit few and indistinct symptoms compared with its teroxide, Arsenious Acid, our 'Arsenicum album.' If we compare the general effects of Phosphorus with those of Arsenic, we find that both drugs show an affinity

for the same tissues and regions, namely, for the eyelids, the gastro-intestinal mucous membrane, the kidneys, the bones, and the lobular and interlobular tissue of the lungs. Each drug gives rise to a type of low fever.

In bronchitis, phthisis, chronic diarrhœa, scrofulous ophthalmia, and malignant or phagedænic ulceration, each drug has a most useful sphere of curative action. In phthisis I have repeatedly found that where the symptoms seem to indicate both remedies, if given in alternation for a time, they have produced the best possible result, and have so cleared up the case that very shortly one of them alone has sufficed to cover all the symptoms. In fact these two have seemed to reinforce each other's action.

Group III.—The invaluable polychrest Sulphur has some of its pathogenetic effects reproduced by Selenium and Tellurium. This statement will be readily verified by reference to the headings "Skin, Eyes, Ears, Spine, Throat, Hands and Feet, Genital Organs, Sleep, and Dreams;" to quote the symptoms verbatim would take up too much space.

Group IV.—The provings of Iron and its group of elements exhibit certain correspondences, especially in the seat and character of pains. For example, compare the headaches, toothaches, and pains in the eyes of Ferrum, Cobaltum, Niccolum, and Manganum; also the laryngo-pharyngeal symptoms of the last three drugs. Now, Zincum and Cuprum differ considerably from Ferrum, but resemble each other in very powerfully affecting the whole nervous system; Cuprum causing pallor, cramps, spasms, tonic or clonic convulsions, vomiting, exhaustion; Zincum intense drawing, digging, tearing, neuralgic pains, nausea, vomiting, earthy pallor, great exhaustion, and *jerkings of the body during the night*—a minor kind of convulsion. The scanty provings of Indium remind us of those of Zincum, in their headaches, nausea, arm-pains, and throat symptoms.

Group V.—The close affinity of Carbon, Boron, and Silicon (or Silicium) is a well-known chemical fact. But of these elements we have only one, Carbon, proved; of the alkali metals none; and we are left to compare our Carbo veg.

and Carbo anim. with Graphites and Plumbum metallicum. The action of the three forms of Carbon upon the skin is not essentially dissimilar, and the mental depression, loss of locomotive and muscular power, and colic with constipation of Lead, find their feebler counterparts in the provings of of the three Carbons. Reddish or orange-coloured urine is a symptom common to the four drugs; so are "dryness of the mouth," "pain with swelling of the gums," "hoarseness and roughness of the throat," while, moreover, the clay-coloured face of Plumbum is reflected by the "pale face" and "yellow face" of Graphites and the grey-yellow complexion of Carbo vegetabilis.

Group VI.—These three rare metals, Osmium and Rhodium, resemble their close ally Platinum in their provings, but those of Palladium are withheld from us, through Dr. Lippe's omission, apparently (see *Allen*, vol. vii, p. 280). We are left to infer that Palladium produces mental and ovarian symptoms comparable with those of Platinum. Constipation, with hard stools, and inquietude of mind, are common to Osmium, Rhodium, and Platinum; the depression of sexual power in Rhodium only: illusions of sight (chromatopsia) prevail in Osmium, and of hearing in Rhodium. Aurum corresponds in its mental and sexual spheres to Platinum, and in its anti-sycotic and anti-syphilitic spheres to that of Mercurius vivus and solubilis. Hughes says, "The French experience has shown that the action of the metal (Gold) is closely analogous to that of Mercury, causing as it does its salivation (without affection of the gums) and its erethistic fever with diuresis and sweat." Hence, we can understand why Aurum is so admirable in the cure of the tertiary manifestations of mercurialised syphilis. Both drugs act directly upon the liver, upon the oculo-nasal lining membrane, and upon the testicles; and intense nervous irritability is caused by both, although the additional suicidal melancholia of Aurum is peculiar to that drug.

Group VII.—These two metals are judged by Professor Graham to be isomorphous; but the proving of Titanium, by Dr. Sharp, of Rugby, being inaccessible to me, I cannot compare their pathogeneses.

Stannum has pathogenetic affinities with Cuprum and Zincum.

Class B. Compounds.

Group I.—Of this group we may take the Iodide of Potassium, and the Chloride of Sodium as the two extreme types. Constant pain in the small of the back, turbid urine, pains in the lower limbs, excessive appetite and emaciation are common to both drugs. Both produce papular or herpetic skin eruptions or rhagades, Natrum mur. on the lips chiefly. The Bromides of Potassium, Sodium, and Ammonium are exactly alike in action, and the general symptoms of Bromism are analogous to those of Iodism. A comparison of the symptoms of the Iodide with those of the Bromide of Potassium under the headings Mouth and Throat, Head, Larynx, Genital Organs, Stomach, and Appetite will exhibit the resemblance still more closely.

The Bromide might be used as efficiently as the Iodide to treat the effects of mercurialism. Now, it is strange to find the Biniodide of Mercury, which crystallises in octohedra, one of the members of this group. But, comparing its pathogenesy with that of the Iodide of Potassium, we find the following symptoms common to both remedies:—Pains in the bones of the head, chiefly occipital. Catarrhal deafness, otalgia, catarrhal conjunctivitis, of right eye chiefly, with profuse lacrymation, fluent coryza, salivation, metallic taste, and taste of iodine, inflamed and ulcerated throat, painful and swollen tonsils, increased flow of urine, rheumatic pains in arms and legs.

Group II.—Here we have four isomorphous salts of very important and striking character. In the crude form they each part very freely with their oxygen to organic matter, they are decomposed by, and they oxidise these substances, so as to destroy vitality. The stomatitis characteristic of Chlorate of Potash is paralleled by the ulceration of the fauces and velum in Dr. H. C. Allen's heroic proving of the Permanganate; while the conjunctivitis, cardialgia, and ulceration of the stomach of Argentum nitricum have their counterparts in the provings of Kali bichromicum.

Group III.—The proved Salts of Mercury must be classed apart, as they are neither strictly isomorphous with, nor chemically analogous to any others. They all affect deeply the mucous membranes and the skin, proceeding to ulceration and sloughing; the pains in the bones they produce are very permanent. The Mercury Salts, *except the Biniodide,* are *sui generis.*

Group IV affords one of the best possible examples of the pathogenetic analogies brought to light by the isomorphous grouping. For Arsenicum album (that is, Arsenious Acid) (AsO_3) is even isodimorphous with its parallel, Antimonium oxidum (SbO_3), as defined on p. 154; and between the pure effects of Arsenical and Antimonial salts there are many striking similarities. If we contrast the whole symptoms of Arsenicum, Kali arsenicosum, and Cuprum arsenicosum on the one hand, with those of Antimonium crudum, Oxidum, Tartaricum (for I hold this to be an Antimonial Salt in its chief effects) on the other, we find the following analogies:

1. Both Arsenic and Antimony have produced congestion and inflammation of the bronchiæ and of the lobules of the lungs.

2. Both produce nausea, vomiting, gastritis, and gastro-enteritis, accompanied with extreme prostration and fever of a low type.

3. Each drug produces a white fur on the tongue, that of Arsenic being thin, that of Antimony thick.

4. Each drug produces both acute and chronic cutaneous eruptions—the Arsenical being of the Psoriasis and the Antimonial of the Ecthyma type.

5. The general phenomena of *slow* Arsenical and Antimonial poisoning are not dissimilar.

One main point of distinction is, that Arsenic makes the urine albuminous, while Antimony does not.

In producing and in curing pure pneumonia and broncho-pneumonia, Phosphorus approaches nearer to Antimony than to Arsenic, and all these three drugs produce and cure photophobia, strumous ophthalmia, and impetigo. Of the rest of this group Bismuthum oxidum resembles

Antimony in its gastric symptoms and its pains; and Phosphorus in its exhaustion and prostration. Alumen (the Potash Alum) resembles Arsenic in the burning pains it produces along the whole alimentary canal; in the thirst, the diarrhœa, the death-like faintness and coldness, and the dreams about death.

And now, as it is quite beyond the limits of this evening to further enumerate all the pathogenetic analogies of the sixty drugs included in the sixteen remaining groups, I must bring this essay to a close, inviting those who care to follow up the subject to verify at their leisure the principle and the details of this new and original classification of the the Materia Medica that I have endeavoured to lay before the Society.

FURTHER CONSIDERATIONS RELATIVE TO LOCAL APPLICATIONS.

By Richard Hughes, L.R.C.P., &c.

At our last Congress, Dr. Dyce Brown read a paper "On the Use of External Applications in Homœopathic Practice."* It grew out of a recommendation of his to the students of the London School of Homœopathy, that in obstinate cases of follicular pharyngitis they should swab the throat with a solution of *Nitrate of Silver*, which—being printed in the *Monthly Homœopathic Review*—had been severely criticised by the stricter practitioners amongst us. He has not succeeded in disarming their opposition, and Dr. Fenton Cameron has several times expressed himself adversely to the employment of such measures. Dr. Gregg, of Buffalo, U.S., had for some time previously been publishing in the *Homœopathic Times* a series of articles on the subject, in which he goes still farther than Dr. Cameron in condemning all local measures; while, in the *Bulletin* of the Société Médicale Homœopathique de France for June, 1878, Dr. Hammelrath makes as decided a departure in the other direction, advocating the direct application of the medicine which is being given internally, whenever this measure is practicable.

As the subject is thus engaging a good deal of attention and evoking considerable difference of opinion, and as it cannot be thought to have been exhausted by any of the essays upon it I have mentioned, it has seemed to be well to bring it before you this evening, and so to lay it out as to elicit fully the views of this Society upon the questions it involves.

* *Monthly Hom. Review*, Dec., 1878.

For physicians placed in the position we occupy a two-fold inquiry becomes necessary on any such point of practice as this. The first is, Is it homœopathic? does it conform to that method of Hahnemann which it is our main business to work and apply? The second is, Whether it is so or not, is the practice necessary, or at any rate advantageous?

Now, when we have to inquire as to the conformity of any therapeutic procedure to the method of Hahnemann, it is obvious that Hahnemann's own doctrine and practice on the subject—if ascertainable—must have great weight in our determination. It is not decisive, for he like other men was fallible; but it counts for a great deal. I think that Dr. Brown makes too much of the master's opposition to local applications when he says that he "strongly discouraged, or rather forbade, the use of any external treatment whatever." In the last edition of the *Organon* (§ 205), he does, indeed, speak to that effect; but only with reference to the manifestations of constitutional infection, whether primary or secondary. His objection to any local interference with these rests on the pathological ground, that thereby the natural evolution of the malady is checked, and its force either diverted to other and, perhaps, more important organs, or so pent up in the system as to be a source of continued ill-health and recurring complaints. Of course, believing as he did that all chronic disease not traceable to unhealthy living or medicinal poisoning was due either to psora, to syphilis, or to sycosis, his objection to local applications held good for most maladies of long standing. But it makes nothing in relation to acute diseases, or to non-miasmatic chronic affections; and even admits of exceptions in its own sphere, as we shall see immediately. We must inquire farther, therefore, for Hahnemann's general views on this matter.

Dr. Dudgeon, in his *Lectures* (pp. 516 and 565), mentions two exceptions as made by Hahnemann to his general rejection of topical applications. These were the use of *Arnica*, of *Rhus*, and of *Arsenicum* or heated alcohol for bruises, strains, and burns respectively, and of *Thuja* for

old condylomata. He shows, indeed, that in earlier times he availed himself more largely of such measures, but these he retained up to the last (1830-5). What, then, is the rationale of the applications now specified?

1. Bruises, strains, and burns are local injuries, which may occur in an otherwise healthy person. They are *primarily* local, and only affect the general system—if at all—secondarily and by way of sympathy. It is rational, therefore, to treat them locally, whether by medicinal agents specifically adapted to the changes the parts have undergone, or (as with burns) by a homœopathic application of temperature. The reason, I take it, why Hahnemann was content with topical treatment here, but eschewed it elsewhere, was his persuasion of the necessity of covering the totality of the symptoms, and making the medicinal action correspondent to that of the malady. All true disease, he believed (as distinct from external injury), proceeded from within—from a primary derangement of the "vital force." The pathogenetic action of medicines was similarly induced when these were introduced into the body; and hence the precept *similia similibus curentur* could only be fully obeyed when the drug corresponding to the patient's morbid state was internally administered. He says nothing anywhere that I know of in condemnation of a conjoint internal and local use of the homœopathic remedy, but seems to have been so satisfied with the former that the question of the need of the latter hardly occurred to his mind.

2. The application of *Thuja* to condylomata seems quite another thing, and Dr. Dudgeon characterises it as a departure on Hahnemann's part from his avowed principles. But let us consider the exact terms of his recommendation. In the introductory essay to his treatise on *Chronic Diseases* (at p. 106 of the first part of the second edition, 1835), after recommending the internal administration of *Thuja* 30 and *Nitric acid* 6, he goes on:—"This will suffice to remove both gonorrhœa and condylomata, *i. e.* the whole sycosis, without its being necessary to apply anything of an external character, save, in the most ancient and stub-

born cases, the touching of the larger figwarts once a day with the mild pure juice (mixed with equal parts of alcohol) expressed from the green leaves of the *Arbor vitæ.*" I think there can be no doubt of his meaning here being that he regarded these "old and stubborn" figwarts as well-nigh extra-vital things, remaining behind after the whole internal malady—"the entire sycosis"—had been cured. They were dead results of a past process, withered fruits of a germination which had ceased to proceed; they had no root in the system, and could not be reached from within, and were, therefore, best dealt with by the local application of the remedy. This, it is important to observe, is to be carried out with the mother-tincture, while for internal use a high attenuation is recommended. The infinitesimal dose was in Hahnemann's eyes most suitable to the dynamic process—the crude drug to its material results. It is another illustration of the same view when he says (in 1801),* "In cases where, along with a local affection, the general health seems to be good, we must proceed from the at first small doses to larger ones." I think that on this principle we can explain how it is that the substantial quantities of *Arsenic* given in the old school cure without much aggravation the many forms of chronic cutaneous disease to which the drug is so perfectly homœopathic. The patients thus affected are generally otherwise in good health. In this case, you cannot—as with condylomata—apply the "larger dose" locally, but you carry out the same thought when you administer it internally, leaving it to reach the skin by elective affinity.

The conclusion seems to be that Hahnemann's only objection to local applications arose from their failing in most cases to cover the totality of the symptoms. When the affection was local from the first, or had become so secondarily, he was entirely in favour of the topical use of the indicated remedy, and this in doses far more substantial than those he recommended for internal administration.

I think that we need hardly go farther in our inquiry. Local applications, under certain circumstances, are homœo-

* *Lesser Writings* (Dudgeon's transl.), p. 446.

pathic upon Hahnemann's own showing: we need not ask whether they are so in spite of his contrary judgment, or whether, not being so, they are nevertheless to be employed. The only question that remains is, how far do the local applications in ordinary use among (so-called) homœopathic practitioners conform to Hahnemann's canons?

As affections local from the first in which we employ them a good many may be ranked. There are the bruises, strains, and burns already mentioned, to which we may add—as of like character—wounds and stings. There are then several forms of conjunctivitis, and especially the various kinds of purulent ophthalmia, all of which seem to be due to the actual contact of virulent matter with the eye. Malignant pustule is often caused by inoculation at the spot affected, and involves the constitution secondarily; stomatitis, œsophagitis, and gastritis set up by irritant poisoning belong to the same category, and several affections of the skin due to external irritations. Whatever we can do in all these instances by the local application of medicines homœopathic to them, we are doing according to the method of Hahnemann.

A still wider sphere is open to us when we look for lesions which, at first the product of some internal malady, have now become local only. Almost all chronic inflammations of skin and mucous membrane, which are of fixed area and of unvarying persistence, find place here. Such are granular ophthalmia, with its pannus, and other forms of chronic conjunctivitis; chronic otorrhœa; ozæna; chronic laryngitis; winter-cough, with dyspnœa (*i. e.* chronic bronchitis, with thickening of mucous membrane); gleet; ulceration of the cervix uteri; and many local eczemas, as of the ears and scrotum, with other cutaneous affections. These morbid patches have often become as nearly extra-vital and as purely local as Hahnemann's old condylomata, and require topical treatment accordingly. Without it, indeed, they will rarely get well. In this same category might sometimes be ranged the follicular pharyngitis, the recommendation of nitrate of silver applications for which by Dr. Brown has caused so much disturbance in certain

minds. But here we are on less certain ground, as this lesion is often a symptomatic affection only,—the gouty, hæmorrhoidal, or herpetic diathesis lying in the background. It will generally, I think, be our wisdom to treat it mainly by internal medication, even though in obstinate cases we conjoin topical measures.

We are thus led to the question whether, even in local affections having a constitutional root, we do not act wisely in bringing our remedies to bear directly upon them, where practicable, while covering the totality of the symptoms by giving them internally at the same time. Dr. Dudgeon quotes several homœopathic authorities in favour of a limited use of this method,—among them Gross, who is found recommending *Lachesis, Silica,* and *Rhus* as external applications to ulcers of the leg. But this practice has now been advocated and carried out on a very extensive scale by Dr. Hammelrath. In the communication to which I have referred, he has told us how he has brought it to bear wherever available, using always the same remedy locally which, upon homœopathic principles, was being given internally. He began with affections of the eyes, and was (he says) "astonished at the results which he obtained." He then went on to affections of other parts, as the ears, the nares, the mouth, and the ano-genital region; and had the same markedly increased success as compared with that which he had previously gained from internal treatment alone. He commonly employed the remedies locally in the first trituration or (aqueous) dilution, adding lard or water as required.

I think that such practice deserves further consideration and trial; and that, although we have not Hahnemann's example or precept in its favour, it is in entire conformity with the spirit of his method. What then shall we say to Dr. Gregg, who denounces all local measures, even to the pulling out of an aching tooth or the poulticing of a gum-boil? I think it is quite possible to agree with him also in substance, though we cannot follow him into all the details through which he would carry us. The arguments and facts he brings forward relate to violent repressive measures

—cauterisations and such like, and to morbid states in which the possibility of metastasis exists. In such maladies and by such means topical treatment is indeed to be condemned; and it is one of the great benefits conveyed by homœopathy that its practitioners have always set their faces against it. How many affections of the brain, eyes, and ears have resulted in children from the forcible suppression of eruptions on the head! and from how many have we saved them by our invariable practice of curing such eruptions from within!

But this brings us to the question of the *nature* of our local applications. Hitherto those we have had before us have been chiefly such as consist of the drugs internally homœopathic to the malady present, *i. e.* capable of producing something like it from within. Such is the relation of *Arnica* to bruises, of *Rhus* to strains, of *Arsenicum* to burns, and of *Thuja* to condylomata: to the same class belong the topical applications of Gross and of Dr. Hammelrath. But Dr. Brown would carry us farther. He would embrace in his means of treatment remedies locally homœopathic to the lesion, *i. e.* capable of inducing its *simile* when externally applied, and thus only. He would take up the words of Trousseau: "The primary effect of nitrate of silver and similar agents is analogous to that produced by inflammation, and it was easy to understand that inflammation artificially induced in tissues already the seat of inflammation led to a cure of the original inflammatory attack. When this view was once acquired, there flowed from it the great therapeutical principle of *substitution* which, at present, reigns supreme in medical practice." Replace (as Trousseau himself warrants us in doing) "substitution" by "homœopathy," and (Dr. Brown says) we have the justification of any topical treatment of this kind which we may find desirable.

I do not see how his position can be controverted, so long as he deals with lesions primarily or secondarily local only. *Cantharis* is homœopathic to a burn or scald, because its external employment causes similar inflammation and vesication, not because of any symptoms resulting from its

internal use. Yet it is homœopathic, and its curative action is undoubted and most satisfactory. The same drug, employed as a blister, if applied to the thorax of a healthy animal, produces a patch of inflammation in the subjacent pleura. Though we had no evidence of its power to cause pleurisy when taken by the mouth, we should yet be quite justified in claiming for homœopathy any benefit which blistering can produce in this malady. Similar reasoning may be used in all cases in which a local irritant is applied to cure a local inflammation.

But I cannot go with Dr. Brown when he attempts to explain the rationale of the process, and upon the basis of the theory propounded to advocate the use of other applications not provedly homœopathic to the case. He supposes that irritants act by causing primary contraction and secondary dilatation of the blood-vessels, and that, when applied in moderate strength to an inflamed part, they induce their primary influence only upon it, contracting its vessels, and so reducing its hyperæmia. Any substance or agent, therefore—as temperature or astringent drugs—which can contract the vessels is suitable for the purpose, and is presumably homœopathic to the mischief; for, if it can primarily contract, it can secondarily dilate. I have more than once given my reasons for believing that this is a very imperfect account both of inflammation and of the action of irritants; and I cannot think that we are warranted in assuming its truth and acting upon it. I would remind Dr. Brown of what Dr. Drysdale has said about "substitutive" treatment. "The cure also is only partial, and consists most probably in mere constriction of the capillaries without removal of the other elements of the morbid process, for dilatation of the capillaries or mere hyperæmia does not of itself constitute inflammation, as is well shown by Virchow, although it is essential to the manifestation of all the prominent symptoms."*

I cannot, moreover, assent to the explanation which would resolve all the effects of hot and cold applications into similar changes in the calibre of the small vessels.

* *Brit. Journ. of Hom.*, xxvii, 500.

Cold has its own physical effect in robbing an inflamed part of its preternatural heat, which should be taken into account; and such pleasant warmth as is ordinarily applied in poultices and fomentations rather relaxes the muscular coats of the arteries than contracts them, as any one can see by applying a hot sponge to the surface of his body. It probably does this by raising the whole vital energy of the part, and so inducing a fuller afflux of blood to it. I must urge my esteemed colleague to look a little beyond nerves and blood-vessels in his explanations of pathological conditions and pathogenetic effects, if he would satisfy all the requirements of the case.

These, gentlemen, are the views I would submit to you on the subject of local applications. They do not, as you will have perceived, involve the advocacy of any indiscriminate use of such measures: they are, indeed, only an extension of the principles laid down by Hahnemann himself, and an application of them to instances beyond the range of his recorded perception. They should not, therefore, I submit, receive the condemnation of the most devoted follower of the master; and the practice to which they lead should not be stigmatised as any departure from the method he has bequeathed to us.

ON PROGRESSIVE PERNICIOUS ANÆMIA AND ITS SUCCESSFUL TREATMENT.

By Charles Harrison Blackley, M.D.

(Read June 25th, 1879.)

Mr. President and Gentlemen,—Progressive pernicious anæmia, the malady of which I have to speak on the present occasion, is thought to be a new disease in this country, and is said to be one of the most intractable and fatal diseases ever known. In an article which appeared in the *Medical Times and Gazette* in November, 1874, the writer states that no case had been reported in Great Britain; and apparently impressed with the virulence and almost constantly fatal character of the malady he concludes his remarks in the following words:—"Unless improvement in the treatment of disease goes hand-in-hand with the discrimination of the various forms of disease science alone and not the sufferer will be benefited."

Professor Lebert, of Zurich, wrote on the disease as early as 1853, and claims priority in describing it. He prefers to give it the name essential or idiopathic anæmia, the term *essential* simply implying that its causes are unknown. Later on it has been described by Biermer, Zimmerman, Gusserow, Ponfick, Zenker, Bramwell, and others.

The leading symptoms of the malady are extreme paleness of the skin, with swelling of the feet, face, and hands; failure of the appetite and feeling of pressure in the epigastrium; transient diarrhœa; attacks of feverishness, in which the fever assumes no particular type; anæmic murmurs; *no actual diminution of the fat covering the body.* As the disease progresses there are ecchymoses on the retinæ, and hæmorrhages from the kidneys and from the

lungs and nose. Transient attacks of paralysis are also sometimes noticed. Post-mortem examinations have invariably revealed partial fatty degeneration of the small vessels of the various organs and of the muscular structure of the heart, and more especially of the papillary muscles.

Up to the time I write five cases of the disease have come under my notice. Four of these have been under my own care. The remaining one has been under the care of an allopathic friend, who has kindly allowed me to examine the patient from time to time. Of this I shall speak further on.

The first case I ever saw came into my hands on the 24th of February, 1874, ten months before the appearance of the article from which I have quoted. The patient was a gentleman in his sixty-first year, and who, before the beginning of this illness, had enjoyed tolerably good health. He had led a remarkably regular life, and had never been in any district where he would be likely to be exposed to the influence of malaria.

On his first visit to me he complained of loss of appetite, with pain in the epigastrium and in the head. He had also occasional attacks of drowsiness. As I was not able to spare time for a full inquiry into his case at this visit, *Ac. nitro-mur.* 2nd dec. with *Bell.* 2nd dec. were ordered as temporary remedies, and the patient was requested to write out as full a history of the case as he could give before his next visit to me.

On March 6th the patient saw me again and gave the following sketch of his case. Early in 1872 he began to have what were thought to be bilious attacks. There was loss of appetite, and at times severe attacks of nausea and vomiting, with flatulence, and now and then a passing attack of diarrhœa. The skin was sallow, and the urine was sometimes more deep in colour than it had been in health. He consulted one of the leading physicians in Manchester, who told him he thought he was troubled with gall-stones. The principal medicines ordered were *Tinc. Rhei* and Dinneford's fluid *Magnesia.* No improvement followed this treatment, and he went to Jersey for a month,

but derived no benefit from the change. He next gave up business, and had a stay at Harrogate for a time. During this time he consulted several medical men, and subsequently he had a course of hydropathic treatment, but got gradually weaker and thinner.

In the February of 1874 he came to consult me. Some of his symptoms were to me, at that time, somewhat remarkable. The skin was of a pale yellow colour, as if there was a mixture of slight jaundice, with a good deal of anæmia. The gums, tongue, and the palpebral conjunctivæ were much paler than in health. The pulse was 66, weak, and very compressible. As long as the patient kept still there was nothing abnormal in the sounds of the heart, but if he exerted himself there was a slight mitral bruit. He also complained of a sense of oppression in the region of the heart, with some difficulty of breathing if he hurried or ascended a hill at more than a very slow pace. On percussing the chest I found decided dulness at the base of the left lung, extending for quite two inches upwards, and over quite two thirds of this dull space no respiratory murmur could be heard. There was a slight cough, with scanty expectoration of semi-transparent, adhesive sputum, which was not at any time tinged with blood, and he had no pain in the affected part.

One of the remarkable symptoms was the degree of atrophy present in all the muscles that could be readily seen, such as the gastrocnemius and the biceps; whilst at the same time the fat in various parts of the body was apparently not diminished. One very important symptom, too, the patient had omitted mentioning in his report and at his first visit. For some time he had had attacks of chilliness over the whole body, coming on without apparent cause, and for quite a couple of months these attacks had taken on a form closely simulating ague. There was the usual chilly stage with its shaking fit, then the hot stage, and, finally, the sweating stage. The attacks were, however, very irregular, the intervals between each varying from five to fifteen days. *Quin. disulph.* 2nd dec. trit., gr. ss, quater in die, was ordered.

On March 11th the report was that he had had one attack of the chill and fever, but that this had been of a milder character. In other respects he was much the same. At this visit I examined the blood under the microscope, and found what was then to me a very remarkable condition of the red corpuscles. This consisted in an alteration in the shape of the cell. In some this alteration amounted only to a very slight approach to the ovoid form, others were distinctly pyriform, and some flask-shaped. Between these extremes, however, all grades approaching either one or the other might be found. The proportion of distorted cells seemed, as far as I could tell, to be about one in fifty. Another remarkable circumstance was that I imagined I saw some of the blood-cells alter their shape, as if they took on some degree of amœboid movement. This phenomenon was so unusual that I concluded it must be a mistake, and that it was probably due to a change in the position of the cells. For reasons which I shall presently give I believe now that it was not a mistake, but that the phenomenon was correctly observed. *Quin. Arsenitis* 2nd dec., gr. iiss, quater in die, was now ordered.

On March 23rd the patient reported himself again. There had been one very slight attack of ague. There was an improvement in the breathing and in the walking power. The mitral bruit was not so loud when he exerted himself. The extent of dulness at the base of the left lung was also perceptibly less. I now ordered *Quin. disulph.* 1st dec. trit., gr. j, quater in die ($= \frac{1}{10}$ of a gr), and *Kali arsenit.* (*Sol. Fowlerii*) 1st dec., gtt. ij, quater in die ($= \frac{1}{600}$ of a gr. of *Arsenic* for each dose). From this point the patient made a steady and continuous improvement, and by the latter end of May was fairly restored to health, the same medicines and the same doses being used up to that time. During the time he was under treatment the patient gained weight rapidly, and at the termination of it he was four to five pounds heavier than he had been for many years. So far there has been no return of the symptoms, and I have lately (on June 20th) had the opportunity of examining the blood under the microscope again, and find no trace of the

distorted cells. The patient seems, for a man of his age, to be in an excellent state of health.

Case 2.—I. L—, æt. 58, came under my care on January 1st, 1878. Had been ill a year and a half. Up to the commencement of this illness he had enjoyed good health on the whole. The symptoms for a time were very indefinite. First a feeling of malaise and weakness without any pain, then occasional attacks of diarrhœa of a mild character, and lasting not more than a day. Then there was loss of flesh, with a sense of extreme weakness of the lower limbs, with palpitation of the heart and some difficulty of breathing when he hurried. Later on there was swelling of the feet and hands at times. His hair began to fall off, and went very rapidly grey during the illness.

At the time I first saw the patient most of the above symptoms were present in a marked degree. The weakness in the lower limbs had become extreme. The wasting of the muscles of both the upper and lower extremities was also a very prominent symptom, whilst the quantity of fat was not much, if any, less than in health. The colour of the skin was, however, one of the symptoms that attracted my attention as much as any. It differed very decidedly from that of the first case, and on that account led me to suspect that it might prove to be one of those cases of Addison's disease which Sir Thomas Watson says is due to cancer of the supra-renal capsules. The skin was of a greenish-yellow colour, with a tinge of brown in it, as if it had been slightly jaundiced and had then been lightly washed over with walnut juice. The gums, tongue, and inner surface of the lips and eyelids were extremely anæmic, and there had been occasional attacks of bleeding from the nose and gums. The pulse was 70, weak, and compressible. There was also a mitral bruit when the patient moved about. He was also at times low-spirited and fretful, and wept at the least thing. The quantity of urine was normal. The sp. gr. was 1018, and there was no albumen present. Ordered trituration of *Merc. dulc.* 3rd dec., gr. x, ter in die, with *Tinc. Arsen.* 3rd dec., gtt. ij, ter in die (= $\frac{1}{500}$ of a gr. for a dose).

On January 5th the patient was weaker, and on exami-

ing the chest I found dulness at the base of the left lung, quite to one fourth of its extent. In other respects the symptoms were much the same. To continue the remedies.

11th.—The report was that the weakness had increased, the palpitation and oppression in the breathing being very troublesome if the patient hurried. There was swelling of the feet and hands towards evening. The quantity of urine still normal. Specific gravity same as before. To continue the medicines, but to increase the dose of *Arsenicum* to gtt. iij.

22nd.—No improvement since last date. An appointment was made on this day to examine the blood under the microscope. This examination was made on the 25th, and revealed the true nature of the disease. The blood was crowded with distorted cells, fully one third of these being more or less mis-shaped. The amœboid movement was also seen in a more distinct manner than in the blood of my first patient; still I could hardly persuade myself that the phenomenon was real. The retinæ were also examined, but no ecchymosis could be seen. The mitral bruit was still present. The dose of *Arsenicum* was again increased to gtt. iv, ter in die. The *Merc. dulc.* was discontinued.

28th.—Since the last date there has been some epistaxis and some bleeding from the gums. Petechiæ have appeared on the anterior surface of the thorax. In other respects the symptoms are much the same. To continue the remedies, but to take five doses per diem, and to take *Tinc. Ferri mur.* θ gtt. j, quater in die, in alternation.

February 15th.—On this day the blood was again examined under the microscope. The proportion of distorted cells was about the same. The anæmic appearance of the various mucous membranes was quite as marked as before. The skin was rather darker in colour, and still had the peculiar tint named above. Since the last date the patient has had several slight attacks of diarrhœa with stools of a greyish colour. Twice he has had transient feelings of chilliness over the whole body, but more distinct down the

spine. Ordered *Quin.* 1st dec., gr. ss, quater in die (= $\frac{1}{60}$th gr. per dose), in alternation with *Arsenicum* 3rd dec., gtt. v, quater in die.

17th.—Up to the last date the temperature had been nearly at the normal average; to-day it is 101·5°; still, the patient says he feels better. To take *Quin. disulph.* 1st dec., gr. j, quater in die. *Arsenicum* as before.

20th, 9 a.m.—For the last two days the temperature has been at an average of 98·3°; to-day it is 103·3°. Has had two movements of the bowels with soft light-coloured stools. Appetite bad, tongue dry and slightly brown. At 6 p.m. had a severe shaking fit, which was followed by a hot fit, and afterwards by a drenching perspiration, which lasted about an hour and a half. Medicines to be continued, but to take a dose every two hours.

23rd.—Feels better; pulse stronger, 80; tongue cleaner; no hæmorrhage; no diarrhœa. Morning temperature 98·8°; evening, 98°. Continued remedies.

24th.—Temperature (9 a.m.) 99·8° (6 p.m.) 100·9°; pulse 96 on both occasions. Continued remedies.

25th.—Has perspired heavily in the night. Temperature (10 a.m.), 98·2°, pulse 92; (8 p.m.) 102·7°, pulse 100. Has had a large amount of bloody expectoration during the night. The dulness at the base of left lung has increased in extent, and there is distinct crepitation at the superior margin of the dull portion. To have *Phos.* 3rd dec., gtt. ij, with *Quin.* gr. j, and *Arsenicum*, 3rd dec., gtt. vij. Each to be given every three hours in alternation.

26th.—Has had a good night. Sputa not tinged with blood, but still copious and tenacious. Temperature 99·3°; pulse 90. Continue remedies but to take the *Phos.* in doses of three minims.

27th.—Petechiæ on the anterior surface of the chest more perceptible than they have been at any time. Cough much less troublesome. Expectoration lessened. Sputa not tinged. Temperature (10 a.m.), 101·4°; pulse 96; (8 p.m.), 100·7°; pulse 90. To have *Quin.* gr. iss for a dose. The other remedies as before.

28th.—Feels better; has some desire for food. Tongue

clean, but too red. Average temperature (night and morning), 98·4°; pulse 82 From this point the dose of *Arsenicum* and of *Quinine* was gradually increased, until the patient was taking gr. v of *Quin.* eight times a day, and $\frac{1}{60}$th of a grain of *Arsenic* the same number of times. Except on two occasions, when the sputa were tinged with blood, the *Phosphorus* was discontinued. A decided change was now manifested. There had been signs of improvement before, but always followed by relapse. The cause of this I did not learn until later on. The patient began now to take food freely and to enjoy it. From being so weak that he could only just sit up in bed he soon was able to walk about the room. The dulness at the base of the left lung diminished more than half its extent. The atrophy of the muscles was perceptibly lessened. The diarrhœa had all but ceased, and the stools were for the most part formed, though still lighter in colour than in health. The breathing power on exertion was decidedly better and the mitral bruit had entirely disappeared.

March 10th.—The average of the morning and evening temperatures was 98·2°; whilst the pulse was 68, and of fair volume. This improvement continued until March 22nd, the average temperature for the previous seven days was 98·3°—the highest being 98·7°, whilst the highest rate of the pulse had been only 72. On March 23rd, the patient had several hours of severe mental excitement on account of some unpleasant and critical business matters. On the following day the temperature had gone up to 100·1°, and the pulse to 90. The effusion at the base of the left lung now rapidly increased again. A very slight exertion brought on palpitation and there were occasional attacks of hæmoptysis with profuse expectoration of the adhesive sputum. The *Phosphorus* was given again along with the *Arsenicum* and *Quinine*. On the fifth day of the relapse effusion at the base of the right lung came on; the feet and legs began to swell, and there were also signs of effusion in the heart sac. These unfavourable symptoms went on increasing until the 15th of April, when the patient passed away, the immediate cause of death being

apparently failure of the heart. I regret that circumstances which I could not alter prevented me making a post-mortem examination. After the patient's death I learned that during the time I had attended there had been several periods of worry and mental excitement, but none that at all compared with the last one. It is highly probable that these disturbances would partly account for my want of success in the earlier part of the treatment.

Case 3.—R. E—, æt. 40, a nephew of the last patient. Began to feel out of sorts eighteen to twenty months ago. The appetite was impaired; had slight cough with hawking up of mucus from the larynx. No pain anywhere at first. Two or three months after the appetite began to fail a change in the colour of the skin was noticed; then he began to be easily exhausted on making any exertion, and soon he began to have palpitation of the heart if he hurried much. There was no marked tendency to diarrhœa in the early part of his illness.

The patient first consulted me before there was any discoloration of the skin, and, indeed, before there were any symptoms which would lead one to suspect it was a case of idiopathic anæmia. For some months I lost sight of the patient, he having in the meantime placed himself under the care of his family medical man, who, as I understand, believed it to be a case of disease of the liver.

On March 25th, 1878, the patient consulted me again. There was then no difficulty in recognising many of the leading symptoms of pernicious anæmia. *Quinæ Arsenit* 2nd dec., gr. j, ter in die, was prescribed. This was subsequently changed for trituration of *Arsenicum* 3rd dec. gr. j., quater in die ($= \frac{1}{1000}$th of a grain). The dose was slowly increased to gr. iij. of the same trituration four times a day. Under this treatment a gradual but very steady improvement went on, but at the end of June I again lost sight of the patient for nearly five months. In the month of November he called upon me again, and such had been the increase in the gravity of the unfavorable symptoms that I quite despaired of his recovery. He had lost weight rapidly; the weakness had become extreme; he had

palpitation of the heart and difficulty of breathing if he moved quickly. The colour of the skin was nearly as pronounced as that of the last-named patient. The palpebral conjunctivæ as well as the gums and tongue were anæmic looking. The blood, when examined under the microscope, was seen to contain a very large number of the distorted corpuscles, a large proportion of these being flask shaped. The amœboid movement was seen very plainly in the red corpuscles. So far as I could judge, the white cells of the blood were not in excess of the normal proportion. To take *Arsen.* 3rd dec., trit., gr. iss., quater in die, and *Quin.* gr. $\frac{1}{3}$ quater in die. The improvement was at first slow, but it was steady.

On December 5th, at the request of friends of the patient, one of the leading allopathic physicians in this city saw him in consultation with me, and suggested the administration of *Phosphorus, Iron* and *Nux vomica,* in the form of Kirby's pilules. I suggested that we should try the *Phosphorus* first in alternation with the two remedies I was already using, and accordingly pilules containing $\frac{1}{100}$th of a grain of *Phosphorus* were ordered. For two or three weeks the improvement was not very rapid. The dose of *Arsenic* was increased to gr. v, 3rd dec., trit., whilst that of *Quinine* was diminished to gr. $\frac{1}{5}$th, and that of *Phosphorus* to $\frac{1}{200}$th of a grain. With this alteration a more decided improvement began to manifest itself.

On January 7th the report on my note-book says, "Patient is much better; can walk up a hill with less fatigue and palpitation. No bruit when quiet. The colour of the skin has evidently improved. Examined the blood under the microscope, and found a marvellous alteration for the better in it—not more than one corpuscle in fifty being distorted, and the tailed cells being very few in number. The loss of muscular substance has evidently been arrested. Appetite better; hawking up of mucus from the larynx much diminished." To continue *Phos.* and *Arsenicum* only.

On the 31st the report was, "Continues improving; has gained 5 lbs. in weight during the last twenty-five days. Has now no feeling of exhaustion on ascending a hill.

Pulse steady; heart-sounds normal. To continue the remedies.

May 23rd.—With the exception of some pain in the loins and some drawback caused by slight cold got by exposure, the improvement has continued, and but for the pains in the loins the patient would consider himself nearly as well as he has been for years.

On this date (May 23rd) the blood was again examined under the microscope, and was found to contain only a very small number of slightly altered cells, and no flask-shaped cells could be found.

Case 4.—A lady, æt. 55. This patient came under my care two years ago for what appeared to be attacks of angina pectoris. These came on irregularly, and often without apparent cause, but at any time a sudden movement of the body, or even a sudden turn of part of the body would bring on an attack. The pulse was always rapid and irregular at these times, but there was no bruit to be heard on applying the stethoscope to the chest. At other times the pulse was steady and of fair quality. There was no history of rheumatism or gout in the case. There was no great appearance of anæmia, and, although the patient had suffered in a similar way for a year or so before she came under my care, I judged that her colour had been much the same for many years. There was, however, the slightest degree of sallowness in the colour of the skin. There was no swelling of the hands or feet, and the urine was normal in quantity and quality. Various remedies were administered without any permanent improvement. Six months ago the patient began to complain of a feeling of chilliness over the body, and especially down the spine. Following this, there were attacks of exhaustion that compelled her to lie down for a time. So far as I could judge there had been no great loss of muscular substance. At this time I did not suspect this to be a case of idiopathic anæmia. The attacks of chilliness increased in severity, however, notwithstanding the administration of what I considered suitable remedies, and ultimately they assumed the form of mild attacks of ague. *Quinine* gr. j., 2nd dec.,

trit., with *Arsenicum* 3rd dec., gr. j., were now administered; a dose of each four times a day. At first there was no apparent alteration, and the dose of *Quinine* was gradually increased to gr. ij, 1st dec. trit. There was at once a decided improvement in the character of the ague-like attacks, but the attacks of exhaustion still came on. I now examined the blood under the microscope, and found some distorted cells. These were, however, very few in number, and there was none of the amœboid movement. The dose of *Quinine* was again slightly increased, and *Phos.* 3rd dec., gtt. iv, ter in die, was ordered to be given as an intercurrent remedy. The *Arsenicum* was discontinued whilst the *Phos.* was in use. From this point a steady improvement set in. The attacks of ague have now entirely disappeared, and the attacks of angina are so slight and come on at such long intervals that the patient considers herself well. The feeling of exhaustion does occasionally trouble her, but it is so slight it causes no inconvenience.

Case 5.—During the attendance of patient No. 3 I happened one day to speak to my friend and neighbour Dr. George Bowman, of the fact of my having a case of idiopathic anæmia under my care, and of the very satisfactory results that had followed the line of treatment I had adopted.

As the patient was coming up to my house on the following day to have the blood examined, I invited my friend to see the peculiar form the red blood-cell assumed. As he had not seen a case of the kind before, he was glad to accept my invitation. When the blood was examined there was some difficulty in showing the more extreme forms of the distorted cells, owing to the great improvement that had taken place since the last examination. There was, however, a sufficient number of them to give a clear idea of their character. A few weeks later, Dr. Bowman informed me he had a similar case just come into his hands, and invited me to see and examine the patient. I did so, and could only confirm the diagnosis. It was a fairly typical case of progressive pernicious—or, as Lebert calls it, idiopathic—anæmia, in most of the essential symptoms

of the complaint. The condition of the blood was, however, the thing that attracted my attention the most, and it was indeed principally on this account that I wished to see and examine the patient. Of this I shall speak after giving the following sketch of the case, the notes for which Dr. Geo. Bowman has kindly furnished me with.

"March 8th.—J. C—, æt. 45, foreman in an iron foundry. Blanched waxy appearance, conjunctivæ almost bloodless; weight, 11 stone 4 lbs.; has lost weight the last few months; usual anæmic symptoms well marked; occasional dyspnœa; coldness of extremities. Microscopical examination revealed a very large number of the pear-shaped corpuscles in the blood. Was ordered the following mixture:—

℞ Quin. gr. j;
Ac. nit. fort. ♏ij;
Liq. Arsenicalis, ♏xvj (B.P.);
Aq., ℥viij, ft. mist.;
℥ss three times a day.

This mixture was continued for about six weeks when the amount of *Quinine* was gradually raised to gr. iss in the ℥viij. A solution of *Hydrobromic acid* as a solvent for the *Quinine* was substituted for the *Ac. nit.* With this alteration only the medicines are still taken.

Progress. March 15th.—The second time the blood was examined (that would be about ten days after being under treatment) amœboid properties were noticed in the red corpuscles. Most marked at first they gradually became less noticeable till at the end of six weeks they could not be distinguished. The number of misshapen red corpuscles also gradually diminished till at the present time (June 19th) they can scarcely be detected. The physical condition also has wonderfully improved. The anæmic symptoms have almost disappeared. The muscles of the limbs feel firmer and harder, but there is no increase in weight. Patient now considers himself in very good health."

Amœboid movements of the white cells of the blood, in inflamed tissues, were observed by Addison in 1842, and by Waller in 1846. Later on the same phenomenon has

been observed by Professor Cohnheim and others, and it is curious that before these cells penetrate the walls of the capillaries they alter their form and take on the shape of the distorted cells in idiopathic anæmia. I am not, however, aware that any author has noticed the amœboid movements of the red corpuscles when floating freely in the liquor sanguinis. In the case before us this movement was much more strongly marked than I had seen it in any of my own cases. I was careful to use the same object-glass and eye-piece I had used in other examinations (Powell and Lealand's quarter-inch objective). The blood was placed under the microscope direct from the arm as quickly as possible, and the slide had a cell upon it to protect the corpuscles from the pressure of the thin cover. Dr. Bowman, senr., at whose house the patient was, examined the slide immediately after me, and before I had said anything about it detected the amœboid movement, whilst almost at the same moment Dr. Geo. Bowman saw the movement in the specimen he had just placed under his own microscope.

It is sometimes exceedingly difficult to distinguish alteration of form from mere alteration in position in a semi-transparent object under the microscope, and one may well claim to be excused for feeling doubtful about the matter even after the most careful observation, and the more especially so when, so far as we know, no author has alluded to the phenomenon before. But after the independent testimony gained in the way I have described, it is, I think, fair to conclude that the amœboid movement is an occasional if not a common occurrence in the blood of patients suffering from idiopathic anæmia.

This malady has many points of resemblance to other diseases in which anæmia is a prominent symptom, as in albuminuria, leucocythæmia, in Graves's or Basedow's disease, in Hodgkin's and in Addison's disease. T[illegible] consideration of these the time at my disposal [illegible] permit me to enter. So far as is at present k[illegible] ever, the form of the distorted blood-cell disti[illegible] malady from all allied diseases.

Of the etiology of idiopathic anæmia very little is known. Lebert believes that pregnant, or recently delivered women are especially predisposed to it, and that the condition in which women are at such times furnishes a starting point for the malady. But this does not explain why it should attack the male subject in whom such a condition cannot be set up by the same means. Lebert also believes there is a special neurosis of the great sympathetic. It is highly probable that this is so, but even if we admit this the statement scarcely goes far enough. It may fairly be asked—"what are the causes of this neurosis?" This we do not at present know. In four out of the five cases given above disappointed hopes, mental worry, and anxiety seemed to have been the starting point.

According to Dr. Greenhow the chemical composition of the blood does not undergo any alteration in this disease, and the white cells are said not to be increased in number. Hitherto the terrible character for fatality the malady has acquired seems to have been fully justified as almost all the cases on record have proved fatal. It remains now to notice more or less briefly some points in the pathogenesis of the remedies used in the treatment of the cases cited above, and in doing so I shall refer to the symptoms produced by the drugs only so far as they correspond with those of pernicious anæmia. For those who wish to examine more fully into all the various phases of the effects of the drugs I have spoken of, I cannot do better than recommend a perusal of Dr. Allen's admirable *Encyclopædia of Pure Materia Medica*, a work which stands unrivalled for the fulness and accuracy of the information it gives. Of the pathogenesis of *Quinine* I shall say but little, as I regard it as useful only in some phases of the disease. It has, however, some points of resemblance in the symptoms it produces when compared with those of the disease; one of these is the character of the fever as seen in three of the cases I have given.

We will now pass on to notice some of the effects produced by *Phosphorus* in cases of acute and chronic poisoning. The following are amongst its symptoms: Distension and

pain in the epigastrium;[1] great loss of appetite;[2] nausea;[3] copious and sometimes violent bilious vomiting.[4] In one case the vomited matters were found to consist of a fatty substance and blood corpuscles; *these latter being mostly mis-shaped.*[5]

Paleness and yellow colour of the face;[6] swelling and œdema of face;[7] jaundice of a yellowish-brown colour;[8] jaundiced look of face; jaundice[9] (general); rapid emaciation;[10] great weakness;[11] extreme anæmia;[12] bleeding from the nose, gums, and from the lungs;[13] ecchymosis on the skin[14] (petechiæ); drowsiness;[15] palpitation and weak action of the heart;[16] bruit with first sound of the heart;[17] fatty degeneration of liver and other internal organs.[18]

The symptoms produced by *Arsenic* are, if anything,

[1] Huber, 'Deutsch. Archiv f. Klin. Med.,' 1868, p. 611.

[2] S. J. Flugel, 'Vjs. f. Gesammt. Med.,' 1856, p. 90—297.

[3] Morse, 'U.S. Med. Investigator,' 1878, p. 488.

[4] Schultz und Reiss, 'Annal. der Charité Krankenhäuser,' Berlin, 1869.

[5] Ozanam, 'L'Art Médical,' 19, p. 146.

[6] Ogston, 'Brit. and For. Med.-Chir. Rev.,' 1861, p. 350. Kohler, 'Berlin Klin. Woch.,' 1870. Biermer, 'Cor. Bl. Schweiz.,' 1873, p. 269.

[7] Paget, 'Med. Times and Gaz.,' 1862. Blix, 'Gazette Hebd., 1866.

[8] Schultz und Reiss, 'Annal. der Charité Krankenhäuser,' Berlin, 1869.

[9] Meyer, 'Virchow's Archiv,' 1865. 'Edin. Med. Journ.,' Oct., 1860. Taylor on 'Poisons,' p. 276.

[10] 'Annales de Therap.,' 1846. Ogle, 'Med. Times and Gaz.,' 1865.

[11] Pastau, 'Virchow's Archiv,' 1866. Haselhorst, 'Inaug. Diss.,' Berlin, 1868.

[12] Fournier and Ollivier, 'L'Union Médicale,' 1868, No. 86.

[13] Paul, 'Edin. Month. Journ.,' 1860, p. 38. Knœvonagl, 'Berlin Klin. Woch.,' 1869. Breyton, 'Thèse,' Paris, 1865. Von Hauff 'Würt. Corr. Bl.,' 1860. 'Taylor on Poisons,' p. 276.

[14] 'Taylor on Poisons,' p. 279. Bucquoy, 'L'Union Méd.,' 1863. Guillabert, 'L'Art. Méd.,' 13, 311.

[15] Shephard, 'Lancet,' 1843, i, p. 435. Fraser, 'Med. Times and Gaz.,' 1863. Wagner, 'Archiv der Heilkunde,' 1862. Anderson, 'Lancet,' 1871, ii, p. 189.

[16] Meyer, 'Virch. Archiv,' 1866. Müller, 'Inaugl. Diss.,' Berlin, 1867. Schultze und Reiss, 'Annales der Charité Krankenhäuser,' Berlin, 1869.

[17] Ozanam, 'L'Art Médical,' 19, p. 146. Fournier and Ollivier, 'L'Union Méd.,' 1868, No. 86. Schultz und Reiss, 'Annal. der Charité Krankenhäuser,' Berlin, 1869. Haselhorst, 'Inaugl. Diss.,' Berlin, 1868. Breyton, 'Thèse,' Paris, 1865.

[18] Taylor on 'Poisons,' p. 279.

still more strikingly like those of idiopathic anæmia than than are those of *Phosphorus*, and in this respect correspond with the success attending its use in these cases.

Arsenic and its compounds produce—Loss of appetite and severe vomiting;[1] dyspepsia;[2] paleness and sallowness of skin;[3] jaundice: greenish colour of the skin[4]; œdematous swelling of face, hands, and lower extremities;[5] epistaxis;[6] blood from the urethra;[7] expectoration of blood;[8] pneumonia;[9] inferior lobes on both sides partially consolidated;[10] congestion of left lung;[11] drowsiness;[12] shortness of breath;[13] petechiæ, especially over the thorax;[14] palpitation, with sometimes intermittent action of the heart;[15] diarrhœa;[16] emaciation (in slow poisoning);[17] extreme depression of

[1] Stoerck ("Effects of Ars. of Pot. on Ague Patients"), Rothansel. Madame Bushman's proving, 'Hom. V. J.,' s. 10, 119. Dr. Tschudi, 'Wien. Med. Woch.,' Oct. 11th, 1857. 'Edin. Med. Journal,' 1856, vol. i, p. 625.

[2] 'Edin. Med. Journal,' 1864, vol. x, p. 116.

[3] Dr. Ward, 'Edin. Med. and Surg. Journal,' 1830, vol. xxxiii, p. 6.

[4] Christison on 'Poisons,' p. 327. Dr. C. O'Reilly, 'Dublin Journ. of Medical and Chemical Science,' 1842, vol. xx, p. 422. Dr. D. McN. Parker, 'Edin. Med. Journal,' 1864, vol. x, p. 116. Dr. F. Monat, 'Glasgow Med. Journal,' 1858, vol. v, p. 371.

[5] 'Lancet,' 1837-8, vol. ii, p. 625-6. Ibid., 1863, vol. ii, p. 190. Ibid., 1860, vol. ii, p. 596. Dr. Hassell, Ibid., 1860, vol. ii, 535. 'Edin. Med. and Surgical Journal,' 1819, vol. xv, p. 415.

[6] 'British Med. Journal,' vol. ii, pp. 101, 392.

[7] 'Dublin Journal of Medical and Chemical Science,' vol. xx, p. 422; Christison, p. 325.

[8] Taylor, p. 292.

[9] Christison, p. 302. 'Lancet,' 1843, vol. i, p. 98.

[10] 'Lancet,' 1866, vol. i, pp. 583 and 498.

[11] 'Glasgow Medical Journal,' 1869, New Series, vol. i, p. 56. 'Guy's Hospital Reports,' 1851, Second Series, vol. i, pp. 183-206.

[12] 'Guy's Hospital Reports,' 1851, pp. 183-206. 'British Med. Journal,' vol. ii, 580. 'Lancet,' 1837-8, vol. ii, pp. 625-6.

[13] 'British Medical Journal,' 1856, pp. 721, 757, 808. 'Dublin Quarterly Journal of Medical Science, 1851, vol. xi, p. 68.

[14] 'Guy's Hospital Reports,' 1864, vol. x, pp. 230-236.

[15] 'Lancet,' 1838-39, vol. i, p. 170. Ibid., 1860, vol. i, p. 579. 'Glasgow Medical Journal,' 1869, vol. i, p. 56.

[16] Taylor, 'On the Nature of the Symptoms in Acute Poisoning by Arsenic,' p. 293.

[17] 'Dublin Medical Press,' 1846, vol. xvi, p. 37.

spirits;[1] fever of no particular type;[2] altered blood-globules;[3] muscular debility;[4] dangerous debility and exhaustion and inability to sit up in bed.[5]

A comparison of the symptoms produced by the two drugs—*Arsenic* and *Phosphorus*—with those of idiopathic anæmia, will show that there is a tolerably close resemblance between the drug symptoms and those of the disease. Had there been time to fill in the smaller details in each case, I have no doubt the correspondence could have been made much closer than I have shown it to be. I have, however, been able to show that, terrible as this disease is, we need not look upon it as universally fatal, and that the drugs that have in my hands produced the most satisfactory results are those that cure on the principle of *Similia*.

[1] 'Medical Times,' 1840, vol. iii, p. 57.
[2] Medical Circular,' 1859, vol. xiv, p. 254.
[3] Christison, pp. 314, 315.
[4] 'Dublin Hospital Gazette,' 1854, vol. i, p. 157.
[5] 'Lancet,' 1839-40, vol. i, p. 416.

REPORT OF THE COMMITTEE APPOINTED BY THE BRITISH HOMŒOPATHIC SOCIETY, MARCH 6TH, 1879, TO CONSIDER THE MOST SUITABLE HOMŒOPATHIC TREATMENT FOR THE PLAGUE, SHOULD IT VISIT WESTERN EUROPE.

THE duty of your Committee is to do (*haud tamen pari passu*) what Hahnemann did in 1831, when Asiatic cholera first invaded Europe. It is to consider, from the reports made of the character and symptoms of the Eastern "Plague," what will be the remedies which—upon the principle *similia similibus*—will be most likely to arrest its progress or mitigate its severity.

We have taken as our basis the description of the Plague given by Liebermeister, in the first volume of the English translation of Ziemssen's *Cyclopædia of the Practice of Medicine.*

"The plague," says this writer, "in well-formed typical cases, is a fever of the most acute and aggravated kind, accompanied with localisations in the form of buboes and carbuncles. Four stages are recognisable:—1. The stage of invasion; 2. The stage of intense fever; 3. The stage of fully-developed localisations; and 4. The stage of convalescence.

1. "The stage of invasion begins generally quite suddenly, and, according to the descriptions, fever is generally, if not always, absent. . . . The characteristic symptoms consist in a complete disturbance of the general state of health, and in more than ordinary bodily and mental weakness. There is, besides headache, a sense of fulness in the head, and dizziness; the face is pale and flabby, the

features distorted, the eyes languid, the speech awkward, the gait staggering—in a word, most authors compare the condition of the patient with that of an intoxicated man. Nausea, vomiting, and diarrhœa also sometimes occur. This stage is often only imperfectly developed, and lasts only a few hours, while in other cases it may last one or more days. The change from this to the second stage is marked by the occurrence of fever, which is often introduced by a slight feeling of chilliness or by a well-marked chill."

Now, we think there can be no doubt but that here, as in the similar invasion of cholera, *Camphor* is the remedy on which we should rely. The symptoms detailed precisely correspond to the "refrigerant and sedative" effects of large doses of this drug; and our experience of its power of aborting cholera at its first onset gives us every hope that it may prove equally beneficial here. To obtain its full effects it may be necessary, in this disease as in that, to use it as freely as Hahnemann recommended, viz. by friction, clyster, and inhalation, as well as by repeated internal administration.*

2. "The *second stage,*" continues our author, "is characterised by the continuance of the extreme lassitude, but more particularly by the existence of an intense fever, with its attendant consequences. The skin is hot and dry; the patient complains of inward heat, and unquenchable thirst; the eyes are injected, the tongue moist, broad, white, and covered with a pearl-coloured or chalk-like coating; the vomiting often continues. The pulse is very frequent, as high sometimes as 120, and the respiration is accelerated." We are of opinion that *Belladonna* is the most appropriate remedy for the acutely febrile stage of this disease. *Aconite* may occur to some minds, and might not be unserviceable; but, looking on to the condition immediately impending, and the whole future development of the malady, we think it hardly so well indicated as *Belladonna,* whose worth has so often been proved in blood-toxications similar to that before us, as variola, scarlatina, cattle-plague, and typhus.

* See 'Lesser Writings' (Dudgeon's trans.), p. 846.

"Soon the patient passes into a well-formed typhous condition, characterised sometimes by active, wild delirium, but often by a mild form, which finally passes into sopor and coma." *Belladonna* continues to be perfectly homœopathic here; but we think it possible that, when the oppression of the nervous system sets in with great rapidity and threatens to overwhelm the patient before the local manifestations have occurred, the *Ailanthus glandulosa* may here—as in malignant scarlatina—take its place, and rescue the patient from his peril. "The tongue becomes dry, cracked, hard; the tongue, teeth, lips, and nostrils are covered with a darkish mucus or with soot-coloured crusts. Then come the signs of cardiac weakness and paralysis; the pulse grows feeble, small, often irregular, and sometimes scarcely to be felt; coldness of the peripherical parts sets in, and sometimes there is cyanosis of the lips." The one remedy applicable to such a condition here, as in all fevers of a like kind, we apprehend to be *Arsenicum;* and we recommend that at this stage it should supersede all others.

3. "In the *third stage* the fever as a rule diminishes, while occasionally, at the same time, the surface of the body breaks out into a perspiration, sticky in character, and having a strong odour; the pulse also grows fuller, and falls to 100, or even 90 beats; and the mind becomes clearer. The swelling of the lymphatic glands, in which consists the characteristic local manifestation, occurs oftenest in the inguinal region. . . . . When they suppurate, which they often do, ... the pus is often of an ichorous nature, and destruction of the neighbouring soft parts takes place." We think that it will be obvious that both the general condition and the local lesions present at this stage call for some mercurial preparation; and we consider that the cyanide—*Mercurius cyanatus*—is best calculated to meet the emergency. The profound prostration manifested in poisoning by this salt of the metal, and the eminent service it has rendered in the treatment of diphtheria, combine to render it more suitable than any other mercurial preparation in the cognate malady with which we have now to deal.

"The carbuncles are of less constant occurrence than the

buboes, and are usually found on the lower extremities, on the buttocks, and on the back of the neck. In favourable cases the gangrene ceases to make any further encroachment after a few days, and the slough separates by the process of suppuration. In the severest cases, petechiæ, vibices, or extensive ecchymoses sometimes appear just before death."

We are of opinion that when the local manifestations of the disease tend in the direction of carbuncle and gangrene rather than in that of bubo and suppuration, the arsenic of the second stage should be continued into the third in preference to mercury. The symptoms of dissolution of the blood, if admitting of any treatment, would most forcibly suggest the serpent poisons—*Lachesis* and *Crotalus*, and perhaps also *Phosphorus*.

4. "*Convalescence* begins generally between the sixth and the tenth days, and is often protracted by continuous suppuration of the buboes." Here our tried *Silica* would come to our aid, and *Hepar sulphuris* might not be unserviceable. "Among the sequelæ should be enumerated parotitis, furuncle, abscesses of the skin and muscles, pneumonia, protracted fever with general typhous condition, dropsy, partial paralysis, mental disturbances, &c." We may well hope that the homœopathic treatment of the earlier stages will leave no such sequelæ to be dealt with; but, should we encounter them, we apprehend that the remedies already mentioned, notably mercury and arsenic, with others indicated in each case by the law of similarity, may suffice to vanquish their results.

D. Dyce Brown.
J. C. Burnett.
Richard Hughes.

March, 1879.

Annals of the Hospital.

TWENTY-NINTH ANNUAL REPORT OF THE HOSPITAL.

The Annual General Meeting of the Governors and Subscribers of this Institution was held at the hospital, Great Ormond Street, on Tuesday afternoon, 8th April, 1872, the Lord Ebury presiding. There were present the Earl of Denbigh, Captain Vaughan Morgan, the Rev. John Gough, Drs. Hamilton, Yeldham, Mackechnie, Carfrae, Richard Hughes, and Hale, Mr. Thorold Wood, Messrs. Boodle, Crampern, Pite, Slater, Rosher, Hinde, Ellis, and many others.

The proceedings were opened with prayer by the Rev. John Gough.

The Secretary (Mr. G. A. Cross) read the circular convening the meeting, and the minutes of the last meeting, which were formally adopted.

Mr. Alan E. Chambre (Official Manager) read the following Annual Report :—

Twenty-ninth Annual Report.

The year 1878 brought forth an event of the deepest moment to the future welfare of the hospital, and the Board of Management feel impelled to place that event in the forefront of the Report, which it becomes their duty this day to present to the Governors and Subscribers.

2. On the 24th November, Dr. Quin, the chief founder and promoter of the hospital, succumbed to a severe

illness. By his own personal donations and those of anonymous friends through him, between the years 1850 and 1871, inclusive, no less a sum in the aggregate than £6300 was contributed to the funds for the maintenance and support of the hospital, besides large sums towards the Building Fund. In 1874 an unfortunate difference between Dr. Quin and the Board of Management, which they deeply regretted, caused him to withdraw from active co-operation in the proceedings of the hospital; but he never ceased to take a lively interest in all that concerned its welfare, and he allowed the provisions of his will—made some years previously—to remain undisturbed. By this will the whole of his property, calculated to amount to not less than £17,000, has been left in trust for the benefit of the hospital.

3. The Board of Management feel—and in this feeling they know that the Governors and Subscribers will entirely concur—that this munificent bequest entitles the generous donor to a special record of their earnest and heartfelt gratitude.

4. Some time must necessarily elapse before the legal and other formalities can be fulfilled, but when all is arranged a notable increase in the income of the hospital will accrue from the bequest of the late Dr. Quin, which, coupled with improvements in other receipts, and reductions in expenditure—to be noticed presently—will, it is hoped, give to the financial position of the hospital a more favorable aspect than it has ever before enjoyed. It must, however, be borne in mind that even with this very handsome addition to the permanent income, the funds at the disposal of the Board will not justify them (without running into debt) in filling the whole of the beds in the hospital, and it behoves all who have received benefits from homœopathy, and who desire to see those benefits extended to their poorer brethren, not to relax their efforts in obtaining more extended support for the hospital, and so enable the Board to fully carry out the intentions of the late Dr. Quin and others who originally planned and fostered this institution.

5. Another matter calls for special attention at the outset of this report. It will be within the recollection of the Governors and Subscribers, that at the Annual General Meeting, held in April, 1878, it was suggested that it would be very desirable that, in future, the report and accounts should be brought down to the latest date possible before the date for holding each annual meeting, and the proposal having met with general support on that occasion, the Board of Management—ever ready to do all they can to meet the wishes of the Governors and Subscribers—have accepted the change. The following report has, therefore, been prepared accordingly, and embraces a period of fifteen months, viz. from 1st January, 1878, to 31st March, 1879. But to afford means of comparing the statistics of one twelve months with those for the corresponding preceding period, a balance sheet relating to the year 1878 only is also furnished (see Appendix E), and other figures are given—where desirable—in several paragraphs of the report with the same object.

6. The statement made in the last report that the receipts fall short of the expenditure is, unfortunately, applicable—though in a modified degree—to the year 1878. But the extraordinary exertions put forth in the latter part of 1877, and the early part of 1878, produced for the "Special Purposes Fund," a total sum of £1815 19s. 6d. Of this, £1574 4s. 6d. was received up to April in last year, and was included in the report for the year 1877. The balance, £241 15s., is given in detail in Appendix K. And the Fine Art Distribution, organised in the autumn of 1878, and carried to a successful issue on the 21st February last, has realised a sum of 1020 guineas, from which amount various expenses have to be deducted. (See Appendix L.)

7. By the aid of the balance from the "Special Purposes Fund" and the net profit from the "Fine Art Distribution," the outstanding balance to bankers and accounts due by the hospital have been paid off, and at the date when this report is presented to you, that is, three months after the close of the year to which it more particularly relates, all accounts rendered have been paid, and for the

first time—at all events for some years—the hospital is in a position to meet every claim upon its funds out of current income.

8. The total income of the hospital for the year 1878, from all *ordinary* sources (see balance sheet, Appendix E), was £3272 14s. 2d., as against £3231 19s. 10d. in 1877, showing an increase of £125. This will, in the opinion of the Board, be considered fairly satisfactory. To this sum of £3272 14s. 2d. must be added £1377 10s., the balance of the Special Purposes Fund; Legacies (exclusive of the bequest of the late Dr. Quin) amounting to £27 10s.; £102 7s. 4d., the first portion of the receipts from the Fine Art Distribution (after paying preliminary expenses), and a loan of £500; making (with the balance of petty cash from 1877 — £6 12s. 6d.) a total of £4786 14s. From the 1st January to the 31st March, 1879, the total income has been £859 10s. To this should be added the subscription of the London School of Homœopathy (£367 10s.), received in February, 1878, but not yet received for 1879, making a total of £1227. A comparison with the receipts for the same period of 1878 —£995 3s. 4d.—then shows an increase of £231 16s. 8d.

9. The expenditure on account of ordinary income in 1878 has been £3843 13s. 9d. £247 14s. 5d. has been expended for furniture (for the most part properly chargeable to 1877); £382 12s. 2d. represents expenses on account of the Special Purposes Fund and Fine Art Distribution; £510 10s. has been placed to reserve fund; and a balance of £280 14s. 7d. due to the bankers at the close of the year 1878. The expenditure on account of ordinary income during the same period of three months in 1879, has been £853 2s. 11d., as against £1029 19s. 3d. in 1878, or a saving of £176 16s. 4d.

10. The annual subscriptions actually received in 1878 amounted to £1661 0s. 6d., and after allowing for a loss of £80 a year from subscribers deceased and subscriptions discontinued, show a *net* increase upon those of 1877 of about £85 a year. A further sum of £43 10s. 6d. represents subscriptions due in 1878 and not yet paid. The

annual subscriptions paid in the first three months of 1879 amounted to £389 19s. 6d.

11. The total donations, £304 14s. 6d., as compared with £517 12s. 6d. in 1877, show a falling off of £212 18s.; but this deficit is much more than made up by the amount given to the Special Purposes Fund in answer to the special appeal, and to the Fine Art Distribution Fund. Donations amounting in all to £71 15s. have been received since the first of January, 1879.

12. The fees for the registration of out-patients have assumed an upward tendency, and amounted to £286 15s., as against £264 3s. in 1877; so that the anticipations held out in the last report that an improvement might be looked for in this respect have been realised. There appears to be every reasonable ground for anticipating a continuance of improved receipts, as the sum received in the first three months of 1879 amounts to £76 17s., compared with £73 10s. in 1878.

13. According to the anticipations put forward in the last report, the Nursing Fund Receipts in 1878 were nearly double those of 1877, and from the amount already paid in since the close of the year, it may confidently be anticipated that there will be a further considerable increase in the current year. The amount paid in on this account in the three first months of 1879 is £267 4s., as compared with £94 8s. 6d. in 1878.

14. The experiment of organising a number of trained nurses for nursing private patients, may, therefore, be considered to have proved a decided success, and not a little of that success is due to the admirable judgment of the lady superintendent in selecting young persons with the necessary qualifications and aptitude, and to her skill and tact in training them. The large number of highly gratifying certificates—in some cases from eminent allopathic surgeons—brought back by the nurses generally on returning from the cases they have been attending, testify to the excellence of the nurses and to their general good conduct.

15. The sum awarded to the hospital from the "Hos-

pital Sunday Fund," £210 8s. 4d., shows an apparent falling off of some £6 odd over 1877; but this is not really so, as £8 odd was deducted from the award—being the equivalent of a collection made at St. Paul's, Camden Square, and transmitted direct to the hospital by the incumbent.

16. On the other hand, the award from the "Hospital Saturday Fund," £57 1s. 2d., was £10 more than in 1877.

17. The Legacies—£27 10s. in all—received in 1878, were from Miss Sarah Sophia Bedford and (per Accountant General) Lord Henry Seymour.

18. The working expenditure of the hospital during the year 1878 (see Balance Sheet, Appendix E) was—as stated in paragraph 9—£3,843 13s. 9d. against £4,029 7s. 4d. in 1877; showing, as anticipated in paragraph 16 of the last Report, a sensible reduction. This reduction of £186 was effected notwithstanding that 21 more in-patients were treated in the hospital than in 1877, and also that the number of nurses was increased from 18 to 24 in the course of the year. On the items of "Provisions," "Coals and Wood," "Washing and Cleaning," and "Gas," a saving of £361 16s. 3d. over the expenditure of 1877 was effected; but this was to some extent neutralised by an unavoidable increase under other headings. For the first three months of 1879 the working expenditure has been £853 2s. 11d., against £1,029 19s. 3d. in 1878; the number of in-patients and nurses being about the same as during the corresponding period of 1878.

19. A further considerable saving will be effected in the course of 1879 on provisions, as favorable contracts for the supply of meat and milk were entered into in the latter part of 1878, and an arrangement has been made for obtaining groceries, &c., from the Civil Service Supply Association Stores. Reductions will also be made under other headings, such as "Surgical Appliances," "Furniture," &c.

20. The invested funds of the hospital at the 31st December, 1878 (see Balance Sheet, Appendix E) exclusive

of the hospital premises and furniture, and the freehold house, No. 1, Powis Place, consisted of

Consols . . .	£3,101	8	2
New Three Per Cents.	£4,757	17	10
	£7,859	6	0

an increase of £538 15s. 4d. upon the amount at the 31st December, 1877. The amount under this heading remains unaltered at the end of March, 1879.

21. The total number of in-patients treated in the hospital in the course of the year was 552; an increase of 21 on the number in 1877. This is not in itself, perhaps, a considerable increase, but it must be borne in mind that the number of in-patients in 1877 was very high, and the Board desire specially to point to the gratifying fact that with this total larger number of in-patients in the course of the year, the *daily average number of patients in the wards was less* than in the previous year, showing that the cases were—as a rule—passed out more quickly. And be it observed this result was not attained by the admission of a larger average of unimportant cases; quite the contrary was the fact, and the medical statistics show a large number of very severe cases. The total number of in-patients admitted in the first three months of 1879 was 174, or 23 less than in the corresponding period of 1878.

22. The number of out-patients shows an increase, viz. 6,419, as compared with 5,814 in 1877, and the anticipations of the Board, conveyed in their last report, have in this respect also been justified by the event.

The aggregate number of in- and out-patients treated since the opening of the hospital to the 31st December, 1878, amounted to 146,208, and to the 31st March, 1879, to 148,178.

23. The experiment of visiting out-patients at their own homes has proved successful. Cases of sufficient importance and interest are brought into the hospital for treatment.

24. The Board regret that one of their colleagues, Lord Borthwick, having left London permanently, has resigned his seat; but they have much pleasure in announcing that Mr. Samuel Guerney and Captain Gardner have accepted seats at the Board, and the ratification of their appoints will be proposed to day. The Board is now, for the first time for some years, constituted within one of the full number of twenty-one members, as provided by the laws of the hospital. The Earl of Dunmore has kindly consented to act as Vice-Chairman.

25. In accordance with the laws, the following gentlemen retire by rotation, but, being eligible, they offer themselves for re-election, viz.:—Mr. Williams, Mr. Hughes, Mr. Humphries, Mr. Chambre, Mr. Scott Anderson, Capt. Davies, Mr. Debenham.

26. The Board have to record with profound regret the demise of Viscount Malden, for many years a vice-president of the hospital.

27. The Board regret also to record the death of Mr. Trueman. His retirement from the Board was noticed in our last report. The following resolution was passed by the Board on being informed of the event:—Resolved: "That a communication be addressed to Mrs. Charles True-"man, expressing the regret of the Board of Management "at the death of her late husband, who had for so many "years been connected with the London Homœopathic "Hospital as a member of the Board, and subsequently as "official manager, and offer her the expression of their "warm sympathy."

28. Changes have taken place in the medical staff. Dr. James Jones has resigned the appointment of surgeon on the internal staff, and Dr. George Lade that of medical officer in charge of out-patients. To both the regret and thanks of the Board have been conveyed. Dr. Clark having also resigned the post of resident medical officer, Mr. A. P. Torry Anderson, the assistant resident medical officer was appointed to succeed him.

29. To fill the vacancies thus created, Mr. Thorold Wood, Dr. F. G. Stanley Wilde, and Dr. C. Lloyd Tuckey

have been appointed surgeon and medical officers in charge of out-patients, respectively, and having been found by the Medical Council to possess the necessary qualifications, the confirmation of their election will be proposed to-day. Mr. Horace Flint was appointed to succeed Mr. A. P. Torry Anderson as assistant resident medical officer, and has performed the duties to the entire satisfaction of the Board; but he is about to resign the post, and the offer of Mr. Byres Moir—who is eligible to undertake the duties of the post—has been accepted.

30. The medical staff of the hospital are entitled to very warm thanks for their constant attention and kindness to the patients brought under their care, whether as in- or out-patients. The large number of severe cases successfully treated testifies to their skill.

31. To the lady visitors also are due the thanks of the governors and subscribers, as also to the honorary solicitor —who has given valuable time in connection with the bequest of Dr. Quin and other matters.

32. Of the lady superintendent of nursing, the lady dispenser, and other officials mentioned in laudatory terms in the last report, the Board can only reiterate what they then said.

33. To the following kind donors in money or kind the thanks of the meeting are due, viz.:—Miss Barton (hot-water bottles and beds), Miss Isabella Barton (toys, books, &c.); the Lord Ebury, Hon. Mrs. Holland, Mrs. Clifton Brown, Mrs. De Selincourt (flowers and evergreens); Mrs. Staughton, Mrs. Garth Wilkinson (toys, &c.); Mrs. Aldridge, Mrs. Barter, Lady Bentinck, Miss Barter, Miss Smith (parcels of old linen); Miss Mann (books); The Flower Mission (per Miss Smitb) (flowers, toys, &c.), and new blankets, counterpanes for children's cots, flannel drawers and bath-sheets from A. V. (per Lady Superintendent of Nursing). Among the donors were A. E. Chambre, Esq., official manager, £52 10s.; Friends of Mrs. Cockburn, £10; E. M., £10; Homœopathic Pharmaceutic Association, £10 10s.; R. Hanbury, Esq. (per Lord Ebury), £10; Mrs.

H. Lambert, £10; Miss Rosher, £10 10s.; Julian Senior, Esq., £10 10s.; W. Marten Smith, Esq., £10 10s.; The Misses Smith, £50. To these considerate and liberal friends of the Institution the warmest thanks of the Board are rendered.

34. In the course of the year 1878 one of the periodical medical inspections of the Hospital was held by Drs. Dunn and Neville Wood, and a most comprehensive and excellent report was furnished by those gentlemen, full of suggestions which merited the careful consideration of the Board and led to the adoption of some measures calculated to effect economy and improvement in the working of the Hospital. The report is too long to print *in extenso*, but the following paragraphs will be read with interest by the governors and subscribers:—

"The house is on the whole in good repair, clean, fairly lighted, and well warmed and ventilated. . . . There is a most efficient staff of nurses, with an able and indefatigable superintendent. The house not having been *built* for a hospital the nursing is more laborious than it would otherwise be. But the staff is ample for the service, and the nurses work cheerfully and zealously. All the in-patients spoke to us in warm terms of their entire satisfaction with the care and attention they had received in the hospital. . . . The food is of excellent quality and it is well cooked. . . . We were sorry to see so many empty beds. The building can accommodate nearly 70 in-patients. There were 39 on the day of our first visit, and 48 on the second occasion. The average number throughout the year is 45.

"It is obvious that if the income were increased the managers could afford to maintain a larger number of patients in the hospital. . . . We have thought it our duty to inquire fully and freely into the management of the hospital—not in any spirit of complaint, but in order to ascertain if any plan could be proposed for a further improvement. A superficial inspection, followed by mere commendation, could not have been satisfactory to the interests of the hospital, to the managers, or to ourselves.

We wish to add that the board of management, the official manager, the medical officers, the medical council, and all other officials, deserve great credit for the zeal and ability they have displayed under difficult circumstances."

35. The Board of Management deeming that the time had arrived for filling up the vacant post of consulting physician, for many years held by the late Dr. Quin, and acting under the powers conferred upon them by Section 1 of Law XXXVI, have appointed to that post, Dr. Edward Hamilton, who was connected with the hospital as one of the physicians in charge of in-patients from its foundation, in 1850, until the month of April, 1866, when, owing to his private professional engagements, he was compelled to resign.

The Board feel sure that the action they have now taken in this matter will meet with the entire concurrence of the Governors and Subscribers; but in accordance with the provisions of the laws of the hospital, they will not be called upon to ratify the appointment, which, as stated above, is left in the hands of the Board of Management.

36. Two matters of considerable importance remain to be noticed. The Board of Management, after very careful inquiry and investigation—carried on chiefly by their energetic and ever willing colleague, Mr. Pite, the Hon. Architect—have come to the conclusion that it is no longer possible to delay carrying out certain extensive alterations and repairs in the basement; and at the conclusion of this meeting, as you are already aware, the meeting will be constituted into a Special General Meeting of Governors and Subscribers to consider the matter.

37. The expenditure absolutely necessary will probably reach from £400 to £500, and as it is manifestly out of the question that such a sum can be provided out of current income, your sanction will be asked to take that amount out of the Reserve Fund.

38. The second matter relates to paying patients. For a long time past applications have been received and inquiries made either direct or through a medical man, as to whether the hospital would not be prepared to receive a

patient willing to pay, and not entitled to come in as a poor patient. Plans will be laid before you, showing how at a small cost the experiment can be made, and if the principle be affirmed at the Special General Meeting, all the necessary steps will be taken to thoroughly consider the practicability of the measure from every point of view. As a matter of course, no arrangement would be made not calculated to be of advantage to the Hospital in every way, pecuniary or otherwise.

39. The Official Manager, upon the invitation of the President of the Medical Congress held at Leicester on the 26th September, and with the approval of the Board, was present at the meeting, and took occasion to advocate the claims of the hospital.

40. The usual Christmas-Tree Entertainment was held with much success, the larger proportion of the patients then in the hospital being able to attend, and they appeared highly to enjoy the music and the presents provided for their delectation. The lady superintendent of nursing, official manager, resident medical officers, and other officials were present.

41. The Board cannot close their report without inviting the governors and subscribers to join sincerely with them in offering to the Almighty a heartfelt expression of gratitude for the many blessings vouchsafed, for permitting their efforts for the welfare and success of the hospital to be crowned with so much success, and for the brighter prospect for the future of the hospital which has opened with the year 1879.

The CHAIRMAN, in moving the adoption of the report, referred in graceful terms to the fact of ladies being present, and to their necessity and usefulness in connection with the working of a hospital. It had been his duty and his difficulty on many occasions like the present to notice several circumstances which required a good deal of explanation, which, when given, was not, he feared, always perfectly satisfactory. But he never experienced greater pleasure than upon the present occasion. They had, as a hospital had a very severe winter, yet "Now was the winter of their

discontent made glorious summer by this sun of York." Although the report had, for the first time, been circulated to all the governors and subscribers some time previous to the meeting, he was glad it had been read *in extenso;* it did the official manager great credit. The first thing he noticed was the sincere regret which he was sure occupied the minds of all present at the loss of Dr. Quin, whom he (the chairman) had known for forty or fifty years. They were always friends, and had a great deal to do with the foundation of the homœopathic system in this country. Dr. Quin suffered so much during the last two years of his life that he believed his death was to him a happy release. However, they could but feel his great loss, although his name would always be a name of strength to the homœopathic medical treatment; and they all felt deeply what a debt of gratitude that system would have to acknowledge in respect of that magnificent legacy which he had left to the hospital. The Board would take means to secure a good portrait of him—which was all they could do—and hang it up in the most conspicuous part of their establishment. Nothing, continued the speaker, could be more successful than the training of nurses in the hospital. These were in the highest possible demand; and so good were the nurses who were trained there considered, that they almost command the market wherever they can be got. His lordship alluded to an instance of considerable devotion displayed by one of their nurses in dealing with a case of considerable danger and difficulty. She had nursed the patient with the greatest care and attention, and ultitimately caught the disorder herself, and nearly met with her death through it. Her name ought to be mentioned for the wonderful perseverance and self-exposure manifested; and the Board would have great pleasure at their next meeting in presenting her with an adequate testimonial, on her leaving the service under unavoidable circumstances. Gratitude was a very rare thing, but they had a case in which the gratitude of the patient and the excellency of the medical treatment were alike displayed. A professor of music broke his arm opposite the hospital during the late

severe frost, and in acknowledgment of his cure, which had been effected at the hospital, had offered to give a concert for the benefit of the institution. They had also a promise of some excellent theatricals at St. George's Hall, on the 5th June next, on behalf of the funds of the hospital. They were happy to have the presence at the meeting of Lord Denbigh. (Applause.) The attendance, however, of governors and subscribers was limited, and altogether showed the most unbounded confidence in the management. They had begged and prayed the governors and subscribers to be present, to show some little distrust in the general committee, bnt they seemed so perfectly satisfied with every arrangement, that it might be taken as a great compliment that so few had assembled. He wished they would come and show a little interest; it would encourage the committee in their exertions. Though he could not, unfortunately, attend at the meetings of the Board quite as often as he would like, yet he could vouch for it that on all occasions his colleagues were as painstaking and successful a set of people as he had ever met. (Applause.)

The report was then formally adopted.

Dr. Yeldham proposed a vote of thanks to the Board of Management, the house committee, the treasurer, and the sub-treasurer, for their services during the year. As a proof that they were deserving of it he called attention to the fact, mentioned in paragraph 7 of the report, that the hospital was now in a position to meet every claim on its funds out of its current income. (Hear, hear.) Remembering the difficulty of "making both ends meet" in charitable institutions dependent on public support, and recollecting the depressed state of trade, he thought the feat referred to was one of which they might well be proud. Adding to the formal resolution placed in his hands, the names of the chairman and the official manager, the speaker alluded to the unflagging interest and almost undeviating presence of his lordship in and at all proceedings affecting the hospital. The advantages which in a variety of ways the institution derived from his lordship's presidency, demanded the warm gratitude of the governors and sub-

scribers. To the care and close superintendence of the treasurer was also to be attributed much of their success. To the long services of Mr. Crampern as sub-treasurer they were also deeply indebted, and in him, wherever his name disappeared—as in the course of time it must—they would lose one of their best and warmest friends. Mr. Chambre, as official manager, was the mainspring which kept the machine in motion. He was ever at his post and indefatigable in his exertions. (Applause.) The least they could do in reference to all these gentleman who devoted their time to the work of doing good, was to give them a hearty expression of appreciation. (Applause.)

The vote was seconded by Mr. Ellis in eulogistic terms, unanimously carried, and acknowledged by the Treasurer.

Captain W. Vaughan Morgan (Treasurer) in acknowledging the vote, said he would wish to thank Dr. Yeldham especially for mentioning Lord Ebury's name in connection with his proposition, because the Board of Management all felt how deeply indebted they were to him for coming to the hospital from a long distance, and often in inclement weather, and to the sacrifice of health. They were always pleased to see his Lordship, and were quite aware they owed much to him as Chairman of the Board of Management. Passing over himself, the speaker said he must reiterate the thanks due to Mr. Crampern, who had worked so quietly and steadily, but harder perhaps than any, excepting the official manager. With regard to the official manager, he endorsed all that had been said in his praise, though he was afraid to say too much lest it might make him proud. He would prefer to call him the pivot of the whole establishment, for upon him all turned. They knew what it was to be without one, therefore they appreciated his services; and he had no hesitation in saying that, if Mr. Chambre had been amongst them in 1874, they would never have had the unpleasantness with Dr. Quin, which took place. They had to thank him for holding and keeping them together and improving their position financially and numerically. Captain Morgan paid a similar compliment to Mr. Pite, whose name, he said, as a member of the Com-

mittee, had not as yet been mentioned. All did their best. The Board were very much encouraged by the expression of thanks, and it was their intention to go on progressing, hoping at that time twelve months to put before the subscribers an equally good balance sheet, and to be able also to tell them that they had filled their beds if not increased their number.

Mr. HINDE proposed and Mr. THOROLD WOOD seconded the re-election of the members of the Board of Management retiring by rotation, viz.:—Messrs. Williams, Hughes, Humphries, Chambre, Scott Anderson, Captain Davies, and Mr. Debenham.

Mr. BOODLE asked the meeting to confirm the election of the new members of the Board, viz.:—The Earl of Denbigh, Mr. Samuel Gurney, and Captain Gardner—all valuable acquisitions.

Mr. PITE seconded the proposal, and in doing so, congratulated the friends and supporters of the hospital that gentlemen of such position, intellect, and ability were coming forward to put their shoulders to the wheel. They rejoiced at the progress of homœopathy, but regretted that so many believers in it were still living in holes and taking their tinctures and pilules on the sly, when they were wanted to the front. He trusted that next year they would not only be able to meet their liabilities, but would be going in for filling more and yet more beds. (Carried.)

Dr. HAMILTON proposed the confirmation of the appointment, as one of the surgeons of the hospital, of Mr. Thorold Wood, son of an old and well-known member of the profession, than whom he did not think there was a more consistent supporter of homœopathy in the country. At the same time he thanked them for the honour conferred upon him by his own appointment as Consulting Physician to the hospital, in succession to his late lamented friend Dr. Quin.

Mr. CHAMBRE seconded the motion, which was carried.

The CHAIRMAN said the Board was extremely glad to find that Dr. Hamilton could accept the office proffered

him, as it would be manifestly to the advantage of the hospital.

Mr. CRAMPERN proposed the appointment of Dr. Stanley Wilde and Dr. Lloyd Tuckey as members of the medical staff of the hospital in connection with the out-patients. Both were the sons of old homœopathic practitioners.

Dr. CARFRAE seconded the resolution, and expressed his pleasure that the two gentlemen named had not yielded to the seductions experienced by most of their young medical men, sons of homœopaths, to deviate from the old paths, and that they had now a school provided at which students might gain needful instruction in homœopathic treatment.

The appointments were duly confirmed.

The EARL OF DENBIGH expressed his satisfaction at having been elected to the Board, and hoped to prove himself not a mere nominal member. He had been for more than forty years a consistent homœopath, and had quite forgotten the taste of all medicines, except those given him under the system called homœopathy. He had always had a great love for the curative art, and had practised, homœopathically much amongst the poor, with some little success, thus increasing his interest in the advancement of that kind of treatment. The reason he had not come forward before to take any active part in the affairs of the hospital, was that he had heard there were difficulties and differences, with cliques and some narrowness of views. But the official manager having assured him that all that was of the past, he was only too happy to take his share in the work, and should follow with the deepest interest everything taking place, because he thought the present was a progressive time with them. They had much to learn. They had taught the other school much, and should teach them much more; yet they had much to learn themselves, and he hoped they would never be ashamed to learn. For this reason they should do all they could to increase the number of beds and patients, and give every facility for treating all kinds of disease. From all he could hear, the medical staff had been most efficient. He was glad, however, that they were having fresh blood amongst them, and especially

that they had secured so eminent a man as Dr. Hamilton as their Consulting Physician. He also rejoiced that they had so efficient a staff of nurses, because good nursing was half the battle. He should endeavour during his residence in London to put in a regular appearance at the meetings of the Board, and he only regretted that his absence from town had hitherto prevented his more frequent attendance. (Applause). His Lordship concluded by moving a vote of thanks to the medical staff.

Mr. ROSHER seconded the motion, which was unanimously adopted, and duly acknowledged by Dr. CARFRAE.

The CHAIRMAN proposed a similar vote to the lady visitors connected with the hospital, whose name was, he rejoiced to say, legion. Their duties were pre-eminently important, and had been thoroughly performed.

Mr. CHAMBRE mentioned that Lady Cairns—one of the lady visitors—had just sent a subscription of £5, and expressed her intention of giving a similar amount annually. (Applause.)

Dr. CARFRAE seconded the vote, which was heartily carried, and responded to by the Rev. JOHN GOUGH.

Capt. VAUGHAN MORGAN moved, and Dr. HAMILTON seconded a vote of thanks to the Chairman for the services he had rendered, and the prestige of his position so willingly afforded on all occasions to the interests of the hospital.

The vote was unanimously and cordially adopted.

The CHAIRMAN, in the course of a few words of acknowledgment, said he would be ungrateful, did he not do all in his power to aid a system which had done so much for himself and family.

This concluded the ordinary business, and the meeting was then constituted a

Special General Meeting of the Governors and Subscribers.

The special meeting was opened by the Chairman (Lord Ebury) calling upon the Secretary to read the circular convening it, as follows:—

"A special general meeting of the governors and subscribers will be held on the 8th April—immediately following the ordinary annual general meeting—to consider the following resolutions:

"(A) To empower the trustees to appropriate (under the provisions of law xxviii) for the use and service of the hospital, a portion of the reserve fund.

"(B) To admit paying patients into the hospital and set apart certain wards for that purpose.

"(C) To give legal effect to a devise made by the will of the late Dr. Quin."

Captain Vaughan Morgan proposed the first resolution: "(A) To empower the trustees to appropriate under the provisions of law xxviii, for the use and service of the hospital, a portion of the reserve fund." The expenditure proposed was, he went on to explain, for structural purposes. For some years past the state of the hospital in what he might call its lower regions—without any disrespect—had been in a very bad state. Time after time the inspecting medical officers had called attention to them. The architect (Mr. Pite) had reported upon them, the Board of Management had visited them, and so on. It was found that a portion of the flooring was actually giving way, and certain other repairs and alterations were absolutely necessary. The cost involved was estimated at from £400 to £500. Now, if they expended that sum from their regular current funds, they would at once be getting into that state of debt in which they had for some years been, and out of which the Board had so long been struggling to get. They must not, therefore, do that, and on no account would

he personally entertain the idea. The next plan would have been to reduce the number of beds in the hospital—to close ten beds for a year or eighteen months. But in the present state of the funds they considered that exceedingly undesirable, and after several full discussions the Board concluded that the wisest and best course to pursue was to seek authority at a special general meeting of the governors and subscribers to sell out a portion of the reserve funds—as little as possible—in order to effect the arrangement required; hence he had to propose that the trustees be empowered to appropriate a proportion of the reserve fund —not to exceed £500.

The CHAIRMAN seconded the motion. They did not like entrenching upon the reserve fund, but it was a case of absolute necessity, seeing the difficulties already encountered in their efforts to make and keep the hospital worthy of the object for which it was instituted. The Board had not spared their own pockets, nor those of their friends, and it was quite impossible to resort to any other method for galvanising subscriptions, especially considering the general depression and failure of contributions to other institutions. The out-patients had really been so much incommoded by the way in which they had necessarily been treated for want of accommodation, that the improvements needed had become most urgent. He hoped, therefore, they might be allowed to take the sum required—to be replaced as soon as possible.

Dr. HAMILTON asked for further particulars as to what the money was required for.

Mr. PITE (the hon. architect) detailed the work necessary. Hitherto, all the money spent on improvements had been expended upon the upper portion of the building, to the neglect of the lower portion, where there was so much wear and tear by the out-patients, who complained that, for want of ordinary proper accommodation in the way of closets, &c., it was more like visiting a penitentiary than a hospital. He had inspected the place, and found many of the floors honeycombed by rats, which came from the old drains. The smells experienced were very bad. The

back kitchen was almost untenantable, and amongst other things a considerable expense would be involved in the re-arrangement of the mortuary, which was essential so as to exclude all noxious gases. This could not be done for less than £400, and such an amount could not possibly be drawn from their ordinary income.

Captain VAUGHAN MORGAN explained that the medical staff had also frequently called attention to the requirements spoken of.

Dr. HAMILTON thought from Mr. Pite's report that the money was quite necessary, and it should not be taken from the income of the hospital, but from the reserve fund.

Drs. RICHARD HUGHES and YELDHAM having borne testimony to the urgency of the case, the vote was carried unanimously.

Dr. YELDHAM proposed the second resolution: "(B) To admit paying patients into the hospital, and set apart certain wards for that purpose." The question of Middle-Class Hospitals was, he said, one which had been brought prominently before the public of late. The question now before them partook somewhat of the same character. It referred to the admission to the benefits of the hospital of persons who, not being paupers, would rather pay a fair sum for the accommodation which they would need in such an institution. As there was now a portion of the hospital unoccupied, the Board of Management had determined to seek the sanction of that meeting to carry out the scheme when circumstances justified such a step. He expressed his conviction that there were many residents in and visitors to London who would gladly avail themselves of the advantages of the hospital if they might; and mentioned a case which had recently come under his notice, supporting the conclusion at which he had arrived. The scheme would confer benefits upon the public, redound to the advantage of the hospital, and might add to its funds.

Captain VAUGHAN MORGAN seconded the proposal. He had brought this subject before the Committee not so

much with the object of philanthropy, but rather to provide funds for the hospital, with which they might fill the remaining empty beds. The appropriate time was, he thought, at once. They had considered the matter for some months, and had actually got the plans drawn up [which he displayed]. All that was proposed was to convert certain space into paying wards by setting it apart for that purpose, allowing more cubic feet for paying than for non-paying patients, but otherwise treating them exactly the same. The whole expense involved would not exceed £25. If the experiment answered, they proposed to extend the arrangement and to make certain structural alterations, which would cost about £300. They only now wanted the sanction of the meeting to the *principle*, and he believed that the beds would soon be filled.

Dr. Hamilton said he should oppose the scheme to the very last; not only because the hospital was only intended for charitable purposes, upon which the proposal was an innovation, but they would get a bad class of patients, and be imposed upon. If they liked to take the other adjoining house they had recently acquired, and try it for paying patients only, well and good; but he objected to the mixing of the two things together. Supposing an epidemic took place—as was the case some years ago, when the hospital was in Golden Square—they would then have to turn out all their paying patients, and the thing would be entirely a mess. Let there be a middle-class hospital, but not an admixture of the two.

Dr. Hale inquired: Supposing they had filled up their beds, as they hoped to do, with poor patients, and they had, in the meantime, carried out their plans for the paying patients, would they be at once prepared to do away with the paying wards. A hope was expressed in the report that with the increasing funds they might expect that the number of beds for poor patients would be increased. The present average number—about forty-five—must be very insufficient to the demands of homœopathists all over the country.

Captain Vaughan Morgan said they had not sufficient

funds without the paying patients, nor did they anticipate having sufficient. The scheme must be taken in its entirety.

Dr. HAMILTON said the scheme would cause them to lose many subscriptions.

Dr. HALE thought it would be a pity if the institution should lose its character as a purely charitable institution.

In reply to Dr. Yeldham, Captain VAUGHAN MORGAN said that after carrying out the proposal they would still have fifty-five other beds for poor patients.

Dr. HAMILTON asked what the subscribers would say in case of an epidemic arising and they had no room. He mentioned a case of imposition by a lady who was in receipt of £1,200 a year, and yet had been treated in a hospital as a pauper.

Dr. BAYES agreed that the hospital should be confined to charitable purposes, but he thought it would be a great charity to provide for persons of very small income, as was proposed. Many such could afford to pay, say two or three guineas a week for treatment and nursing, and it would cost them that or more in an hotel, where their chances of recovery would be less, partly owing to the bad nursing, and partly to the bad cooking. Moreover, the hotel-keepers would turn sick people out unless they could afford to pay extravagantly. If those gentlemen desiring to keep the hospital exclusively for the poor, would point out a way in which funds could be obtained to maintain seventy beds, doubtless that number of patients could be found to fill them. He did not think the hospital would be less a charitable institution for having a few paying beds.

Mr. MARTIN DEED mentioned the case of a young lady who, having left her home and come to London, was taken ill, and subsequently died, partly owing to want of the needful nursing and attention. He would gladly have paid for her treatment in the hospital if she could have been admitted as now suggested.

Mr. J. R. HOVELL suggested a compromise by allowing the trustees power to make an experiment. Another point in favour of the proposed arrangement was the dissemi-

nation of the homœopathic principles which must be the result, their light being now somewhat hid under a bushel.

Captain VAUGHAN MORGAN said an *experimental* measure was all that was now desired, involving only an expenditure of £25 or £30.

Mr. THOS. HIGGS, for thirty-five years a homœopathist, subscribed to the views of those who had supported the resolution. He especially thought they should pay great deference to those gentlemen who had made it their business to thoroughly canvass the matter. Let the Board of Management be authorised to try for one year the experiment of paying beds, so that it might know whether it would answer when they had the additional premises necessary for the independent working of the plan on an extended scale.

The CHAIRMAN spoke on the importance of the matter, and was glad it had elicited so much expression of opinion. Thirty years ago the question of the need of paying hospitals was much discussed at meetings which he attended, and it was impossible to deny the need. The reason, however, that the movement did not succeed, was that separate hospitals at a large cost were to be erected, to be entirely devoted to paying patients. He believed if the thing could be done, it would certainly be a great charity to do it. If there was nothing in the laws of the hospital to prevent it, he saw no strong reason why it should not be undertaken. Dr. Hamilton had referred to the imposition that might take place, but he knew that the great complaint of the last few years was the imposition of non-paying patients, and he did not see why the means to overcome it in their case should not be equally successful in the case of paying patients.

Captain VAUGHAN MORGAN explained that the Board of Management had for months been considering the matter, and had examined the hospital rules, in which they did not find the slightest objection to the proposal. They could not, without an expenditure of £800 or £900, try the experiment in the house next to the hospital. If the

wards were full of the class of people who ought to be received, and the necessary funds were forthcoming, this might be justified.

Dr. HAMILTON said the plan had been tried at St. Thomas's Hospital, and he understood that the fact that it would involve their paying rates and taxes had frightened the Board of Management. He hoped they would not have that burden.

The CHAIRMAN: But I believe we pay taxes now.

The SECRETARY: Yes; all but income tax.

Dr. HAMILTON said he believed they had given up the scheme at St. Thomas's.

Captain VAUGHAN MORGAN said he happened to know that was a mistake. They had not, and did not mean to give it up; and the only objections were of a paltry character from some small practitioners who feared an interference with their practice.

Dr. POPE said the plan had been tried at Birmingham with much success by using beds which would have been otherwise empty for want of subscriptions. If they had sufficient funds to fill all the beds with poor patients, he thought Dr. Hamilton's advice would hold good; but such was not the case, and he thought the proposed plan was a practical and useful effort for doing the hospital good, and of benefiting another class of needy people. The care necessary to prevent imposition might be easily exercised.

Mr. ELLIS said, with regard to the objection of making money, he believed they already did this by their trained nurses, who were sent out to those who could pay for them, resulting in very considerable profit.

The EARL OF DENBIGH thought they should have the hospital filled, if but for the purpose of "cases." They could not do this with non-paying patients, and there was a large class of people between the rich and the absolute poor, whom it would be a great charity to help. He was therefore strongly in favour of the recommendation.

Dr. HALE asked whether paying patients would be subject to the visits of inquiring medical men.

Mr. ROSHER asked, in the event of the hospital becom-

ing filled while this experiment was being tried, would the paying beds be given up for the poor?

Capt. VAUGHAN MORGAN replied that it was intended—subject to the medical staff being consulted upon the matter—to treat paying patients exactly as the poor ones were treated. It was impossible to fill the hospital for want of funds. They were free from debt, and so happy did he feel over this improved state of affairs, that he would not go into debt again for any one.

Dr. RICHARD HUGHES: Would it be arranged that private patients would be dismissed when necessary, as the poor ones came?

Captain VAUGHAN MORGAN: Undoubtedly.

Dr. HAMILTON repeated his objection, that it would be mixing up charity with a paying concern.

Mr. ELLIS, with a view to meeting the opinions of all, proposed to substitute for the original resolution the following:—"That the Board of Management be empowered for one year to make the experiment of admitting paying patients to the hospital, to be treated exactly as other patients, and to set apart certain wards for that purpose."

The EARL OF DENBIGH seconded the amendment.

Dr. YELDHAM thought a year a very short period, as the plan could scarcely be made known amongst medical men under some weeks, so that cases might not yet be coming in. To limit it to a year would be to ensure its failure.

Captain VAUGHAN MORGAN said they might renew the permission at the next annual meeting, if necessary.

The amendment was carried—Dr. Hamilton dissenting.

The CHAIRMAN said as the late Dr. Quin's will had not yet been proved, the third resolution upon the paper had better stand over.

Dr. HAMILTON said there was a slight delay caused through legal formalities; but the will would be proved immediately after Easter.

The meeting then terminated.

APPENDIX A.

REPORT OF IN-PATIENTS UNDER TREATMENT DURING THE YEAR ENDING DECEMBER 31st, 1878.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
GENERAL DISEASES :—								
A.—Febricula	3	...	...	...	...	...	...	3
Scarlatina	1	...	...	...	...	...	2	3
Typhus	...	...	...	...	...	...	1	1
Typhoid	4	...	...	...	1	1	...	6
Diphtheria	...	...	...	...	1	...	...	1
Pertussis	1	...	...	...	...	...	...	1
Simple continued fever	1	...	...	...	...	...	...	1
Erysipelas	4	...	...	...	...	...	...	4
Septicæmia	...	...	...	...	1	...	...	1
B.—Rheumatism—								
Acute	26	...	...	...	...	3	...	29
Sub-acute	12	1	...	...	...	3	...	16
Muscular	1	2	1	...	...	1	...	5
Chronic	...	4	2	2	...	1	...	9
Gonorrhœal	...	1	...	...	...	...	...	1
Rheumatic gout	...	1	...	1	...	...	...	2
Syphilis, secondary	...	2	1	...	...	1	...	4
Cancer—								
Uterus	...	...	...	7	...	1	...	8
Œsophagus	...	...	...	1	...	...	...	1
Mamma (operation)	2	...	...	...	...	...	...	2
Liver	...	...	...	1	2	...	...	3
Rectum	...	1	...	3	...	...	...	4
Penis	...	...	...	1	...	...	...	1
Scrofula	...	2	2	...	...	1	...	5
Acute miliary tuberculosis	1	...	...	...	2	...	...	3
Phthisis pulmonalis	2	5	3	6	3	...	...	19
Tabes mesenterica	1	1	1	...	...	...	...	3
Rickets	...	1	...	...	...	...	...	1
Morbus coxæ	...	2	...	...	...	2	...	4
Chlorosis and anæmia	...	3	3	1	...	...	...	7

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
Diabetes insipidus	...	...	1	...	...	...	...	1
Debility	1	7	8	...	...	...	...	16
LOCAL DISEASES:—								
a. Nervous System—								
Brain and its membranes—								
Meningitis	1	...	...	...	...	...	...	1
Tubercular meningitis	...	...	...	...	1	...	...	1
Chronic hydrocephalus	...	...	...	1	...	...	...	1
Cerebral softening	...	...	...	...	1	...	...	1
Cerebral tumour	...	...	...	2	1	...	...	3
Spinal cord and its membranes—								
Spinal irritation	2	7	1	1	...	...	1	12
Nerves—								
Paralysis	...	...	1	1	...	...	...	2
Hemiplegia	1	2	1	...	...	...	...	4
Paraplegia	...	...	...	2	...	...	...	2
Functional diseases—								
Epilepsy	...	...	1	3	...	...	...	4
Chorea	1	5	1	...	...	...	...	7
Hysteria	2	...	1	4	...	...	...	7
Hypochondriasis	...	...	...	1	...	...	...	1
Neuralgia	2	...	1	...	...	...	...	3
Sciatica	...	...	1	...	...	1	2	4
b. Disorders of Intellect—								
Dementia	...	...	...	...	...	...	3	3
c. Diseases of Eye—								
Conjunctivitis	1	...	...	...	...	...	...	1
Strumous ophthalmia	4	...	2	...	...	...	...	6
Iritis	...	1	...	...	...	...	...	1
Glaucoma	...	...	1	...	...	1	...	2
Amaurosis	...	...	1	1	...	...	...	2
d. Diseases of Ear—								
Inflammation	...	...	1	...	...	...	...	1
e. Circulatory System—								
Heart and its membranes—								
Pericarditis	...	2	...	...	1	...	...	3
Endocarditis	...	4	3	2	2	...	1	12
Angina pectoris	...	1	...	...	...	...	...	1
Arteries and veins—								1
Ossification of aorta	...	...	...	...	1	...	...	1
Varicosis	...	...	1	...	...	...	...	1
Nævus	...	...	...	...	...	1	...	1
f. Absorbent System—								
Enlarged cervical glands	...	...	1	...	...	...	...	1
Addison's disease	...	...	1	1	...	...	...	2

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
g. Respiratory System—								
Laryngitis, chronic	...	2	...	1	...	...	...	3
Bronchitis, acute	7	1	...	...	...	1	...	9
„ chronic	...	7	...	...	...	...	...	7
Asthma	...	1	...	...	...	...	...	1
Pneumonia, acute	12	...	...	...	...	...	...	12
„ chronic	2	3	3	...	...	1	...	9
Emphysema	...	2	2	...	...	...	...	4
Pleurisy	6	...	...	...	...	...	...	6
Abscess of lung	...	...	...	1	...	...	...	1
Hæmoptysis	1	...	...	...	...	...	...	1
h. Digestive System—								
Cancrum oris	1	...	...	...	...	...	...	1
Tonsillitis	5	...	...	...	...	...	...	5
Stomach—								
Gastritis, sub-acute	1	1	...	...	...	...	...	2
„ chronic	...	2	2	...	...	...	...	4
Dyspepsia	4	2	1	...	...	...	...	7
Hæmatemesis	3	...	...	...	...	...	...	3
Intestines—								
Enteritis	...	...	2	...	...	...	...	2
Diarrhœa	1	...	...	...	...	...	...	1
Constipation	1	...	...	...	...	...	...	1
Fistula in ano	1	...	...	...	...	...	...	1
Fissure of rectum	1	...	...	...	...	...	...	1
Liver—								
Cirrhosis	...	2	2	1	...	...	1	6
Jaundice	2	...	1	...	...	...	...	3
Peritonitis	2	...	...	...	...	...	...	2
Ascites	...	...	1	...	...	...	...	1
i. Urinary System—								
Bright's disease, acute	4	1	...	...	...	1	...	6
„ „ chronic	...	1	2	...	...	...	...	3
Hæmaturia	2	...	...	...	...	...	...	2
Diuresis	...	...	1	...	...	...	...	1
Post scarlatinal nephritis	...	...	...	...	1	...	...	1
Calculus	1	...	1	...	...	...	...	2
Urethra, stricture	1	...	...	...	...	...	...	1
Vascular tumour	...	...	...	2	...	...	...	2
Enlarged prostate	...	1	...	...	...	...	...	1
k. Generative System—								
Males: Gonorrhœa	1	...	...	...	...	...	...	1
Orchitis	1	...	...	...	...	...	...	1
Hydrocele	2	...	...	...	...	...	...	2
Phymosis	...	...	2	...	...	...	...	2
Females: Ovaritis, sub-acute	...	1	1	...	...	...	...	2
Ovaritis, chronic	...	3	...	...	...	...	...	3

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
Vesico-vaginal fistula ...	...	...	1	...	...	...	...	1
Vaginal cyst.....	1	...	...	...	...	...	...	1
Pelvic cellulitis	1	...	...	...	...	...	...	1
Uterus, inflammation	4	3	1	...	...	...	...	8
Ulceration	2	2	...	...	...	1	...	5
Fibroid	1	...	3	1	...	...	1	6
Polypus.....	2	...	1	...	...	...	...	3
Anteflexion	...	1	1	...	...	...	...	2
Retroflexion	3	1	2	...	...	...	...	6
Retroversion.....	1	1	...	...	...	...	...	2
Prolapsus	...	1	1	...	...	...	...	2
Amenorrhœa.....	...	1	1	...	...	...	...	2
Dysmenorrhœa.....	...	...	1	...	...	1	...	2
Menorrhagia.....	2	...	...	...	...	...	...	2
l. Organs of Locomotion—								
Periostitis.....	1	...	1	...	...	...	1	3
Caries	1	...	6	1	...	...	1	9
Necrosis	1	...	1	...	...	...	...	2
Synovitis, acute	4	...	...	...	...	1	...	5
„ chronic	...	...	1	...	...	...	...	1
Abscess of joint	...	1	...	...	...	...	...	1
„ spine	1	1	...	1	...	...	...	3
Bursitis.....	3	...	...	...	...	...	...	3
Inflammation of cellular tissue.....	2	1	...	...	...	...	...	3
Tumours	1	...	...	1	...	...	...	2
Talipes	...	...	...	1	...	...	...	1
Relaxation of ligaments...	...	1	...	...	...	...	...	1
Spinal curvature	...	1	2	...	...	...	...	3
m. Cutaneous System—								
Herpes	...	1	...	...	...	...	...	1
„ circinatus.....	4	...	...	...	...	...	...	4
Eczema.....	5	4	2	...	...	2	...	13
Impetigo	...	1	...	...	...	...	...	1
Rupia	2	1	...	...	...	...	...	3
Ulcer.....	6	3	...	...	...	2	...	11
Abscess	10	1	...	...	1	1	...	13
Carbuncle.....	1	...	...	...	...	...	...	1
Whitlow	1	...	...	...	...	...	...	1
Senile gangrene	...	...	1	...	...	...	...	1
Prurigo senilis	...	2	...	...	...	...	...	2
Lupus serpiginosus.....	...	1	...	...	...	...	...	1
Onychia maligna	1	...	...	...	...	...	...	1
Sebaceous cyst.....	...	1	...	...	...	...	...	1
Tinea tonsurans	3	...	...	1	...	1	...	5
n. Poisons—								
Metallic	...	2	2	...	...	...	...	4
Alcoholic	3	...	...	...	...	...	...	3

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
o. INJURIES—								
Perforating wound of thorax	1	...	...	...	...	...	...	1
Penetrating wound of joint	1	...	...	...	...	...	...	1
Fractured ribs	...	...	...	...	...	1	...	1
" femur	1	...	...	1	...	...	...	2
" fibula	1	...	...	...	...	...	...	1
Foreign bodies (needles)	2	...	...	...	...	...	...	2
Burns and scalds	4	1	...	...	...	2	...	7
Bruise	5	...	...	...	...	1	...	6
Sprains	6	...	...	...	...	...	...	6
	223	120	90	53	19	33	14	552

APPENDIX B.

Classified Summary of the Results of Treatment of 552 *In-patients during the Year* 1878.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
GENERAL DISEASES—								
Section A	14	...	...	...	3	1	3	21
Section B	46	32	22	17	7	13	...	144
LOCAL DISEASES—								
a. Nervous System	9	14	8	15	3	1	3	53
b. Disorders of Intellect	...	...	...	...	...	...	3	3
c. Diseases of Eye	5	1	4	1	...	1	...	12
d. „ Ear	...	...	1	...	...	...	...	1
e. Circulatory System	...	7	4	2	4	1	1	19
f. Absorbent	...	...	2	1	...	...	...	3
g. Respiratory	28	16	5	2	...	2	...	53
h. Digestive	22	7	9	1	...	...	1	40
i. Urinary	8	3	4	2	1	1	...	19
k. Generative	21	14	15	1	...	2	1	54
l. Organs of Locomotion	14	5	11	4	...	1	2	37
m. Cutaneous System	33	15	3	1	1	6	...	59
n. Poisons	3	2	2	...	...	...	...	7
o. Injuries	21	1	...	1	...	4	...	27
Total	223	120	90	53	19	33	14	552

Total Number of Patients during 1878.

In-patients	552
Out-patients	6419
Total	6971

Return of Dental Cases (*Out-patients*), 1878.

Extractions—Adults	100
Do., Children under 14	48
Irregularities of the Teeth treated surgically and mechanically	9
Advice Cases	16
Miscellaneous	12
Total Number of Dental Patients during 1878	185

APPENDIX C.

REPORT OF IN-PATIENTS UNDER TREATMENT DURING THE THREE MONTHS ENDING MARCH 31, 1879.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
General Diseases:—								
A.—Typhoid	2	...	...	...	1	1	...	4
Intermittent fever	1	1	...	...	...	...	...	2
B.—Rheumatism—								
Acute	4	...	...	...	...	1	...	5
Sub-acute	4	1	...	...	...	2	...	7
Muscular	...	...	1	...	...	...	...	1
Chronic	...	1	2	...	...	...	...	3
Syphilis, tertiary	...	...	...	...	...	1	...	1
Cancer—								
Uterus	...	...	...	1	...	...	...	1
Stomach	...	...	...	...	1	...	...	1
Scrofula	...	1	...	...	...	1	...	2
Phthisis pulmonalis	...	...	...	1	1	1	...	3
Morbus coxæ	1	1	...	...	...	1	...	3
Anæmia and chlorosis	...	2	...	...	...	...	...	2
Debility	1	1	1	...	...	...	...	3
Local Diseases:—								
a. Nervous System—								
Meningitis, rheumatic	...	...	...	...	1	...	...	1
Paralysis	...	...	...	2	...	...	...	2
Functional diseases—								
Chorea	1	...	...	...	...	...	...	1
Hysteria	1	1	...	...	...	1	...	3
Neuralgia	...	...	1	...	...	...	...	1
Sciatica	...	...	...	1	...	...	...	1
c Diseases of Eye—								
Conjunctivitis	1	...	...	...	...	1	...	2
Strumous ophthalmia	1	1	1	...	...	1	...	4
Iritis, rheumatic	...	...	...	...	...	2	...	2
Optic neuritis	...	1	...	...	...	1	...	2
Glaucoma	...	...	...	1	...	...	...	1
e. Circulatory System—								
Endocarditis	...	1	3	2	...	...	1	7
Varicosis	...	...	1	...	...	...	...	1
Nævus	...	...	...	1	...	...	...	1

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
g. Respiratory System—								
Bronchitis, acute	2	...	...	...	...	...	...	2
„ chronic	...	1	3	...	...	...	...	4
Asthma	...	1	...	...	...	...	...	1
Pneumonia, acute	5	...	...	...	1	5	...	11
„ chronic	...	5	3	...	...	3	...	11
Pleurisy	2	1	...	...	...	...	...	3
Hæmoptysis	...	...	...	...	...	2	...	2
Aphonia	1	...	...	...	...	...	...	1
h. Digestive System—								
Tonsillitis	2	...	...	...	...	...	...	2
Gastritis, sub-acute	2	2	...	...	...	...	...	4
„ chronic	...	...	...	1	...	...	...	1
Dyspepsia	2	...	2	...	...	3	...	7
Enteritis	1	...	...	...	...	1	...	2
Fissure of rectum	...	...	...	...	...	1	...	1
Colic	2	...	...	...	...	...	...	2
Intestinal obstruction	...	...	...	...	1	...	...	1
i. Urinary System—								
Bright, chronic	...	...	...	...	1	...	...	1
Enuresis	...	...	...	...	...	1	...	1
Uræmia	...	...	...	...	...	1	...	1
k. Generative System—								
Uterus ulceration	1	1	...	...	...	3	1	6
Fibroid	...	...	...	1	...	...	...	1
Retroflexion	...	...	1	...	...	...	...	1
Amenorrhœa	...	...	...	...	...	1	1	2
Dysmenorrhœa	...	...	1	...	...	...	...	1
Ovarian irritation	...	1	...	...	...	...	...	1
l. Organs of Locomotion—								
Synovitis, acute	1	...	...	...	...	1	1	3
„ chronic	...	...	1	...	...	1	...	2
Bursitis	1	...	...	...	...	...	...	1
m. Cutaneous System—								
Eczema	2	...	2	...	...	4	1	9
Ulcer	4	...	...	...	...	...	...	4
Abscess	2	...	1	...	...	3	...	6
Lichen	...	...	...	...	...	1	...	1
Seborrhœa capitis	1	...	...	...	...	...	...	1
Prurigo	1	...	...	...	...	...	...	1
n. Poison—								
Lead	...	...	...	...	...	...	1	1
o. Injuries—								
Fractured ribs	1	...	...	...	...	...	...	1
Crushed foot	...	...	...	...	...	1	...	1
Lacerated wound of thigh	...	...	...	...	...	1	...	1
Contusion of eye ball	1	...	...	...	...	...	...	1
Injury to knee	1	...	...	...	...	...	...	1
Sprain	1	...	...	...	...	...	...	1
Burn	...	...	1	...	...	1	...	2
	53	24	25	11	7	48	6	174

Woodburytype.

With many thanks
believe me
Yours most truly
Richard Owen

Bradbury & Evans

Annals of the Society.

A HISTORY OF THE BRITISH HOMŒOPATHIC SOCIETY, 1844—1879, WITH SUGGESTIONS FOR ITS FUTURE.

By Richard Hughes, L.R.C.P. Ed., Honorary Secretary to the Society.

(Read October 2nd, 1879.)

Mr. President and Gentlemen,—The concluding meeting of our last session was marked by a peculiar feature. When the time for choosing our president for the ensuing year had come, we no longer, as had been our wont for many years, voted by acclamation the re-election of Frederic Foster Quin, but proceeded to a ballot in the usual manner. We all know the cause of this change of action—the only cause which could have induced us to make it; it was that the eminent physician we had so long united to honour had passed from the sphere of earthly dignities,

"to where beyond these voices there is peace."

The close of Dr. Quin's presidency, which, dating from the very birth of the British Homœopathic Society, had lasted unbroken for thirty-five years; our commencement of life as it were anew, without the guidance of his knowledge and judgment, mark an obvious epoch in our history. It seems suitable that we should occupy the first meeting of our present session with some survey of our past and some outlook towards our future. Feeling this, and regarding it as my duty as Honorary Secretary to the Society to undertake any task of the kind, I have

prepared the paper I am about to read before you. I trust you will all believe that it is from such sense of duty, and from no conception of special fitness, that I have ventured to perform this office. My own eighteen years' membership is but a novitiate compared with the standing of some others whom the Society still includes in its ranks; and these could give us actual recollections of scenes *quorum partes magnæ fuerunt*, while I can only speak from documentary evidence. The discussion, however, will give them an opportunity, which I am sure we all hope they will embrace, of contributing their personal reminiscences, while I save them the trouble of collating records and putting on paper the necessary facts and dates.

The British Homœopathic Society was founded in 1844. It consisted in the first instance of eight members, viz. Drs. Quin, Giglioli, Partridge, Mayne, and Dunsford; Messrs. Hering, William Wood, and Cameron. One only of these remains to us, but in Mr. Cameron we rejoice to retain a genuine relic of that time and a true inheritor of its traditions. The earlier meetings were occupied with the settlement of the constitution and laws of the new association, and it was not till June, 1845, that it began to assemble for scientific discussion. When the first roll was called we find seventeen names upon it, and they include (besides the eight already mentioned) those of Massol, Drysdale, Russell, Chapman, and Engall, all honourably known since in the annals of the Society. A little later it was reinforced by Dudgeon, Black, Madden, Hilbers, Hamilton, Kidd, and others, so that in 1849 the President could speak with pride of its containing forty-four members.

The object of the formation of the Society was threefold:

1st. It was designed to unite the small body of adherents of homœopathy in the British Islands, who were already for their faith silenced in, or excluded from, the ordinary associations of the profession—to unite these for mutual intercourse and improvement. For this purpose meetings were to be held for the reading and discussion of scientific

papers, and a library of periodical and standard medical literature was to be formed for the use of the members.

2nd. The Society hoped to be useful in promoting the advancement of the homœopathic method among medical men, by the publication of its transactions and other works, and more especially by the founding of a dispensary which should form the nucleus of a hospital.

3rd. It aimed at promoting a high standard of conduct among its members by stringent laws against unprofessional doings, so that admission to and continuance in its fellowship would be a guarantee to the profession and public of the character of any practitioner of the new system.

In pursuance of the first of these aims the Society instituted those monthly Thursday meetings for the reading and discussion of papers which have continued ever since. It is interesting to see, from the original laws, with what earnest, not to say Spartan, virtue the members braced themselves to their task. All of them who lived in London were bound under penalty of a fine to attend every meeting, the only admissible excuses for non-appearance being (certified) illness or absence from town. Under similar penalties they undertook to furnish, in regular succession, a "dissertation or communication" for discussion. The monthly meetings were held throughout the year without any intermission, save by a special vote, and the Annual Assembly, instituted for the special convenience of the country members, extended over four days. In these degenerate times, moreover, we cannot but admire the zeal which prompted the resolution (Law LVIII) that "Public business shall commence at or before 9 p.m., and shall not be prolonged beyond half-past *twelve* o'clock, except by the unanimous vote of the members present," who were, indeed, actually fined if they left before half-past eleven. Nor was this a mere paper regulation. The minutes of those times frequently show that the Society adjourned at twelve, one, and even two o'clock. It was not until 1849 that the hours of the meetings were assimilated to those at present in force.

Of the promotion of the first object of the Society by the formation of a library, and of its second by the issue of publications, I will speak hereafter. The other method of promoting the spread of homœopathy, the founding of an institution wherein the system could be publicly practised for the benefit of the poor and the instruction of inquirers, became a *fait accompli* in 1850, when, in union with a society of laymen numbering some 1500, the "British Homœopathic Association," we opened the London Homœopathic Hospital. I say "we," for the British Homœopathic Society undertook the medical charge of the hospital, and guaranteed the character, if not the proficiency, of its officers by obtaining the proviso that no one should be elected on the staff who was not a member of the Society, a rule which endures to this day.

The third or disciplinary object of the Society's existence was carried out by instituting a strict scrutiny of the qualifications of all who sought its membership, the only diplomas recognised as valid being "those of universities or schools of medicine exacting from their graduates residence during the curriculum of study and personal examinations." It was also expressed in Law LXVII:

"Any person who shall announce by inscription on any public place, or shall publish in any advertisement or circular letter his practice or place of abode, or shall sell, or cause to be sold, any secret remedy or nostrum, or shall publish any pamphlet or book in which cases of cure are detailed, and the remedies concealed, is not admissible as a member; and if any such person shall be proved to have committed any of the above acts since the foundation of the British Homœopathic Society, he shall cease to be a member thereof; and, moreover, if any member shall commit any of the above offences against the Society he shall incur the penalty of expulsion."

And again, in Law LXVIII:

"Any member assuming a title to which he has no right, if continuing to do so after being admonished to the contrary by the President, shall incur the penalty of expulsion."

The propriety of these regulations, which in substance remain in force to this present, can hardly be disputed; and their necessity must be obvious when we consider the temptations incident to the practice of a new and definite system of medicine, the peril lest its distinctiveness should be made an occasion for trading, and the readiness with which its enemies made capital out of any *lâches* committed by its adherents. Nevertheless, their enforcement could hardly be carried out without some heartburning and trouble. The presidential address at the first Annual Assembly of the Society, held in August, 1846, speaks already of defections and even expulsions on this ground, and our subsequent history has to record some other occurrences of the kind. It is mainly for this reason that we do not include in our ranks all who practise homœopathically even in the metropolis; but we must be content thus to be preserved fit, even though it makes us few.

In 1849 a trouble of a very different kind, but with similar results, befell the Society. Its country members, who by this time had come to form a large proportion of the whole number, conceived that they were put at a needless disadvantage by the existing laws. At the Annual Assembly held in the August of the year named they brought forward a series of proposed alterations, including among other things the holding of this assembly in various parts of the kingdom, and the admission of votes by proxy on all questions. Being opposed by the town members, they were unable to secure the majority requisite for altering the laws; and shortly afterwards the mass of them left the Society. They all, or nearly all, subsequently returned; but it is from this cause that in our list of members the names of some of the oldest and best of British homœopathists appear so low down in the chronological order, instead of ranking with their contemporaries. The shock, moreover, of this troubled time nearly deprived the Society of the services of its president, as we have all heard or read in Dr. Hamilton's interesting sketch of his career.

I have of course trodden lightly over the ground now traversed—

per ignes
Suppositos cineri doloso.

It speaks volumes for the vitality of the Society that it survived so stormy an infancy. Though reduced in numbers it continued to pursue the even tenor of its way; and ere long new recruits and returning dissidents so swelled its ranks that they became over a hundred strong, at which point, with but slight oscillation, they have remained to this day. The only other cause of dissension which arose was the connexion of the Society with the London Homœopathic Hospital, and the law which obliged the medical officers of that institution to have the *imprimatur* of its membership. Antagonism to these positions, however, came mainly from without, and found little support within the Society's bosom. It continued to hold its monthly meetings; and from 1850 onwards accepted for them the hospitality (as it may fitly be called) of its child, the Hospital, having up to this time enjoyed that of the president. As it now had in some sort a "local habitation," it invested in a book-case, and laid the foundation of its present excellent library.

In 1860 the Society began for the first time to publish its transactions. So early as 1846 this step had been contemplated; but the intention of the members looked rather in the direction of the issue of an occasional volume when sufficient material had been accumulated to fill it. Nothing, however, was done of this kind; but a temporary medium of publication for the Society was secured in the *British Journal of Homœopathy*, which had begun to appear quarterly in 1843. In the volumes of this periodical for 1847 and 1848 may be read some very interesting accounts of the discussions held at that time; and many of the earlier papers it contained—as those of Dr. Madden, and Dr. Quin's cases of neuralgia—had first been read at the Society's meetings. After the disruption of 1849, however, the connexion between the Society and the Journal ceased; and, save for two notices in its eleventh and twelfth

volumes respectively (1853-4), the latter served no longer as the means whereby the former might come before the world. In 1859, Dr. Rutherfurd Russell being now the honorary secretary, it was thought that his eminent literary powers might be utilised in the direction of periodical publication by the Society; and in May of the following year appeared the first number of the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital.* This journal has continued to be issued since, though Dr. Russell's lamented death in 1866 deprived it of its virtual editor. For some time it was incorporated with the *British Journal of Homœopathy*, though subsequently sent to its members in a separate form: it has now resumed its distinctive existence. At the present time it forms eight respectably-sized volumes, and is—we venture to believe—no worthless contribution to the periodical literature of our school.

In yet another way has the Society come forth as a publisher, and has here especially approved itself an exponent and guardian of British homœopathy. I refer to the *Pharmacopœia* issued under its authority, first in 1870, and then—in a second and augmented edition—in 1876. We owe the initiative of this important undertaking, and the greater part of the labour expended on the first edition, to Dr. Madden; in the second Dr. Drury, then secretary, efficiently filled his (unhappily) vacant place. The boon which has thus been bestowed upon homœopathic pharmacy in this country is immeasurable; and from no source could an authoritative *British Homœopathic Pharmacopœia* have proceeded save from such a body as this.

Once again the Society was called upon for authorship, when the Committee of Arrangements for the "World's Convention" of 1876 desired it to furnish for the transactions of the gathering a history of homœopathy in Great Britain, with its literature and institutions. It committed the task to five of its members—Drs. Ker, Hughes, H. Nankivell, Pope, and Bayes, and their performance of it is in your hands.

I can only briefly mention one other action of a public

kind taken by the Society. In promoting the establishment of a hospital it had always hoped to provide thereby for the instruction of inquirers and beginners in homœopathy; and for some time the institution was called the "London Homœopathic Hospital and Medical School." Little was done, however, beyond the giving of occasional clinical lectures by Drs. Quin, Leadam, Russell, Yeldham and others, until 1874. In this year, at the instance and under the management of Dr. Bayes, regular courses of lectures on materia medica and practical medicine were instituted by the Society, which were carried on by its members during the medical sessions of two years, and were not discontiuued until superseded by the establishment of such teaching in a more organised form in the London School of Homœopathy, founded in 1877.

The only other feature of the history of our Society I deem it necessary to record is the *personnel* of its official body during the thirty-five years of its existence. When first formed its officers were simply a president, a treasurer, and a secretary. The first of these posts was, of course, awarded to Dr. Quin, and his eminent services therein made us (as you all know) only too glad to retain him there, for service as long as he was able to render it, in honour when advancing infirmities compelled him to retirement. We have a treasurer of almost as long a standing. The original incumbent of the office was Dr. Giglioli; but in 1848 his place was taken by Dr. Hamilton, who has continued to serve us therein ever since. The secretaryship has passed through many hands. At first undertaken by Mr. William Wood, we find among the names of those subsequently fulfilling its duties those of Dudgeon, Chapman, Spillan, Calvert Holland, Leadam, Ryan, Wyld, Russell, Mackechnie, Madden, and Drury. The vice-presidentship was founded in 1849; and it was agreed that its two chairs should be filled respectively by representatives of the metropolitan and the provincial members. Drs. Chapman and Madden were the first to be elected; and since then the office has been held in succession by all the more eminent members of the Society who were able to discharge its duties.

I may briefly mention that the laws of the Society, which these its officers are appointed to carry out, have undergone several revisions since their original settlement in 1845. I have endeavoured to bring together copies of each edition as published; and these I lay before you.

And now, gentlemen, having briefly surveyed the past history of our Society, I come to the second division of my subject; and ask you to inquire with me whether any measures can be taken—and, if so, what—to enable it to fulfil its mission more completely, and still further enhance its usefulness.

1. The chief function of the Society, as of others similarly constituted, is to obtain from its members essays upon the various points of medical interest, which—apart from the instruction they themselves convey—shall be the occasion of eliciting the thought and experience of others. For this purpose they are read and discussed at the monthly meetings which are held during three quarters of the year. I cannot imagine any change in this arrangement being made with advantage. But I must feel that our country members hardly get as much benefit from what we do as they might have, were the transactions of our meetings more fully and frequently published. At present they get twice a year a number of the *Annals* containing simply the papers read during the first six months, with a very fragmentary account of the discussions held thereon, which in the last number is omitted altogether. There is no *procés-verbal* of the proceedings of the meetings, of the elections of officers or of new members, of motions made or laws altered,—in a word, of those personal and living details which give interest to the records of all gatherings of human beings. I would suggest that, in lieu of the half-yearly *Annals* in their present somewhat skeletonic form, they should be issued quarterly, each number containing the full minutes of the proceedings of the meetings held subsequently to the last report—so far, at least, as the Society was willing that they should be printed. This is the plan adopted by our sister Society of Paris, save that its *Bulletin* is actually issued monthly. We should also, I

think, invite communications by letter from our country members on the subjects discussed in the Society, and so make the *Annals* in the fullest sense its general organ and record.

2. My next suggestion grows out of this. The publication of our *Annals* has enabled us to obtain in exchange a regular supply of many of the foreign homœopathic journals, and, should it be issued quarterly, we may expect that the list will be yet further enlarged. These "exchanges" lie on the table of the Society's room, but I imagine that few even of its town members find time and opportunity for looking through them. We should all gain, however—in knowledge on the one hand, in sympathy and *esprit de corps* on the other—were the periodical communications of our colleagues in other lands brought to our notice. I should propose, therefore, that at each meeting of the Society a statement shall be made as to the journals received since the last assembly, and a brief account given of any matter of interest or importance which they may contain. The proper organ for such a function would be that member of the Publishing Committee who acts as editor of the *Annals*, and exchanges it with its foreign contemporaries. This post is at the present time occupied by Dr. Galley Blackley; and I am sure that you will all feel that his acquirements as a linguist make him specially qualified for the further duties I am now seeking to cast upon him. His statement should, I think, be (at any rate in substance) in writing, so that it might appear in the *Annals*, and benefit our country members.

3. There is another way in which the Society might make itself more useful to its members, both metropolitan and provincial; and that is by means of its library. It possesses, and more than ever now since it has received the legacy of Dr. Quin's medical books, a treasure of homœopathic literature in all languages, access to which would be prized by most were it only available. An effort has lately been made to purge, arrange, and complete our collection; and I would propose that, as soon as the Committee report their labours to be completed for the present, a catalogue

of the library shall be drawn up, printed, and sent to all members of the Society. I would further propose that country members shall be allowed to have books sent to them on application, proper regulations, of course, being made as to defraying cost of carriage and as to the time for which the volumes may be kept.

4. The three previous suggestions have reference to the Society's duty to its own associates. It also, however, has a function to perform towards the profession at large as the chief representative of homœopathy in the metropolis, and, indeed, in the country. I think that the time has come when the suggestion made by Dr. Hayle, of Rochdale, when presiding over the British Homœopathic Congress in 1876, should be carried into effect, namely, that there should be an annual Hahnemannian oration as well as a Harveian and a Hunterian. I think that the time has come for the institution of such an oration, and that the British Homœopathic Society is the fitting organ for providing for its delivery, and for appointing the orator. Year after year the profession ought to be reminded, as powerfully and as publicly as possible, of the value of Hahnemann's life-work, and of the claims his method has to our reception and cultivation. We must not hide our light under a bushel; and thus to do honour to him and to the system he has bequeathed to our trust would be, I think, a worthy expenditure of this Society's trouble and means.

5. The last suggestion I have to make does not contemplate any present practical action; it is rather an outlook towards the future. As now denominated and constituted the British Homœopathic Society limits its membership to those who fully believe in the method of Hahnemann and avowedly practise according to it. It "has for its objects the advancement and extension of the principles of homœopathy" (Law I), and every person elected a member has to subscribe to an obligation that he will "endeavour to advance the doctrines and practice of homœopathy" (Law IX). Now, such limitation is certainly of advantage to the regulative and distinguishing functions which the

Society has aimed at performing in the homœopathic body, and for the present I have no wish to break it down. One cannot but feel, however, that it gives a somewhat sectarian appearance to our association. And there is more than this. The societies of the profession at large so restrict their membership and discussions that homœopathy shall never be mentioned except for condemnation: we do the same thing for the opposite purpose. We believe that they lose by refusing to hear the *pro* of the system, but is it not possible that we also suffer loss by having no opportunity of hearing the *contra?* We do, indeed, testify to our readiness to listen to any visitor who may desire to express himself upon the subject in debate, whatever his opinions may be, and herein we show greater liberality than is known in our sister institutions. But this is hardly enough. I confess that I look forward to the day when this Society shall throw down all the barriers which hedge it round; when it shall follow the Harveian and Linnæan in calling itself simply by the name of Hahnemann; when it shall invite to its membership all who sympathise with him in devotion to the art of healing, however qualified may be their acceptance of his particular mode of practising that art. The time may not have come for it yet; but the "Hahnemann Society" of the future must, I apprehend, be just a therapeutical one, fulfilling the purpose which the "Clinical" was designed to subserve, but from which it has so widely strayed. To this its object and purpose it must be restricted, but it should have no other limitation. Its membership should be open to every educated practitioner of medicine without inquiry into his mode of practice or imposition upon him of any obligation. Homœopathy must find its place in such an association by no artificial arrangements, but in virtue of its own weight and value: can those who believe in it fear what that place shall be? We who practise it should gain by the criticism of those otherwise minded, and they would have it brought before them in a manner and to an extent which are now impracticable.

This, gentlemen, is my vision of the future, but for the

present it behoves us to sustain our Society as it is. Let us all do our best to enlarge its membership, to enrich its library, to supply its transactions with well-digested papers, and bring presence and thought to its discussions. Above all, let us do our best to uphold its honour and character, and to quit ourselves worthy of the same. It should not be to no purpose that the portrait of its founder and thirty-five years' president looks down upon its meetings. Let that honoured semblance invite us alike to the devotion to our profession and to the high standard of conduct therein of which he has left us so bright an example.

Discussion upon Dr. Hughes's paper.

The PRESIDENT expressed his pleasure at hearing the story of old controversies told in so softened a manner. He approved of the proposal to institute a Hahnemannian oration.

Dr. YELDHAM recalled the connection of Dr. Quin with the Society, and dwelt upon the qualities which made him so excellent as its president and founder. He regretted the loss its younger members had sustained in not having seen him preside at its meetings. As regards the suggestions made he expressed his approval of making the library more available for country members and of the Hahnemannian oration, but questioned the advisableness of publishing the records of private business in the *Annals*.

Dr. DRURY found the paper very interesting. He thought, however, that the office of vice-president should hardly be described as continuously existing since 1846, as it had remained in abeyance for several years after this.

Dr. BLACK approved the idea of bringing forward and publishing a *résumé* of the journals received by the Society, but suggested that it should be done by a committee, each member of which should take the journals of one country. He doubted the advantage of publishing the *Annals* more frequently, on account of the interference that might thus result in respect of the contributions to and the state of the other journals of our school. He approved of interesting country members by soliciting their written views, and suggested that suitable subjects for this purpose might from time to time be chosen.

Dr. GALLEY BLACKLEY said that he would be happy to perform the part which the papers assigned to him to the best of his ability. He thought that the expense of publishing the *Annals* quarterly would be more than the Society could afford.

Dr. DYCE BROWN approved of the *résumé* and also of the

Hahnemannian oration. He thought that the change of name of the Society advocated in the paper might come about sooner than was then supposed.

Dr. HEWAN doubted the advantage of separate *Annals* being published at all, and so would not have them issued more frequently.

Mr. BUTCHER supported Dr. Black's suggestion that the *résumé* should be made by a committee, each member taking the journals of one language.

Dr. HUGHES, in reply, said that he was pleased to find that his suggestions had generally met with the approval of members. Those relating to the Hahnemannian oration and to the account to be given of the journals received by the Society he should bring forward as motions at the next meeting. He explained, however, that he did not contemplate the making of a *précis* of all the contents of all the journals, but simply a statement of anything that was noteworthy in them.

ON COLIC AND THE CONDITIONS WHICH SIMULATE IT.

By Edward T. Blake, M.D.

(Read November 6th, 1879.)

Mr. President and Gentlemen,—Even the most experienced practitioner in this room may perchance remember in his earlier days standing at the bedside, where he had been summoned in hot haste to soothe some form of vehement abdominal suffering, how, in the presence of urgent distress, he has felt perplexed among the variety of diseases which rapidly pass in review before his mental vision, and perhaps even more embarrassed by the very wealth of remedies at his disposal.

In the hope that our maturer brethren especially may aid us in clothing its bare bones with flesh I present to you, gentlemen, this mere skeleton of suggestions as to differentiation of disease, and of drug action in this important sphere of the human body.

There is no doubt that, in defiance of its etymology, our forefathers employed the term "colic" for any kind of pain in the abdomen not inflammatory in character. Witness "biliary colic," "renal colic," "menstrual colic," "hæmorrhoidal colic," &c. Colic, of course, means literally spasmodic pain in the colon, yet this is not the idea which it now conveys to our minds. A more modern pathology has narrowed it down to acute non-inflammatory pain in the small intestine or in the structures lying between it and the aorta.

Adopting the ordinary anatomical division of the abdomen into nine spaces, we will commence with the

Right Hypochondrium.

In it, you know, we find—
The right lobe of the liver.
The gall-bladder.
The duodenum.
The hepatic flexure of the colon.
The upper part of the right kidney.
The right adrenal.

Pain in this region (right hypochondrium) is, of course, though apparently deep-seated, often superficial; in other words, it is very frequently parietal. It is not an uncommon site of myalgia, of intercostal neuralgia, and of pleurisy. We may have here, as in any other region, an incipient boil or a parietal abscess, and, in children especially, some local result of violence, easy to mistake for deep-seated disease. More deeply situated we may have diaphragmatic sufferings, and that rare, if existing, condition "hepatalgia." Acute pain in the liver, not connected with the gall-bladder or its ducts, has not often occurred in my practice. I cannot remember that I have ever seen an unmistakable example.

For acute deep-seated pains in the region of the liver I have found *Acon.* and *Bry.* the most effectual; *Chelid.* has to me proved a most disappointing remedy. Should the pain pass along the gall-duct towards the gall-bladder *Calc.* may be tried, though I have much more faith in *Berberis*, first suggested to me by Dr. Arthur Clifton. Amongst many instances of relief of such pain I have selected one the long established and chronic character of which puts the question *post hoc propter hoc* beyond a doubt.

Case 1. *Spasm of the gall-duct.*—Mrs. T. C—, æt. 33, is tall, slender, and fair. All her life has been prone to cold feet and to chilblains.

Had scarlatina so badly at four that her life was despaired of. From eight to eleven general eczema capitis; this disappeared only to be followed by post-aural eczema, which lasted till the age of thirteen. At fourteen the catamenial

flow commenced, and was immediately arrested by exposure; it remained in abeyance for three years.

About a week after this check the mammary glands began to harden; this state of things continued for six months, and was followed by recurrent suppuration for the space of three years. When these mammary abscesses had healed the menstrual flow was re-established, but not regularly.

The general health now improved until the age of eighteen, when she suffered much from clavus. At the age of nineteen she married, and came under my observation. She complained of leucorrhœa and of dysmenorrhœa, but I found no active pelvic disease.

The cervix pointed to the right hip, and the condition of the fundus, deviating considerably to the left and not as mobile as it should be, indicated that the chill at fourteen had probably been followed by left parametritis, and that the mammary troubles were secundary in origin.

There was œdema of the left leg, but no evidence of vascular disease in any of the crural distributions. Albuminuria existed; always worse at 11 a.m., it has continued to this present time, but there have never been discovered either casts, free blood-corpuscles, or pus. At times a few crystals of oxalate of lime.

Conception took place for the first time at the age of twenty-eight, and a healthy male child was born at full term. Oddly enough, the albuminuria disappeared during the pregnancy, apparently being diverted to help in supplying nutrition to the fœtus.

This episode, as might be expected, removed the dysmenorrhœa, but the general health was not so good after the pregnancy, and when about six months had elapsed, a persistent pain set in between the shoulders, on a level with the sixth and seventh dorsal vertebræ. This pain was not affected by eating, but was intensified by over-exertion and by worry. It was greatly aggravated by exposure to cold. Ameliorated by warmth, by *Prussic acid*, but much more by *Nux vom.* For six months it gradually increased in severity, assuming more and more the appearance of

gastralgia, by which I mean that it made itself more and more felt in the epigastric region.

By November, 1878, the attacks had travelled in site towards the right, and began to take on the appearance of "biliary colic." Terrible attacks of excruciating pain in the region of the gall-duct, lasting from ten minutes to three days, recurring about once a month, but not at regular intervals, greatly prostrated the patient, and her life was a misery, with either endurance or anticipation of anguish. The only means of relief was found in the use of *Berberis θ*, gt. x, in Oss of hot water, taken off at a draught. The vomiting induced by this was sometimes the signal for a sudden cessation of the acute pain. Hot water alone did not afford relief, and ordinary emetics were only followed by slight diminution in the sense of suffering.

After three attacks there usually were seen an icteric tinging of the sclerotic, pallor of stools, yellowness of urine, and sometimes slight general jaundice; but the most scrupulous search invariably failed to reveal a trace of either hardened bile or of cholesterin.

This state of things lasted for three years, steadily augmenting in gravity, during which time a great variety of medical advice was sought and followed, but with negative results.

Then, to the great joy of the patient and to the satisfaction of her friends, the painful symptoms disappeared in three weeks, under the use of gr. j of the *Muriate of Berberin*, taken twice a day. Pallor of stools and a tendency to constipation lingered for some months, but finally disappeared under the use of *Acon* 1x.

What I have said with regard to pain running along the biliary duct holds good of the specific pain produced by the passage of gall-stone. This horrible affliction has appeared to me to be more frequent in persons who are addicted to profound thought, who eat infrequently and who lead sedentary lives; also in the victims of great mental distress. Hence the view that the cholesterin nucleus is the result of either excessive production or inadequate conversion of "neurin," the chief product of retrograde brain-meta-

morphosis, is quite worthy our serious attention. It is probable that the passage of food past the duodenal orifice of the biliary duct is, in health, the signal for the contraction of the gall-cyst and of the expulsion of its contents. Protracted fasting connected with excessive brain- or nerve-waste would evidently promote the introduction of solid stearic elements into the gall-bladder, and also the removal of the liquid portions of its contents by absorption, undisturbed by expulsive contractions. In such cases I should not hesitate to order the hot bath, and to use either nitrite of amyl or chloroform inhalation, the latter far preferable by the way to that of ether.

For duodenitis, if acute, tending to set up catarrhal jaundice, *Acon.* and *Cham.*, followed by *Podo.* or *Merc. corr.* For the passive form, tending to pass into ulceration, *Kali bich.* and *Uran. nit.* For pain at the flexure of the colon, *Lach.* is often useful.

Epigastric Region

Contains—

The centre of the stomach
The pylorus.
The left lobe of the liver.
The lobus spigelii.
The pancreas.

With regard to stomach diseases and stomach drugs there is little, I fear, that I can say which will add to your stock of knowledge. I will remind you that epigastric pain may not only suggest spinal disease, hysteria, and pelvic disorder, but it may point to lesions which have their primary seat in such adjacent organs as the heart and the liver.

Chronic gastralgia is not infrequent in women suffering from specific disease, especially in cases where mercurials have been abused. It will suggest a careful look-out for some other signs of blood infection. It has twice occurred to me to see gastralgia combined with hæmatemesis in the course of ovarian disease; this and similar phenomena make

it possible that the gastric ulcer of girls may yet be shown to be a reflex pelvic neurosis.*

In obscure cases it is a great aid to diagnosis to be able to map out the exact shape and size of the stomach. This may be done after a fast by placing the patient on one side. The flatus rises to the opposite flank, which may be percussed out and sketched with ink on the surface, then turning the subject on the other side, the opposite end can be treated in a similar way. Thus, dilated stomach may be diagnosed and pyloric induration inferred. *Nux, Kali bich., Uran. nit.* Great gentleness should be used in manipulating cases of suspected ulcer.

It is as well to bear in mind that a pyloric mass may lie partly even as low as the right iliac fossa and that the great curvature may reach as far as to the pubic arch. Of course the induration may be carcinomatous. *Conium, Ars., Hydras., Cundur.* For vomiting *Kreos., Apomorph.*

It may be necessary to distinguish this condition from gastric ulcer. Cœliac neuralgia finds its *similimum* in *Prussic acid,* which also relieves pain in the hypogastric plexus.

Most epigastric pains are relieved by a good thick compress.

A convenient differentiation between *Bry.* and *Nux* in gastralgia, known to all old homœopaths, is that the *Nux* pain does not, like the *Bry.* pain, extend through to the spine.

Left Hypochondrium.

In this region we have:

Splenic end of stomach and of the pancreas.
The spleen.
Splenic flexure of colon.
Upper half of left kidney.
Left adrenal.

Pain at the splenic end of the stomach usually yields to *Argent. nit.*

* Compare Dr. Cooper's most interesting and suggestive clinical lecture, Ulcer of the Stomach," *Brit. Journ. of Homœopathy,* vol. xxxv, p. 64.

Pain at the colonic flexure requires the same remedy as when it occurs on the right side, viz. *Lach.* If this fail, *Naja* may be tried.

Apart from the passage of renal calculus, diseases of the kidney are seldom associated with acute local pain. That there is a "True nephralgia," not necessarily connected with the actual passage of stone, I am convinced, for I have both seen it in others and felt it myself on stepping into a cold bath. Though, to do justice to Basham, I must admit that all the cases which come to my mind have been in the subjects of the *lithic acid* diathesis.

To mitigate the terrible suffering of a travelling calculus we may give *Acon.*, *Pareira*, or *Berberin*, aided by chloroform and the hot bath or poultice; but we shall best earn the gratitude of the tortured patient by the subcutaneous injection of morphia. I once saw well-marked opisthotonos developed in a female case during the passage of a calculus.

Splenic disorders, at least in this country, like those of the pancreas, appear to be rarely the causes of sudden pain. *Ceonothus, Agar., Quinine, Nux vom.*

Right Lumbar.

Here we find—

The ascending colon.
Lower part of right kidney.
Part of small intestine.

Deep-seated pain in this region might be connected with spinal disease, or with myalgia of the psoas, but it is far more likely to be the result of flatus with or without fæcal impaction. It is met by *Coloc.*, with soothing enemata; firm upward oil friction, and the prone posture may be suggested. If the pain be very severe, a mustard-and-linseed poultice may be ordered, and it is best enclosed in a flannel bag, and covered outside with some impervious material.

Intense pain in the flank, with hyperæsthesia, and without assignable cause, should suggest the possibility of shingles.

Umbilical Region.

Has in it:

The transverse colon.
Part of great omentum and mesentery.
Transverse part of duodenum.
Chief part of jejunum and ileum.

The transverse colon seems to be peculiarly prone to the retention of flatus and of fæcal matter. *Bell.*, *Lycopod.*, and *Cham.* are recommended for sharp pain in this region; I have often used them, and I have been often disappointed by their use. Similarly, *Ipec.*, which in the Repertories is set down as *the* medicine for pain round the navel, has in my hands proved a disastrous failure. *Coloc.*, not stronger than 3x, is the most hopeful medicine. If worse at night *Plumb.* is very precious; and in *Dioscorea* we have to thank our transpontine brethren for an invaluable addition to our colic remedies. The form of this painful condition which I have seen it relieve the most rapidly is a pain running vertically downwards on one or both sides of the linea alba, about two inches from the mesial line. Though this site corresponds with the sides of the hypogastric plexus, I cannot agree with the accomplished author of *New Remedies* that it is neuralgic in character. Looking at the fact that Dr. Cushing's provings exhibited so many hepatic symptoms, and that *Dios.* has both caused and cured hæmorrhoids, I think there is ground for supposing that this remedy acts by removing a distended state of the abdominal veins. Added to this, the patients who have received benefit from its use in my hands have all been the subjects of the hæmorrhoidal tendency.

Intense distensive pain with burning at anus or in urethra, *Capsicum*. Acute colic, with severe diarrhœa and vomiting, yields to *Atropia*.

My remedies for catarrhal colic are *Acon.*, *Camph.*, and *Dulc.* For the rheumatic form, especially where the extremities are cold, *Verat. alb.*

Parietal hernia, intussusception, and, again, "kinking," from adhesions and other causes, are to be thought of, and

we may here note that the consensus of professional opinion is now opposed to tentative surgical exploration.

In the male sex a distended bladder, *small quantities of urine actually passing at the time,* may reach into this region, and perplex us till the catheter test be applied. The sudden and complete emptying of an over-distended bladder is sometimes followed by instant death. In the other sex pregnancy may be present, or it may be simulated by subinvolution, by ovarian cyst, by fibrous growths, by general fibroid hypertrophy, or even by phantom tumour.

Case 2.—I am now attending a lady, æt. 44, having a general fibroid hypertrophy of uterus, with a splendid "placental souffle" on each side of the womb, but no fœtus. It is produced by the dilated lateral sinuses.

Colic, with abdominal sinking and dilated pupil, and perhaps menorrhagia, will serve to make us suspicious of tænia. Infantile colic is best met by *Cham.*, and if that fail, by *Laches.*

Left Lumbar.

Contains, like the right lumbar region—

The colon.
Lower part of kidney.
Part of small intestine.

It differs in containing a part of the omentum. Thus the remarks which have been made concerning the right lumbar region will apply with equal force to the left side, which, with the above-named exception, has no distinctive peculiarity.

Right Inguinal.

Holds—

The cæcum.
The appendix cæci.
The ureter.

The smallness of the number of viscera in this region bears no proportion to its clinical importance.

Here the thermometer is of the utmost value; a low evening temperature at once putting out of court enteric fever, typhlitis, perityphiltis, peritonitis, parametritis, inflamed hernia, acute oophoritis (exceedingly rare), glandular inflammation, abscess, ulceration of appendix, and reducing us to the probabilities of impacted fæces [with or without incarcerated wind], recent hernia, or calculus. Another point to be thought of is dislocated ovary, the result of congestion, itself a sequence usually of cervical disease.

Merc. corr., preceded by *Acon.*, exerts a remarkably beneficial influence over the acute inflammations of this region, I think I may say (happily for the slip-shod diagnoser) irrespective of their precise pathological character. The compress here is of great aid in treatment.

For acute ovarian pain *Hamam.* stands at the head of the list.

In flatulent distension of the cæcum I have seen *Gamboge* give quick relief.

Case 3.—Mrs. A. F. P—, æt. 34, is fair, with florid acne on face. Has a family; is prone to terrible recurrent headaches and constipation, and is often hysterical. Incipient osteo-arthritis. Post-partum abrasion, secondary cervical hypertrophy, and anteversion. Six years ago was staying at a country house in Hampshire, and sat on damp gravel; ever since that has been prone to severe pain in cæcum, coming on at 5 a.m., relieved by hot drinks. It left her for two years, but returned last August whilst paying a visit at Henley, which was chilly and wet at the time. On removing the pelvic troubles the headaches quite ceased, but this cæcal pain remained. It disappeared during the use of *Gummi guttæ θ*, pil. ii nocte maneque.

The Hypogastric Region.

Convolutions of small intestines.
The bladder in children and in adults if distended.
The pregnant uterus.

As there are few complaints to which men are alone

exposed, and which cause acute pain in this region, whilst there are so many essentially feminine disorders referring pain to this part, we will consider that we have to do with the female hypogastrium.

Very acute pain sometimes occurs from pressure of flatus in the small intestines, on the bladder. This is usually relieved by *Nux v.;* should it fail, *Lycopod.* may be tried, but the condition is sometimes very intractable, requiring vesical intercurrents to remove the abnormal bladder irritation.

A fertile cause of diagnostic error is our proneness to forget that a patient may be the hapless possessor of two or more distinct diseases. Having ascertained the existence of one, we are apt to think that the work is over, and we are disgusted to find, when the case has drifted from our hands, that a successor has been more fortunate.

With pregnancy, tubal or otherwise, we may have various combinations causing more or less acute pain, and a complication which, I fancy, though not uncommon, we may readily forget is hæmatocele; not, of course, difficult to diagnose once our attention has been directed to its possible existence.

The subjects of ovarian dropsy are particularly prone to patches of peritonitis, which give rise to sudden and severe suffering. *Acon.,* perfect rest in a propped position, and poultices are indicated.

Though I cannot endorse all that the worthy Chevalier Jahr recorded in his *Forty Years' Practice,* I certainly can substantiate the truth of one sentence under the heading "Menstrual Colic." It runs thus:—"The chief remedy here always is *Cocculus.*" I have found the 1x the most useful, and the pilule the best form, as cold water sometimes aggravates the pain, and besides fluids are not readily absorbed during pelvic disturbance. Next in order of usefulness stands *Caul.,* then perhaps *Plat., Bell., Actæa.* Their respective indications you are well acquainted with.

There is in some persons an intermenstrual colic, which I do not remember to have seen described. It corresponds, chronologically, with the commencement of the

periodic fatty degeneration of the endometrium, that is to say, it is felt about the middle of the interval between two menstrual periods. It is relieved by *Secale.*

Sudden uterine dislocation, rare I apprehend without pre-existing local disease disturbing mutual relations of gravity, will give rise to severe pain without elevation of temperature. The remedy is obvious.

It is probable that the most terrible torture to which the human body is subject, scarcely excepting the pressure pain of scirrhus, is the agony of an over-distended cavity or duct. Witness the heart in angina, the intestines in colic, the passage of a calculus, and the formation of some recent deep-seated abscesses. The uterus may be dilated by blood during the spasmodic closure of the cervix (*Nux vom.*), or the blocking effect of a clot (*Cocc.*, *Plat.*), or where the hymen is imperforate. Again the uterus may be distended by water in hydrometra; by pus in pyometra or pyokolpos (pus retained by a complete hymen). The last condition I have never seen, but pyometra I have frequently encountered. The lips of the cervix becoming agglutinated by plastic exudation, muco-pus slowly accumulates behind the obstruction. Usually after some sudden movement the patient "feels something give way inside," a gush takes place, and she experiences immediate relief.

Left Inguinal.

Contains—

The left sigmoid flexure of the colon and the ureter.

What has been said about the region of the right groin will *mutatis mutandis* apply to the left. Cæcal disorders will be replaced by the special diseases of the sigmoid flexure. This portion of the intestine, and *not* the rectum, as usually stated, is the habitat of the *Oxyuris vermicularis.*

This serves to remind us of "worm colic," best met by *Cina* or its alkaloid. Cancer may be found extending as far as the sigmoid flexure, but it rarely commences as high as that portion of the gut.

We have now glanced at the last of the abdominal divisions, and here, Mr. President and gentlemen, I must pause, trusting that I may at some future time have the pleasure of reading before you a paper on "The Extremity of the Bowel and its difficulties." I cannot conclude without thanking you for the patient hearing you have given to my rather lengthy lucubrations.

Discussion upon Dr. Blake's paper.

Dr. Drury considered the paper a very practical one. Of the medicines he had found beneficial for colic he mentioned *Plumbum* as having a wide sphere of usefulness, especially when the bowels were obstructed, when *Opium* also was of service. He commended *Sabadilla* when the pain was cutting as from knives; with this there was sometimes small, diarrhœa-like stools. He considered *Conium* valuable where much distension existed, and agreed with Dr. Blake as to the value of *Cocculus* in dysmenorrhœa.

Dr. Matheson was not so pleased as the former speaker with the numerous medicines brought forward in the paper; he rather considered great wealth of remedies a curse. He thought hepatalgia more frequent than Dr. Blake had allowed. *Dioscorea*, *Bryonia*, and *Berberis* were his remedies for it. To resolve normal menstruation he valued *Nux graphites* and *Senecio* no less than *Pulsatilla*. He declared *Hamamelis* not to be compared with *Belladonna*, *Lilium*, and *Conium* for ovarian pains, and preferred *Belladonna* and *Caulophyllum* to *Nux* for the forcing pain of a distended uterus.

Dr. Jagielski valued the paper for its diagnostic subtlety, but asked Dr. Blake whether he could always thus accurately trace the cause of colic. He thought that we might do much for abdominal pains by dietetic and other extra medicinal means, mentioning the waters of Carlsbad and Marienbad for gall-stones, the hot bath and the constant galvanic current for colic with faintness, and koumiss for colic with vomiting.

Dr. Roth had had little experience of late years in acute abdominal pains, but in chronic cases having this feature had derived much benefit from compresses and from the application of cold. He also spoke highly of movements, especially of a vibratory kind with friction and pressure.

Mr. Butcher, referring to the recommendation given as to pronating children suffering from colic, said that inverting them was still more potent.

Dr. TUCKEY said he had had excellent results from *Gelsemium* 1x in renal colic.

Dr. HUGHES was surprised that so little had been said of infantile colic. For this frequent trouble, apparently caused by air being swallowed, he found the old-fashioned carminatives give more relief than any specific medicines. In gall-stone colic he greatly preferred *Calcarea* 30 to *Berberis*. When an antipathic palliative was needed he used *Nitrite of Amyl* rather than *Chloroform*. For the colic of pent-up flatulence in adults he found *Chamomilla* very useful, and in dysmenorrhœa he found more frequent employment for *Gelsemium* and *Xanthoxylum* than for *Cocculus*.

Dr. DUDGEON confirmed the value of *Calcarea* 30 to relieve the pain of passing gall-stones. He found *Carduus marianus* of some value in checking the tendency to their formation, but doubted whether it was so good as the old-fashioned *Turpentine* dissolved in *Ether*.

Dr. BLAKE, in reply, after adverting to some incidental points not included in the above report, said that Mr. Butcher had referred to colic relieved by inversion. The relief was possibly due in part to the relief of stagnant venous abdominal flow. He (Dr. Blake) felt quite convinced that venous stasis could be the cause of intense abdominal pain corresponding with the acute suffering of crural varicosis. Dr. Jagielski had alluded to colic with profound prostration. He (Dr. Blake) had found *Tabac.* of service in addition to the ordinary *Verat alb.*, *Arsenic*, and *Camphor*. He was glad that Dr. Hughes had brought the question of infantile colic before the meeting, as he (Dr. Blake) had intended drawing the attention of members to the value of *Lachesis* in cases where *Cham.* failed. Colic in infants was, in the cases described by Dr. Roth, a symptom merely of duodenitis, the "chopped-parsley" stool consisting of discoloured blood—not bile, the condition described by nurses as "griping," by which term they *do not* intend colic to be understood. For duodenitis *Acon.*, *Cham.*, *Merc.*, and local warmth were indicated.

ALCOHOL IN DISEASE.

By C. B. Ker, M.D.

(Read January 8th, 1880.)

The question of alcohol in disease must be approached as that of alcohol in health should be. "What is one man's food is another man's poison" is true in both cases, and, without bearing that fact in remembrance, a number of very false conclusions would be come to. That old saw should be the motto of every work written on the subject of food or drink. A conviction of its truth, however, is rather disheartening to the practical man. He feels at once that what he aims at—certainty in his treatment when handling food and drink—can scarcely be attained to. The experience gained from the treatment of one case helps him little with the next. He must always act tentatively, and, in the end, the only guide to practice he attains to is the conviction that no two cases can be treated exactly in the same way.

This is true when a man guides himself by his own experience only; it is still more true when he attempts to guide himself by the experience of another. He wishes to know what is said on the subject of alcohol in disease. He wishes, naturally, to get hints from those of more experience than himself as to when and how that agent should be administered, and whether as a food, or a medicine, or a stimulant. He takes some pains to get that experience. He gets it from hospital reports, from medical works, from special treatises, from the Continent of Europe, and from America. And with what result?

The result is not satisfactory. He has got no guide, no help, after all. He finds himself thrown back on his own

resources and his own experience. He finds that there is not a single question connected with alcohol as an agent in the treatment of disease on which there is unanimity of opinion. To begin with, that it is an invaluable resource in medicine, which is asserted by some, is met by the counter-assertion that there is no disease which is not better treated without it. A food many call it, and they attribute its value in disease to its being a food, and maintain that some diseases, chronic and acute, are best treated by it alone. It is a poison, say others, and as hurtful in disease as it is in health. How can it be called a food, they say, when it can be proved incapable of being oxidated in the body, and when it can be shown that it is passed off unchanged in the urine, in the sweat, and in the breath?

He finds, also, in the course of his researches such contradictory statements as these:—Alcohol raises and reduces temperature. It assists and retards digestion. It is good and bad in fever. It is good and bad in bronchitis and influenza, in phthisis and tuberculosis, in the neuroses and in shock from injury, in hæmorrhage and in chlorosis, and in hysteria. He is told that it excludes tubercle and that it does not, that debility is and is not the test for its use, and that nervous disturbance is and is not that test. And he finds that there is scarcely a disease to which flesh is heir for which alcohol is not claimed as a remedy by some and condemned as a remedy by others.

There is no doubt he finds that, when he looks more closely into the subject, a good deal of what, at first sight, looks like a contradictory mass of material, is found capable of being harmonised into something more nearly approaching agreement between different writers on this question. He finds that, very often, when two authorities contradict each other, both are wrong and both are right, and that their error lies in dogmatising upon a question which cannot be dogmatised upon. For instance, that it is a poison is perfectly true. But all medicines are poisons. It is not a medicine or drug that constitutes a poison, it is its dose. And, again, as one dose does good and another does harm, so harm or good is done by alcohol according to the

stage of the disease at which it is administered. And, again, one case may be benefited and another injured by it, according to the character of the epidemic atmosphere, the locality, the season of the year, as well as by the age, sex, constitution, or habits of the patient.

In many cases, therefore, our inquirer discovers that, as in the case of the knights meeting on opposite sides of the gold and silver shield, writers who flatly contradict each other are brought to allow that, on closer examination, their points of difference are not so great or absolute after all. To take fever, for instance. That alcohol is useful is true, and that it is harmful is also true. That some cases do better without it is true, and it is as true that some do better with it. And so on. The same can be said of diabetes, pneumonia, acute rheumatism, and a host of other diseases. The thing that cannot and must not be said is, that alcohol always does good or that it always does harm, that it always must be given, or that it always must be withheld.

The ground, therefore, being somewhat cleared when it is found that the difference of opinion between authorities on this subject is not so great as it at first sight appears, the question is asked, "As, in a case of specific disease, alcohol sometimes does good and sometimes harm, how is it to be known when it is to be administered so as to do all its good and none of its harm?"

This question is answered very differently by writers, by some very confidently, by others very cautiously, dependent on their views as to the nature of the disease and the effect of alcohol upon it. Fever has had more said and written about it than any other disease with reference to the use of this agent, and it will be interesting to pass in review the history of the opinions held upon it in different periods and countries.

The Greek and Latin and Arabian writers advocated the use of wine in fever, and they entered particularly into the subject of the different kinds of wines found to be most useful, the red in some cases, and the white and yellow in others, and they gave rules for guidance in the choice.

Paulus tells us that wine promotes sweating, and Aretæus directs that, when the fever is at its height, wine should be given hot, and in large quantity if there is no pulse, the chest cold, and much sweating; in such cases he believes wine to be the only hope of life.

To come down to Sydenham's time. He thought both beer and wine suitable in fever, but especially in the convalescent stage, if there was exhaustion to an undue degree. Between that period and our own day, notwithstanding the influence for a certain time exerted by the extravagant theory and practice of Brown at the end of last century, the use of alcohol in disease was reduced to a minimum. The antiphlogistic practice ruled nearly absolutely. To give wine or spirits in fever was the rarest of events, and those who prescribed either were afraid to acknowledge they had done so.

Stokes and Graves, however, initiated a new regime. They gave the death blow to the antiphlogistic treatment of fever. They not only gave food, they gave brandy, and, since they taught in lectures and books, their practice has been almost universally followed. Both gave minute directions as to the use of stimulants, most of which may be safely followed even now. Stokes gave them when the cardiac impulse was weak, when there was a diminution of proportion between the two heart sounds, or a preponderance of the second sound. But he did not give them when "the emunctories were not in a condition to cast off the excrementitious superfluities of the system." He considered the pulse not to be so good a guide to their administration as the heart's impulse and sounds. No impulse signified to him softening of the heart, an opinion combated by Graves, who maintained that such softening, when it occurred, was a post-mortem change.

But Graves agreed with Stokes in a general way in the matter of the indications for alcohol in fever. He believed that not so much special symptoms as the general condition of the patient should be our guide. Such symptoms as hot, dry skin, delirium (except when continuous and violent), insomnia, suffused face without strong pulsation of

the carotids, headache, not very severe and throbbing, and quick pulse, if not too strong and hard, did not, in his opinion, contraindicate stimulants. Todd, of King's College, scarcely admitted of any such reserves in their use; but he was a fanatic with regard to that agent in the treatment not only of fevers, but of nearly all acute diseases. There can be little doubt that he pushed his treatment with alcohol too far. Gairdner has shown that Todd's mortality was large, and has expressed his belief that it would have been smaller by more than half if he had given no stimulants at all. French writers called Todd's practice a murderous one, and characterised it as "régime incendiare." And Dr. Armstrong taught that stimulants did harm when they dried the tongue, quickened the pulse, parched the skin, quickened the respiration, and produced restlessness; he allowed, however, that when they did none of those things they did good.

Dr. Alison, of Edinburgh, not only approved of stimulants, but he recommended his pupils not to wait for debility before administering them; whereas Dr. Gairdner, of Glasgow, maintained that it was better to do without them altogether. His mortality amounted to 10 per cent. only. That of Todd and Murchison, who gave stimulants largely, amounted to 25 and 18 respectively. Gairdner's objections are to this effect,—that they do not suppor strength, that they poison the system by loading the blood with material which is inconvertible into blood and tissue, and which interferes with the vital changes necessary to preserve the balance of waste and supply; it, besides, causes profuse sweating, a dry tongue, a prolongation of the fever, and the delaying of the natural crisis.

If alcohol does good, says a writer in the *Lancet*, it is probably by virtue of "an antiseptic agency by which it destroys the activity of certain bodies—call them organisms or not as you please—by means of which the contagium sets up the febrile disturbance within the blood." Dr. Latham had a strong conviction of the necessity of alcohol in fever, and said that when the pulse was countless and fluttering it was necessary to give it in pints.

Dr. Anstie, who made careful observations with stimulants in disease, and came to the conclusion that in many they were necessary, especially in fever, has laid down these indications for their use in the latter:—High temperature, delirium, rapidity and dicrotism of pulse with inequality of force, showing rapid and irregular changes in the force of the heart-beats. Unlike Stokes, he believes the pulse to be the best criterion. In the first stages he gave pure alcohol, but, later on, etherised wine, especially when there were insomnia, and heart-exhaustion, and prostration, and deranged digestion, out of proportion to the gravity of the case. Alcohol he believed to be most necessary when there was most tissue waste; in this agreeing with Binz, who says that it does most good when it checks the combustion of tissue and the migration of blood-corpuscles through the vascular walls.

The French school for a long time held out against what it called the "English practice," and refused to give stimulants in fever. But Trousseau, who was a diligent reader and admirer of Graves's works, became a convert to his treatment of fevers, and introduced it to his countrymen. M. Fonssagrives and M. Jules Cyr, in their works on *Food in Health and Disease*, though both protesting against the extremes run into by Todd and his disciples, nevertheless admit that the old antiphlogistic plan in fevers could not in these days be carried out. They, therefore, allow alcohol in certain circumstances, and in certain quantities, and with certain limitations. Fonssagrives goes so far as to say that there are few fevers which are not benefited by it, but that its benefit is not the effect of its stimulating or strengthening or nutritive properties, but of its sedative. It calms the nervous system, he says, it does not cure.

A case which occurred in my own practice about three years ago, at a time when I was disposed to believe that milk and beef tea rendered alcohol in fevers altogether unnecessary, altered my opinion very materially. The patient was a school-girl of sixteen years old, and the disease was typhoid fever. The symptoms on the tenth day were severe. Those were:—much abdominal tenderness

and some tympanitis, frequent, almost black, liquid stools, pulse 112, and temperature 103·2°. The food consisted simply of the above-mentioned articles. Teaspoonfuls of brandy, not exceeding four in the twenty-four hours, were prescribed with the effect of reducing the pulse to 90, and the temperature to 100°, in little more than twelve hours. The good gained in this case consisted in the reduction of the temperature, and it is my opinion that no agent would have brought about that reduction so quickly. If that opinion is well founded we can come to no other conclusion than that we have in alcohol one of the best, if not the best, of agents in the treatment of fevers.

What has just been said will show the very material difference of opinion existing on the subject of alcohol as an agent in the treatment of fever. In specific inflammations there is the same difference of opinion. One says that alcohol is not safe, as it increases pain. Another maintains, Lionel Beale, for instance, that it does good by moderating excessive action. "It diminishes," he says, "the rate at which vital changes are proceeding by causing cells which were living too fast to live more slowly, and by producing the death of many; when absorbed by the blood it renders the albuminous matters less fluid, reduces their permeating property, and interferes with the disintegration of blood-corpuscles." Anstie gives a case of pneumonia in a child successfully treated with six ounces of port wine daily for twelve days; another of rheumatic pericarditis in which twelve ounces of gin were daily given for seven days, with recovery; another of pleurisy, in an old man, cured by half an ounce of brandy every hour for six days. In these cases no other food was given. A *Lancet* authority, while granting the good effect of alcohol, explains that effect thus:—it stimulates the sympathetic, he says, and contracts the arterioles, and in part interferes with the migration of blood-globules through the vascular walls.

With regard to rheumatic fever M. Fonssagrives tells us that M. Behier treated many cases successfully with alcohol. In this country its use is by no means so universal as it is in the specific fevers. In the great majority of cases it is

treated without alcohol. But its efficacious use in exceptional cases appears to be unquestionable. Not many months ago I gave it in a case of great severity in which there was cardiac lesion. The patient was a young girl, thirteen years of age. It was her second attack of acute rheumatism. There was scarcely a joint in the body which was not swollen, red, and painful. The fever and insomnia and restlessness were great, the pulse very quick and the temperature high, 120 and 104° respectively. Three teaspoonfuls of brandy, given at intervals of six hours, brought down, in less than twenty-four hours, the pulse to 98 and the temperature to 101°. It was the turning point of the case. From that time all went on favorably. In this case the desideratum was the reduction of the fever, and brandy was the agent by which that was secured.

As to gout, Dr. Dudgeon tells us in his article in a late number of the *British Journal of Homœopathy*, that, some jolly post-boys being his authority, "wine cures the gout, the colic, and the tisick." He distrusts his authority, however, more than I do. He even goes so far as to hint that "causes" should have been the word instead of "cures." Now, as far as gout is concerned, though I am afraid it would not be difficult to show that alcohol may both cause and aggravate it, I do not think it would be more difficult to show that it also alleviates and cures it, that is to say, its attacks. Sydenham is one of our great authorities on the subject of this disease. Many of the directions as to its treatment which his works contain are still followed. He believed in both wine and beer as parts of that treatment, and he tells us when they are called for,—when, for instance, there are weakness and faintness of the stomach, with gripes. On one occasion he believed he saved his own life, when the gout had attacked the stomach, by swallowing a gallon of posset or small beer, and, when that had been vomited, following up with opium in canary wine. Were it not savouring of presumption to criticise the prescription of a great father in medicine, I should feel disposed to congratulate Sydenham on his having vomited that gallon of beer. It was the emetic which did

the good, not the beer. But there is nothing to show that it was taken as an emetic. He would scarcely have ordered for himself a whole gallon of beer had his object been merely to clear his stomach. What Sydenham, therefore, means by saying that he saved his life by swallowing that gallon of beer it is not easy to say. The alcoholic drink he recommends is London small beer, which, he says, neither sinks to the weakness of water nor rises to the generosity of wine. Most of our modern authorities on gout sanction some form of stimulant, generally weak wine and water, though Chambers prefers to give Hollands and soda-water. But M. Jules Cyr, who believes it to be a question whether gout ever shows itself where fermented liquors are not drunk, condemns their use. He maintains that port and sherry are bad, and malt liquor almost as bad, and that it is the acid and azotised matter in them which does the harm. My own experience shows that acute gout, as a rule, is best treated without alcohol, but that chronic gout, especially in the elderly, is best treated with it in a mild and greatly diluted form.

As to catarrhal inflammations there is a general consensus of opinion. It is agreed by most writers and teachers that such do not tolerate stimulants well. Bronchitis and acute gastric and intestinal catarrhs are, in many cases, so manifestly aggravated by them that the conclusion has been come to that in no circumstances must they ever be given. But here, also, it is going too far to come to any such absolute verdict. There are cases, especially among the old and feeble, where acute bronchitis is not only safely treated with stimulants, but in which they are the means of saving life. Such cases are those where the respiration is noisy and hurried, the expectoration diminished, the prostration of strength great, and the pulse and cardiac pulsations rapid, weak, and irregular. In some such cases I believe that alcohol, in some shape, gives the only hope of life.

The cases of acute intestinal catarrh benefited by stimulants are exceptional. But, as in the case of bronchitis, they are to be met with. In cases where the drain has

been going on for many days and weeks, where the strength is reduced to a minimum, where collapse is threatened, and the temperature of the body falls, alcohol in some shape must be given, and frequently too, especially if, as is often the case, the stomach refuses all food and vomits it if it is forced down. But as to acute gastric catarrh I have never seen the case which was benefited by any form of stimulant. I may go farther and say that I never saw a case of that disease which was not otherwise than aggravated by them; and I could quote many cases in proof of this assertion. At this very time I have a case under treatment. The patient is a lady close upon sixty years of age. About six weeks ago she was seized with nausea and vomiting, anorexia and exhaustion. Those symptoms continued without cessation for five weeks. Every day large quantities of slimy, ropy mucus were thrown up, and occasionally bilious and acid matter besides. Stimulants were given, with the result of aggravating the symptoms. When I saw her a week ago I reduced her food and drink to milk only, giving that in soda-water. The result is that there has been no more vomiting, and the patient is improving every day.

A large proportion of dyspeptic cases have for their foundation gastric catarrh in the chronic form, and, whenever that is so, alcohol must be as absolutely interdicted as when we are dealing with the acute form of that disease. But dyspepsia is a malady of very Proteus shape, and though in a general way it may be safely said that it is better treated without stimulants, still some of its forms are unquestionably benefited by them. I do not think that we have any other guide to the class of cases benefited by them but the empirical one—the patient's own experience. He soon can tell whether they do him good or harm, and we must abide by his verdict. Whether Timothy benefited by the wine prescribed for his "stomach's sake" there is nothing to show; but it is an interesting fact to us that in the first century of our era wine was a remedy for certain dyspeptic conditions. Bennett, in his work, *Nutrition in Health and Disease,* is very outspoken on the subject of

stimulants. They have "a pernicious influence on the digestive organs," he says; and Anstie speaks as strongly: —"They are tolerated in no shape." The worse the digestion, the less easily are they borne, they both say.

Though, as we have said, the vomiting of gastric catarrh is simply aggravated by stimulants, still there are some forms of vomiting which are as much benefited by them. Such are cases of sympathetic vomiting, cases in which the stomach itself is not necessarily the faulty organ, but the brain, uterus, kidneys, liver, or intestines; or hysterical cases, or those resulting from shock or mental emotion. In such cases dry champagne, or brandy and soda-water, acts like a charm, and should not be withheld unless a better remedy can be prescribed. It has been said that in such cases the good done is not by the alcohol but by the carbonic acid. The matter can be easily tested. There is no doubt that common aërated water, or soda- or seltzer-water, will often stop nausea and vomiting. But I am sure that it is in the experience of us all that where these have not checked vomiting, an effervescing alcoholic drink has.

If it is true that in the case of rabies and poisoning from serpent-bite cures have been effected by alcohol given as sole remedy and food, and pushed so far as to keep up intoxication even for days, we have then in that agent an invaluable addition to our means of cure. Jules Cyr, in the work I have quoted, gives a case the authority for which is a M. Lallier. Two workmen were bitten by the same dog. In five or six weeks one of the two was seized with hydrophobia. The other, believing that his turn would come next, resolved on deadening his faculties and so escaping, in part at least, the suffering of that horrible disease. For the best part of three days, therefore, he kept himself in a constant state of intoxication with the result of escaping hydrophobia. Cases somewhat similar are reported to us from India, in which alcohol intoxication has antidoted cobra-poisoning. It would be too hasty a conclusion to come to, that alcohol is a specific against animal poisoning, but at all events, in the case of hydrophobia, especially, why should not the intoxication plan be tried? We could

do so without fearing that we were neglecting a sure remedy.

It would take more time than I could now give myself to mention the other diseases which alcohol in some shape or other has been prescribed for from the earliest down to these times. Hippocrates gave white wine for dropsy, for cough, and for constipation of the bowels. Chambers gives for the latter malady Capri, Sauterne, or Chablis. Galen treated ulcers with wine, and so do modern French surgeons. For atrophy Paulus prescribed a thick red wine, and so did our own Anstie. The Bible tells us to give wine unto those that be of heavy hearts, and melancholia is treated often now-a-days with wine in large quantities. Indeed, where is the disease for which alcohol has not been prescribed? And, on the other hand, and this must be conceded to the "total abstainers," where is the disease for which it has not been condemned as an injurious agent?

Here is a subject for some of us to take up. Almost everything has been said upon it, and yet, in one sense, nothing has been said upon it: nothing, that is to say, that constitutes a wide generalisation or a principle. As to the question of alcohol in disease, we have got no farther yet than the experimental or empirical stage. It is not unlikely that in that stage it will remain some time longer. But, in the meantime, we can go on accumulating facts and observations, reconciling contradictions and sweeping away errors in the hope that where no generalisation exists one may be made, and where no principle is established, a therapeutic one may be discovered.

The points on which the practical man wants information and a guide are these. Is there any disease which must always or which must never be treated with alcohol? Is there any which must sometimes be so treated and sometimes not, and, if so, what are the determining indications? Is it nervous derangement, or the pulse, or the heart, or the temperature, or the strength, or rather absence of strength, that tells us when stimulants are wanted and when they are not?

And when it is decided that alcohol is to be prescribed,

how are we to administer it, and in what shape? What is to show us whether a spirit, a wine, or a malt liquor will answer our purpose best? And what instructs us as to the quantities and repetition? Are we to give large quantities at frequent intervals, or small quantities at long intervals? What are the symptoms indicating good or harm from the use of alcohol, showing us how far to go and when to stop, or whether what is wanted is simply to reduce the quantity?

And, again, in giving alcohol are we giving a food, a stimulant, or a drug? Does it cure disease or does it merely place the patient in the circumstances most favorable to its cure? Does it act like beef tea or milk, and so simply give the nourishment without which the patient must die, or does it stimulate or whip up a failing heart or a non-reactive nervous system so as to enable both to perform their function?

Other important practical questions, which each for himself must come to a conclusion upon, are—whether it assists or retards digestion, whether it raises or reduces temperature, whether the rule is founded in fact that catarrhal fevers are injured rather than benefited by them, whether phthisis, hysteria and other neuroses, and hæmorrhage are benefited or aggravated, and whether tuberculosis is excluded.

Still other questions are—the agent of good or harm in alcohol, the spirituous element, or the ethereal oil or bouquet? Can that agent be separated from its present connection and presented in some other shape or form? Is it, as Dr. Dickinson calls it, the genius of degeneration? Why is it that so many assert that it must be an agent of harm when it is passed off by the kidneys, seeing that, by passing off, it is freeing the system from what they call a harmful agent? How is it that the waste of tissue which is so constantly maintained to be arrested by the use of stimulants is called a very good thing by some and a very bad thing by others? Does its use in health guide us as to its use in disease? When enormous quantities are given, as in cases of severe flooding, without intoxication or

any symptoms showing that any liquid stronger than water has been drunk, is the explanation rapid oxidation?

All these questions, and perhaps many more, must be answered before the medical man can be satisfied that the therapeutic use of alcohol has been removed from the empirical to the scientific position. But as in the nature of the question there is nothing to prevent our attaining to generalisations and principles, we may confidently hope that more certainty in the use of that agent will be attained to before long. It must, at the same time, be said that a considerable number of these questions are, by some, not considered insoluble, but, on the contrary, answered very confidently, and I believe that more would be answered satisfactorily were the question of dose given its due place.

To me it appears that the question of dose is not attached sufficient importance to. Very often alcohol is condemned when the fault lies in the quantity given, which is either too large or too small. In such circumstances it does either too much or too little, but either way it is blamed. As a rule, the quantity, especially when we are treating acute diseases, is too large. Teaspoonfuls, repeated not too often, is the safest mode of administration, and the effect, even of such small quantities, should be carefully watched. The temperature, the pulse, and the heart's action are our guides as to the more or less and as to the continuance. We should manage alcohol as we do a drug—repeat it often or stop it, increase its dose or diminish it according to the stage and character of the disease and its symptoms. Its doing good is not to be an argument for going on with it or increasing its quantity, but exactly the reverse. We stop a medicine when it has done its work, and we must do the same with alcohol.

I have not gone here into the question of the different shapes and forms in which alcoholic drinks may be drunk. It is a very important question nevertheless. It is in the experience of most of us that a change of stimulant, from wine to spirit, for instance, or from spirit to wine, has made all the difference to our patient. It may be said in a general way that when the temperature ranges high the

best thing to give is whisky or brandy, but that when there is great prostration of strength, and the heart's impulse and action very feeble, effervescing wines like Champagne or etherised ones like Tokay are better.

To sum up, let alcohol be classed among the valuable agents in the treatment of disease, but let it not be deemed a necessary one. When a sufficiency of food can be taken it is rarely, if ever, necessary. When food cannot be taken it may be considered in many cases to be the only means of saving life. The opinion of those who maintain that it should be given from the beginning of certain diseases, fever for instance, is too absolute. The wiser one is that of those who call it a reserve force, and so to be kept for any emergency which may present itself in their course. It may do great harm or great good according as it is used carefully or abused, for it is poison as well as food. It must be used with especial caution in catarrhal fevers, as I have already said, and in kidney and liver diseases. With regard to diseases of the kidney it is not safe to give alcohol when the urine is scanty and high coloured, but it is rarely unsafe to prescribe it when the urine is pale and transparent. This instruction, however, admits of exceptions. It is a safer rule to go by not to persevere in its use when any physiological effects are produced. Such effects are heat and flushing, headache or giddiness, insomnia or dreaming, palpitation of the heart, &c. Alcohol does most good when, like a specific medicine, it produces no obvious effects whatever, where the patient is able to say, I perceive no more effect than if I had swallowed water or milk. But a change to the better has taken place, nevertheless, and is maintained. It must be remembered that it can sometimes be taken when nothing else can, and that for many days and even weeks together. My colleague, Dr. Simmons, tells me of a man at Guy's Hospital who for a whole year lived upon gin only—a case which ought to set at rest the question whether alcohol is or is not a food. I could give other cases corroborative of this one, showing that life may be long maintained on some form of alcohol. No age disqualifies for its use. The individual, not the

disease, is to determine us to give or not give. Strength does not return to the sinking patient in proportion to the quantity administered. It lowers temperature and so does not keep out the cold, as used to be almost universally said. Its doing good or harm in health is no argument against our giving or withholding it in disease.

But I must end this cursory survey of the action of alcohol in disease as I began it, by insisting that there is not a point in connection with the subject which can yet be dogmatised upon; that its use is still in a great measure tentative and empirical; and yet that the uncertainty which surrounds the question is not to prevent us from coming to the conclusion that in alcohol we have a most valuable remedy in disease.

Discussion on Dr. C. B. Ker's paper.

Dr. Dyce Brown would have liked to have heard a more decided opinion expressed by the author on the points discussed in his paper. He himself considered alcohol a drug, and one which acts homœopathically. The symptoms of chronic poisoning by it were here, as elsewhere, the best guides for its use on the principle of similarity; and among these would be found all the phenomena recognised as calling for its use in disease.

Dr. Hale had followed the practice of Graves and Stokes in fever, and felt much interest in the question of the use of alcohol therein. He regarded it as frequently indicated in these maladies, and hardly less so in pneumonia, which he considered a "specific" rather than a common inflammation. He thought alcohol a sedative, as suggested by its power of reducing the pulse and temperature in septicæmia. He could not quite go with Dr. Ker in excluding it in dyspepsia; in atonic flatulent indigestion he found it of great value.

Dr. Hewan thought that alcohol was much abused at the present day; but nevertheless esteemed it highly in many states of debility.

Mr. Powell was, on the whole, against its use in acute disease.

Dr. Matheson considered a foul tongue a special contra-indication for alcohol. It should be administered tentatively, and the physician (not the patient) should judge whether it was doing good by its effects on the skin, pulse, tongue, urine, and sleep.

Dr. CARFRAE did not approve of referring medicines to special categories, and thus declined to enter into the question whether alcohol was a "stimulant." He regarded the previous habits of the patient as all-important in determining the question as to what dose should be administered. He could not think that Dr. Ker's story about hydrophobia proved anything, as it could never be known whether any bitten person would have it.

Mr. ENGALL agreed with Dr. Carfrae about the hydrophobic case. He considered that the symptoms of typhus often resembled those of acute alcoholic intoxication, making brandy or wine a homœopathic remedy. When alcohol was required, he gave it in large doses; but he pointed out that when, in disease, it quickens the pulse, it does harm, as it lessens thus the heart's time of rest and so impairs its nutrition.

Dr. HUGHES thought that the action of alcohol was often misunderstood by being regarded as a simple one, whereas it was very complex. It was called a "stimulant," but it was only indirectly that it so acted,—first, by relaxing the arterioles, and so making the circulation freer, secondly, by being oxidised in the body, and thus supplying force. The stimulation thus afforded, however, might be dearly purchased, as the direct action of the drug was to depress other nerves as it does the vaso-motors, to lower temperature, and to irritate tissue. Again, alcohol was a poison to protoplasm, like quinine; and hence (he thought) came its virtues in pyæmia and snake-bites, and a good deal of the power it exerted over fever and delirium. He could in no sense consider it a homœopathically-acting drug: its dosage alone seemed to him sufficient to exclude such a conception.

Dr. DUDGEON on the whole deprecated the use of alcohol both in health and in disease; though if people had been accustomed to drink it when well, they could hardly do without it when they fell sick. On comparing his later treatment of disease, which had been non-alcoholic, with that to which he had previously been accustomed, he thought his results decidedly more favourable.

ON FIBROID TUMOURS OF THE UTERUS.

By Geo. M. Carfrae, M.D.

(Read February 5th, 1880.)

Mr. President and Gentlemen,—When I looked over what I had written concerning fibroid tumours of the uterus, I found that it would occupy far more time than that generally devoted to the reading of papers at this Society. I have therefore curtailed it so much that the title more properly ought to be "On the *Treatment* of Fibroid Tumours of the Uterus." As I had to excise a portion of my fibroids, I thought that that which referred to the diagnosis, symptoms, prognosis, &c., was most easily dispensed with; inasmuch as there is little or no difference of opinion on those points, and you are already quite familiar with them. I propose, therefore, to illustrate the symptomatology by recording two or three cases which have lately presented themselves among the out-patients, and to fill in the outline of the picture by such remarks as occur to me to be needful to the perfecting thereof. I shall then pass on at once to the important question of *treatment.*

1. M. J—, single, æt. 40, admitted December 11th, 1879, states that, ten years ago, she was seized with intense pain and profuse discharge of clotted blood at a "menstrual period." She was then said to have ulceration of the cervix, but no tumour could be detected. Has since enjoyed fair health, and been able for her work (collar and shirt-sewing).

Eight months ago she noticed that the abdomen was enlarged. This she had observed for some time previously, also that the "period" had been very profuse. She con-

sequently consulted her doctor, and was told that she had a tumour.

At present, except the enlargement of the abdomen, the profuse menstrual discharge, and backache, there is no symptom of distress. The appetite is good; the bowels regular, &c.

On examination the uterus is found to be very much enlarged, and evidently contains a large tumour. It reaches about three inches above umbilicus. Dulness on percussion over its surface; flanks resonant. The tumour is hard and unyielding, and of a globular shape.

Sound cannot be used because the cervix and os are so displaced and twisted as to render its entrance difficult or impossible.

2. E. N—, admitted May 22nd, 1879. The principal symptoms of a subjective kind from which this patient suffers are:—Profuse and painful menstruation amounting to flooding. Regular as to time. Burning and scalding during micturition. Dyspepsia, eructations, pains under left shoulder, &c.

Banging noise in head—feels as if her hair were being dragged out, dimness of vision, extreme weakness, and anæmia.

Bimanual examination reveals a fibroid in the uterus, which is as large as that organ at term. Sound measures six and a half inches.

I shall quote one more case.

3. H. T—, admitted October 7th, 1879, æt. 30. Married eight years. Had one child seven years ago, from which time she dates her illness. She was delivered by instruments, and fancies they were unskilfully used. Has never been well since.

Menstruation last "period" was excessive, but that is not generally so. Indeed, it is frequently absent or very scanty.

Examination externally reveals a large irregular hard swelling in the abdomen, extending two inches above umbilicus; attached to this by distinct pedicles, are three

other smaller tumours, freely moveable, about size of Tangerine oranges.

Bimanual examination shows that the large mass is a tumour in the cavity of the uterus. The os is patulous.

I diagnosed one large sub-mucous or intra-mural and three sub-peritoneal fibroid tumours.

Thus we see that fibroids may be single or compound; that they may be situated on the outside (sub-peritoneal) or inside the uterus (sub-mucous), or they may be imbedded in its walls (intra-mural). We see, moreover, that the *symptoms* vary very much. Sometimes, as in the case of M. J., giving rise to discomfort principally from their bulk; sometimes threatening the patient's life from the excessive hæmorrhage, or giving rise to anæmia and all the miseries accruing therefrom. As a general rule, the functions of the uterus are more or less deranged; there is menorrhagia, dysmenorrhœa, leucorrhœa, sterility. A feeling of bearing down is a very constant symptom—dysuria, difficulty of evacuating the bowels, and backache, are also, as we can readily suppose, very constantly present. If, in addition to these symptoms you find, on *bi-manual examination* and *palpation,* that there is enlargement, and if the *sound* reveals that this is *in* the uterus, you will be warranted in diagnosing a Fibroid tumour.

The *treatment* of fibroids is either (*a*) *Palliative* or (*b*) *Radical.*

a. Palliative.—In this we include all medicinal treatment.

Iodine and its compounds—*Iodide of Potassium,* &c.—had at one time some reputation as a cure for fibroids, but its use has now been practically abandoned. Dr. Matheson has tried to restore it to favour, but to my mind, I confess, so far without success. As, however, he speaks very positively—I may say enthusiastically—of its curative virtues, I propose briefly to examine the evidence he adduces in its favour. "In many diseases of the uterus," he says, "notably fibroid tumours, metritis in its various forms and sub-involution, hypertrophy or enlargement of the organ, or a part of the organ, is a very constant and

prominent symptom. . . . . Its effects in all these cases, when judiciously administered, is to cause the partial or entire disappearance of the enlargement, with all the distressing consequences attending such a condition."* He then relates the case of Mrs. Z—, æt. 49, and the mother of five children. She had a tumour of the size of a child's head. Abdomen as large as that of a woman six months pregnant. He prescribed *Kali Hydrodicum*, one grain three times daily. "In the course of a fortnight the swelling began to diminish, while in a few weeks more every external sign of swelling had disappeared, as well as the menorrhagia and dysmenorrhœa, and on internal examination the tumour was found to be reduced to the size of an egg.

The next case is that of Mrs. B—, about fifty years of age. Had a tumour about the size of a large egg. He prescribed *Iod. of Pot.* as above (gr. j, ter in die). She came under treatment October 30th, 1878, and in January, 1879, Dr. Matheson says "no tumour whatever can be found, either externally or by digital examination."

Now, these cases prove, in my opinion, a great deal too much. It is quite beyond my experience in practice to witness such rapid cures of fibroids, nor have I seen any record of such in medical lore. In any case that I have seen benefit from medicine it has been after very long and persistent use thereof. And this is the experience of all others who have written on the subject, so far as I am aware. Sir J. Simpson, in speaking of *Bromide of Potassium*—and the same remark applies to other remedies—says, "Only, mark you, in order to witness the influence of it, you must continue its administration for a lengthened period, not for a few weeks or months merely, but for years."† He then relates a case in which, off and on, he gave the remedy for seven years.

Dr. Gaillard Thomas, again, says,‡ "If such drugs be tried for this purpose (absorption), they should be continued for many months, and even a year or two, before the trial

* *Monthly Homœopathic Review*, February 1st, 1879, p. 104.

† *Diseases of Women*, p. 693.

‡ *Diseases of Women*, p. 510.

can be considered fairly made, for their action is never immediate." "To gain anything by it," writes Dr. West,* "indeed it is essential that its use should be continued for many months." Thus the *time* occupied in his cures by Dr. Matheson leads to scepticism nor is the rationale of the action of this remedy more satisfactory. It cannot be that Dr. Matheson supposes *Kali Hyd.* to have any homœopathic action in fibroids, because there is nothing in its pathogenesis that can possibly warrant such a conclusion. The only symptoms at all resembling the disease in question mentioned in *Allen's Encyclopædia* is "metritis;" that, however, is from the proving of Houat, which is equivalent to saying that it is worse than useless. Perhaps Dr. Matheson means us to infer that the remedy is selected because of its discutient properties, which, he says,† "have been, of course, recognised by the profession for many years." Granting, for the sake of argument, the discutient properties of *Iodine*, we know that it exerts these on glandular structures. Fibroid tumours have a structure homologous to that of the uterus. They are composed, like it, of muscular and fibrous tissue. *Iodine*, so far as I know, has no action on those. It is, therefore, a bit of very bad allopathy to explain thus the action of *Iod.* I must just briefly refer to one more point before leaving this subject. Dr. Matheson attributes the failures of the allopaths in using *Iod.* to the fact that their doses were too large. He gave gr. j t. d. in both his cases. Dr. West says, with regard to the same remedy, "I seldom give more than one grain *twice* daily," a dose one third less than our homœopathic friend. So that, on account of the incredibly short time occupied by his cures, and in consideration of the fact that, so far as I can make out, his remedy is neither homœopathic nor allopathic, given either in large doses or small, we are warranted in asking Dr. Matheson to give us further proof of its efficacy before accepting *Iodine* as a specific for fibroids.

Bromine and its compounds, especially the *Bromide of Potassium*, has, I think, a better claim to our consideration.

* *Diseases of Women*, West and Duncan, p. 298.

† Op. cit.

The late Sir J. Simpson had great faith in its efficacy. He says, "To my mind the evidence of the efficacy of this drug in retarding the growth, and, in many instances, reducing the bulk of fibroid tumours of the uterus, is quite overwhelming."* This, it must be admitted, is not the opinion of the profession generally, except that there is pretty general unanimity as to the efficacy of the Kreutznach waters in retarding the growth, and diminishing the size, and even sometimes of curing fibroids. And the virtue of these waters is supposed to depend on the bromine contained therein; that, however, remains to be proved. There are, as we all know, many other ingredients in these waters which may do good besides the *Bromine*. And the important point for us to remember is that, so far as we know at present, *Bromide of Potassium, per se,* has not established its claim as a cure for fibroids; whereas the Kreutznach waters seldom fail to do good even if they fail to cure.

Chloride of Calcium is another remedy which has had the support of one or two men whose names are a guarantee that the remedy is worthy of careful consideration,—I mean Spencer Wells and Atlee. But here again, when tried by others the remedy has failed.

The next medicine I shall direct your attention to—*Secale*—is one from which we might reasonably hope for some beneficial action in fibroids, because it has a well-known specific relation to the uterus; nay more, its specific action is on that tissue of the organ which we know to be principally involved in the disease under consideration, namely, the muscular fibre. But, it may be objected, we have no evidence to show that *Secale* produces a hypertrophic condition of the muscular fibres of the uterus; which ought to be shown if we are to suppose that it is strictly homœopathic in its action. That, it must be confessed, we cannot as yet do. But what we can show is this;—that the natural cures which sometimes take place resemble closely, in their *modus operandi,*

* Op. cit., p. 693.

so to speak, the pathogenetic action of *Secale.* It is a well-established fa:t that a natural cure of fibroids sometimes takes place. It is supposed that this is due to two causes:—*First,* persistent contraction of the uterus, a sort of chronic protest against the intruder impelling his expulsion. *Second,* fatty degeneration of ,the tumour. Now, I need not adduce evidence to prove that *Secale* produces contraction of the muscular fibres of the uterus; and I think it not difficult to show that it produces also fatty degeneration. Given in poisonous doses we know that it produces gangrene. Now, the first step in the pathological process which ends in complete disintegration of muscle, as Dr. Chambers has shown,* is fatty degeneration. The tissues are first converted into *adipocere,* then lose their peculiar structure altogether. And the law applies equally to living and dead muscle. Gangrene, in fact, may be called an advanced stage of fatty degeneration. Hence, I say, we may reasonably suppose that *Secale* produces fatty degeneration. Are we not, then, warranted in saying that its action is homœopathic in the cure of fibroids? But here the very pertinent question arises—Does *Secale* cure fibroids? Now, I do not think we have evidence sufficient to answer that question quite in the affirmative, but we can prove that it diminishes them in a very remarkable degree.

The most prominent name in connection with the use of *Ergot* for the cure of fibroids is that of Hildebrandt, of Königsberg.† He details nine cases, in seven of which there was very great improvement. He always used *Ergotin* by subcutaneous injection, about three grains each time, and the injections were repeated daily. By way of illustration I may briefly state the particulars of one case.

Patient æt. 31; tumour for three years; uterus as large as at seventh month of pregnancy; hæmorrhages frequent and copious. Injections of *Ergotin* six weeks, when menses became regular and painless. Injections continued daily for fifteen weeks more, when the tumour, which had been growing smaller from week to week, was found to have dis-

* *Lectures, chiefly Clinical.*

† *Berliner Beiträge zur Geburtshülffe und Gynækologie,* vol. iii.

appeared. The others are equally interesting and satisfactory, but I have not time to quote more.

Dr. Matthews Duncan says,* "I have repeatedly seen the use of *Ergot* apparently produce or accelerate the enucleation of a fibroid. . . . In some cases the good effects of *Ergot* treatment are very decided, as in one which I have described (*Medical Examiner*, March 28th, 1878), and which I know still maintains its improved condition."

Professor Alexander Simpson speaks even more enthusiastically on this point. He says,† "But the drug that most powerfully and unmistakably affects the growth of fibroid tumours of the uterus is *Ergot of Rye*. Its influence on the developed muscular fibres of the uterus naturally led to its employment in cases of fibrous tumour with hypertrophy of the surrounding walls; and the concurrent testimony of many gynæcologists puts the action of *Ergot* in the treatment of these growths among the best established phenomena of therapeutics." He then relates several interesting cases in which the treatment either cured or very much reduced the size of the tumour. To quote these would occupy too much time, and I shall again content myself by mentioning one as an example, and would refer those who wish to go minutely into the subject to Dr. Simpson's paper. The case I quote was that of an unmarried female, æt. 52. She had a fibroid tumour which reached up as high as the umbilicus, but which disappeared in the course of six or seven months under the administration of full doses of *Ergot* at each menstrual period. When the patient died last summer of disease altogether unconnected with the sexual system, and after she had ceased to suffer from any further hæmorrhage, there was found in the upper part of the uterus, and growing from the fundus and anterior wall, a condensed and partially calcified fibroid of the size of a small mandarin orange."

I might go on quoting cases of this kind, but I think I have done enough to show that *Ergot* has sometimes a decidedly curative, and very often a palliative effect in fibroids.

* *Diseases of Women*, West and Duncan, p. 318 (Churchill, 1879).

† *Obstetrical Journal*, April, 1878, p. 45.

Apart from its "absorbent" effect, if one may so call it, it renders valuable service in another way. Hæmorrhage, as we have already remarked, is one of the most frequent, health-destroying, and dangerous symptoms in fibroid tumour, and even if cure is hopeless, relief of this symptom becomes imperative; and here the medicine which I most rely on is *Ergot*. Whatever doubt there may be as to its mode of action in curing fibroid tumours, there is no doubt as to its homœopathicity to the hæmorrhage which so often accompanies them. In the pathogenesis of *Ergot* mentioned in *Allen's Encyclopædia*, we find very prominently marked —"Hæmorrhage from the uterus, incessant menorrhagia, &c." I have had many cases under treatment among the out-patients who have been greatly benefited by the use of *Secale* in this respect, but again I must content myself with giving a brief synopsis of one by way of illustration.

G. P—, married nine years, æt. 38, admitted May 15th, 1877. Has had one miscarriage shortly after marriage. No children. Since then has been subject to profuse menstruation and excessive pain at the "period." Has constant backache, and in addition to profuse menstruation has copious watery discharge between the periods. Dimness of vision.

On examination a large fibroid was found in the uterus. Sound measured four and a half inches. The cervix was much inflamed, pouring forth a copious glairy discharge. She remained under treatment for some months, and had principally *Secale*—intercurrently *Sabina* and *Quin. nit.* In January, 1878, she was discharged, because she was so well that I thought further treatment unnecessary. I cannot say, so far as I can remember, that there was much diminution in the size of the tumour.

In addition to *Secale* for the arrest of hæmorrhage we must also think of such medicines as *Sabina, Crocus, China, Ipecac., Hamamelis, &c.*, and will be guided in the selection in each case by the specific indication for the remedy.

It will be observed that my authorities for the use of *Ergot* as a cure for fibroids are exclusively allopathic; and that consequently the doses of the medicine are such as

are recommended by the British Pharmacopœia. I look upon these cures nevertheless as purely homœopathic for the reasons already mentioned, and I have no doubt that as we become more thoroughly acquainted with the *modus operandi* of this drug, these views will be confirmed. But, whether that is so or no, they are the only examples so far as I have been able to ascertain of any attempt to cure fibroids by the administration of this medicine, that have any satisfactory result. And in my opinion, whenever a means of cure is discovered for any disease, our first business is clearly to give the patient the benefit of it. We can afford to speculate as to *how* it cures afterwards. I confess moreover that in using *Ergot* for hæmorrhage I have never seen good effects from high potencies, and always use the mother tincture or low dilutions. I shall be very glad, however, to be enlightened as to the experience of my colleagues on this point.

While on the subject of hæmorrhage I may add that we are sometimes driven to resort to local measures in addition to the use of medicines, and that those on which I chiefly rely are—1. Dilatation of cervix by sponge tents. This alone will often stop the bleeding. If it fails, I apply *Perchloride of Iron* to the mucous membrane of the uterus. Injections of *Iron* or *Iodine* into the interior of the uterus I have a great dislike to. Within a few months I have seen two cases recorded in which this proceeding has resulted in the speedy death of the patient. Incising the cervix is another mode of arresting hæmorrhage in obstinate cases. It is difficult to say why this should stop the bleeding, but there seems no doubt of the fact that it does, and it must not be omitted if other means fail.

I now come to the, *b, Radical,* which is synonymous with the surgical treatment of fibroids. The kind of operation will depend on the situation of the tumour. If that be sub-peritoneal, *Gastrotomy* is the only operation to be thought of. If intra-mural, enucleation is most suitable. If sub-mucous, avulsion, écrasement, or excision must be selected according to circumstances.

With regard to the first—gastrotomy—I think the cases

are few indeed in which the operation is justifiable. There is a strong tendency at present to legitimise, if there be such a word, this operation—owing to the immense strides made in abdominal surgery since ovariotomy has been so successfully practised—hitherto, so far as I can make out, without any great success. I think the question ought to be considered as *sub judice* as to what are the precise conditions under which the operation is warrantable.

In the treatment of the intra-mural variety of fibroids Baker Brown suggested and practised a partial removal of the tumour—gouging out a portion of it—in the hope that it would lead to spontaneous disintegration or enucleation of the mass. Cutting out a portion of the capsule or merely incising the capsule are other methods of obtaining the same result. I adopted the latter in a case which occurred in this Hospital some time ago. But the result was unsatisfactory in the extreme. The patient had a fibroid projecting from the os, the os being distended by it to about the size of the top of a wine glass. I attempted to separate the tumour completely from its attachment, but did not succeed. I then made an incision into the capsule, and trusted to the expulsive efforts of the uterus to complete the enucleation according to the method above mentioned, but the patient died of septicæmia in consequence of the large slough produced during the attempt at disintegration of the tumour. I may add that when it became evident that no natural effort would suffice to enucleate the tumour, I again tried to detach it completely. I was in this assisted by my colleague, Dr. Dyce Brown, but our combined efforts failed. The post-mortem examination revealed a much more extensive adhesion of the tumour to the cervix than we had supposed. In that respect—the attachment to the cervix—the tumour was unusual. The great majority, as we know, originate in, and are attached to, the fundus. From my own experience, and the recorded experience of others, I have come to the conclusion that the partial enucleation of fibroids by the methods I have mentioned is an operation which ought to meet with unqualified condemnation. When it is deemed advisable to remove a

fibroid complete enucleation is in every way preferable. But this, also, is not done without grave risk to the patient. West, indeed, speaks very despondingly of this operation. He says, "The results of it, moreover, are by no means encouraging, for twenty-eight operations yield fourteen deaths, while in four of the latter the operation was incomplete, and a portion of the tumour was left behind. If, now, to the published mortality we make some addition—and I feel it ought to be a very large one—for suppressed, or, at least, for non-reported cases, we arrive at a result which compels us to class the operation as amongst the most hazardous in surgery."*

Marion Sims—a bold operator as we all know—also speaks very gravely and much in the same way as West. He says,† "The complete eradication of an intra-uterine fibroid with a broad sessile attachment is exceedingly hazardous." He describes in the same volume four cases. All were fatal, but two were so from other causes than the operation. Even so we have exactly the same proportion of deaths as in West's cases—one half. Other physicians, however, have been more fortunate. Thomas‡ has operated seven times, and in all successfully.

An exceedingly interesting case of enucleation is described by Mr. Grimsdale in the *Liverpool Medico-Chirurgical Journal,* Jan., 1847. It is so interesting, and bears so close a resemblance to a case which came under my own care a short time ago, and which I shall describe to you immediately, that I trust you will bear with me if I give you a brief synopsis of it.

Margaret W—, æt. 33, married three years. First seen Oct. 12th, 1855. In 1853 had a child, premature, stillborn. In 1854 conceived again; miscarried at three months; great flooding. Menstruation very profuse after this till three months since; supposed herself pregnant again, but no nausea. Uterus about the size of organ at six months, but without usual elastic feel of pregnancy. A loud bruit

* Op. cit., p. 303.

† *Clinical Notes on Uterine Surgery*, p. 115.

‡ Op. cit., p. 517.

all over tumour; cervix pushed forward, os open, hard, and granular.

Diagnosis.—Fibroid tumour of the uterus, probably pregnancy in addition.

Mr. Grimsdale watched her for a fortnight. She had occasional profuse discharges of blood. On consultation with Mr. Bickersteth they agreed that the safety of the patient demanded the induction of abortion at once. Sponge tents were used, the cavity probed for seven inches, the tumour found to be adherent to the whole extent of the posterior wall.

Mr. Bickersteth made the incision for enucleation with a straight bistoury through the posterior wall of the cervix, about three quarters of an inch within the canal, and coming down on the capsule of the tumour plunged the knife into it; index finger passed through incision nearly to second joint; and the tumour was thus separated for some distance from the proper tissue of the uterus. But little bleeding followed the incision, which was plugged, the lint being forced up between the tumour and the uterine wall.

1st day after operation.—P. 96; vagina hot; tampon removed; vagina syringed.

2nd day.—Abortion of a four months' fœtus and placenta.

7th day.—But little change; vagina syringed and opening plugged daily.

8th day.—Uterine pains; watery discharge; tumour began to protrude through the artificial opening, which was dilated a little more; presenting part of tumour soft; discharge offensive; pulse 120; pale, anxious countenance; tongue dry; thirst.

Next week improved somewhat. Took beef tea, *Opium, Ergot,* and had vagina syringed twice daily. The tumour gradually dilated the artificial os, where, on the fourteenth day, the fingers could not reach uterus, the tumour had passed through so as to fill the upper part of the vagina. It was soft and sloughy; pulse 96.

15th day.—Much worse; had chill this morning; since then very low; pulse 112, thready; tongue dry; countenance anxious, very desponding; ordered brandy and beef

tea. 9 p.m. Messrs. Bickersteth, Brown, and Fitzpatrick present. Pulse a little better, but thrilling; tongue as before, countenance bad; put her under the influence of *Chloroform*, which improved the pulse.

Mr. Grimsdale then passed his hand by the side of the tumour into the cavity of the posterior uterine wall, and easily separated the few attachments that remained at its middle and lower portions. He found the great portion of the tumour soft and sloughy, somewhat like placenta of child dead some time in utero. Posteriorly and high up near the fundus some firm fibrous bands passed from uterus to tumour, which resisted all efforts to break them through; they extended to about three square inches of uterine surface; there were eight or ten distinct bands, one as large as the finger, flattened out, and containing soft sloughy tissue. Finding it impossible to lacerate these bands, he held his hand in the uterus till Mr. Bickersteth went for a large pair of scissors, which occupied about thirty minutes. Even then the completion of the operation was difficult and tedious, for he says, "After continuous efforts for nearly an hour I succeeded in dividing entirely its attachments, and removed the tumour, a sloughy mass about the size of an ordinary placenta. There was no hæmorrhage, and in withdrawing the hand the uterus contracted well as after ordinary labour. From this time her restoration was gradual but sure." In two months the uterus had quite recovered its natural size and position, and on the sixty-eighth day after the operation she began to menstruate. It lasted four days, painless and normal in quantity and quality. About a year afterwards this patient had a child stillborn.

The next case I shall relate is, I think, not less interesting than Mr. Grimsdale's, although the result was not so fortunate, nor was it a case of enucleation, but of immediate removal of the tumour by *avulsion*. It occurred in the practice of my friend and successor, Dr. Hall, of Surbiton, and I shall narrate the case almost verbatim as he has sent it to me, except where the operation is described; then the narrative is mine. The after-treatment is also from Dr. Hall's report.

"Mrs. S— first consulted me in May, 1876. Had a

pretty severe attack of intermittent fever. Stated then that she had had a fibroid removed some ten years ago from the posterior lip of the os uteri. Other tumours had been diagnosed, and I found her considerably increased in size, as if in the family way. On examination I found it difficult to get at exact state of matters; os high up and patulous, very little neck, leucorrhœa copious.

In July, 1876, had a *very* severe attack of meuorrhagia; the attack was almost fatal. She recovered, however, and went to Hastings, where she was attended by Dr. Croucher, for a similar attack, and was again very ill.

During 1877 I attended her off and on for ailments arising from tumour; leucorrhœa; bearing-down pains and urinary troubles. Had to use catheter frequently to draw off urine. She also had several attacks of intermittent fever. Menstruation was irregular, but generally free; never excessive during this year.

In 1878 there were again some attacks of intermittent fever, especially in August and September, and the uterine troubles increased; leucorrhœa severe; bearing-down worse; size increasing. Difficulty in micturition increased also. Menstruation always profuse.

In February, 1879, affairs came to a climax. Same symptoms, only in an aggravated degree. February 20th.—On examination found tumour, about size of small orange, protruding from os with thick pedicle. I advised her to have it removed. It was arranged that Dr. Carfrae should see her on February 23rd. On the 21st, however, finding that the tumour had increased enormously, and judging that no delay was to be entertained from the prominence of severe symptoms, and knowing that Dr. C. was only some six miles away, I, late in the evening, brought him to the bedside of the patient."

When I examined Mrs. S—, the abdomen was, as Dr. Hall says, like that of a woman pregnant and at term. There was a large mass protruding from the vagina, and wrapped in a towel. It emitted a fœtid odour. The pulse was small, thready, 120 or more, and the patient very weak. It was very evident that if, as the patient said, she did not

speedily get rid of the tumour, it would soon get rid of her. I could not get the finger far enough into the vagina to make a satisfactory examination as to the attachments of the tumour, its exact size, &c., and therefore proposed that we should give the patient chloroform, and that I should then make a thorough exploration of the uterine cavity; that, if I saw a reasonable hope of being able to remove the tumour, I should endeavour there and then to do so. But if not I would leave it. I confess it did not look promising, and I warned the patient not to be disappointed if she awoke and found that I had done nothing.

Dr. Hall having put the patient thoroughly under the influence of chloroform, I introduced the hand into the cavity of the uterus, and found it occupied by a very large tumour. Its attachments were extensive, but not so much so, I thought, as to render separation impossible. I therefore determined to give the patient the chance, and proceeded to tear away the adhesions between the tumour and uterine wall with my nails and fingers. I found this extremely difficult and fatiguing, because there was so little space in which to move the hand. I therefore, as far as possible, disintegrated the tumour, and removed it piecemeal. In this way I got rid of a great portion of it, but, just as in Mr. Grimsdale's case, there was one portion which defied all my attempts at separation. My hands were both quite tired out, and I then asked Dr. Hall to try what he could do. He too failed. I then determined to pull the uterus down as low as possible, and divide this pedicle with scissors. This was accordingly done; the uterus was partially inverted and the pedicle which we found to be of cartilaginous hardness divided; the uterus was replaced, and there the operation ended. It lasted from 2 to 4 a.m. And as the patient was all that time under chloroform, and had undergone such a serious operation, it can be readily understood that she awoke feeling very faint and ill. Indeed, at one time it was doubtful whether she would rally. I may mention, however, that there was no great hæmorrhage—not so much as after a very ordinary labour. It is difficult to estimate the size

of the tumour because of the mutilation it underwent in removal, but the remains filled an ordinary wash-hand basin and weighed between three and four pounds.

I now resume Dr. Hall's notes of the progress of the case:

February 24th.—Pretty good night; slight sleep; much retching. No pain or tenderness over abdomen; discharge per vaginam very slight, no fœtor. Urine drawn off by catheter. Pulse weak, rapid. Temperature 102° to 102·2° during day.

25th.—Bad night, constant retching; could take no food. Temperature rose to 105°, and pulse to 156; great restlessness. But both fell again towards evening, and at 9 a.m. the pulse was 116, and temperature 100·4°. Retching gradually ceased after 7 a.m., after using *Arsenicum.* Patient dozed during day, and at 3.15 p.m. was quiet and sleeping. No pain on pressure of uterus, some slight discharge, and slightly offensive. For this carbolic-acid injections were used. *Nux* and *Arsen.* were the medicines selected, and a binder was applied. Bowels opened. Urine passed by catheter with pain.

26th.—8.15 a.m. The pulse 136; temperature, at 5 a.m., 101°; quiet night, but little retching, not much sleep. No pain or tenderness, less fœtor. She took some revalenta and milk, and retained it. *Arsen.* 11 a.m. Shivering and exhaustion from want of sleep. Pulse 140; temp. 102°. Four motions since 6 a.m. Gave *Morphia.* 5.30 p.m. Sleeping, gentle perspiration. Temperature *normal.* Pulse 116. Had a little sickness during day, but took food pretty well. 10 p.m. Has been sick and brought up food. *Hyosc.* Pulse 128; temperature normal; no wandering, no pain, looks more natural.

27th.—Bad night, restless, sleepless; retching returned. No pain over uterus or tenderness on pressure, but it causes retching. A good deal of fetid discharge and some sloughs came away. Pulse 128. Temperature at 7.30 a.m. 100°. 10 a.m. Washed out uterus with carbolic lotion. Sickness continues. Pulse 136; restless. 1.30 p.m. Quieter, but pulse 102; temp. 104·2°. Slightly wandering. No

pain or tenderness; less retching. Tongue cleaner. *Kreasotum.* Retching ceased thereafter.

From this time the patient seemed to be improving very much, and when seen at 11 p.m. was sleeping nicely.

About 7.30 a.m., February 28th, was called by nurse because slight hæmorrhage had taken place, but a great gush took place before I reached the bedside. I injected *Ergotin,* and the hæmorrhage seemed to cease, but the patient did not rally from the shock. She died about 8 a.m.

There was no post-mortem examination; but there is no doubt in my mind that hæmorrhage occurred from the suppurating pedicle. Some vessel must have been opened on its surface, and in a frame already much worn by what she had gone through little, comparatively, would turn the scale. This fatal accident, so to speak, in the case grieved us very much, because both Dr. Hall and I hoped that the patient had weathered the storm. And yet, in looking back on the history of the case, I do not see that any other course was open, or that any further precaution could have been taken to avoid the catastrophe which caused the fatal termination. After the manner of our most energetic ex-Prime Minister, I might say that, when I was called to the bedside of this patient, three courses were open to me—1st, to leave the patient alone—to do nothing; 2ndly, to remove the protruding portion of the tumour; and 3rdly, to try to remove the whole. I determined on the last course, because, had I adopted the first, it was abundantly evident that suppuration of the mass would speedily have set in and carried off the patient by septicæmia. If I adopted the second the size of the wound would have rendered the risk of profuse hæmorrhage very great. Dr. Marion Sims, indeed, describes a case somewhat similar, but one in which the tumour was smaller than that of Mrs. S—, in which, as a preliminary step, he adopted this plan. The patient, however, died. I shall quote just the portion of the case where he describes the operation.* "Its (*i. e.* the tumour's) size was so enormous that it was thought advis-

* Op. cit., p. 113.

able to remove all that portion of it that projected through the dilated cervix preparatory to the real enucleation and ablation of what occupied the body of the womb. Accordingly a cord was passed round it . . . . where it was severed. The hæmorrhage was fearful, and she lost a large amount of blood before it could be controlled by a tampon. She scarcely rallied at all from the effects of the chloroform, and died of exhaustion thirty-six hours afterwards."

This, I fear, would have happened in my case had I adopted course No. 2. The only one left, and that which I believe was best for my patient, was the third, which I have described to you. I think the chloroform was the cause of a good deal of the suffering the patient had after the operation, the retching and sleeplessness. But I do not see how we could have dispensed with its use.

In sub-mucous fibroid the écraseur or polyptome, when they can be got to encircle the tumour, are the best means of removing it. Instead of describing the operation I shall again endeavour to show its utility and applicability by describing a case in which the écraseur was used. This case has additional interest from the fact that it illustrates another valuable use of *Ergot,* that, namely, of forcing the tumour out of the uterus into the vagina, where it can be more readily got at for operating purposes.

The case is reported by Dr. Anderson, our house-surgeon.

"G. H—, æt. 37, married, admitted April 19th, 1879. States that she has been getting very weak for nearly a year, and complains of headache, pains about pelvis, and considerable loss of blood from womb. This first commenced last year, when an attack of flooding came on, and lasted seven weeks.

History. — Has had five children, youngest eighteen months old. The interval between that and the previous child eight years. Labour easy, but slight flooding at birth. The catamenia returned eight months after confinement, when first attack of flooding came on (June, 1878), which lasted seven weeks; after this 'periods' were regular

till March, 1879. Since then bleeding has never ceased, and continues now.

Present state.—Patient is strikingly anæmic and much wasted; has severe headache; constant and profuse discharge of clotted blood, causing great pain. Tongue pale, coated. Appetite very good. Constipation. Temperature normal; pulse 120, weak."

I here digress so far from report as to state the result of my examination. Hitherto the patient had been treated for menorrhagia; but from the nature of the hæmorrhage, and the fact that there was considerable enlargement of the womb, I suspected the presence of a tumour as the cause of all the mischief. I accordingly dilated the cervix with sponge tents, and discovered a fibroid of an elongated shape, with an extensive attachment to the posterior wall of the fundus. So much was it adherent that I then thought it impossible to remove it. I therefore brushed the whole interior surface of the uterus with solution of *Perchloride of Iron* and gave *Secale* in large doses, that is, ♏x, 2nd horis of the liquid extract of the *British Pharmacopœia* to cause contraction of the womb.

I now return to Dr. Anderson's report:

"May 2nd.—Hæmorrhage has been gradually diminishing, and has now ceased. Pulse 120, weak, but stronger than it was, and patient altogether better; still has severe headache.

9th.—Headache much better since taking *Actea* 1x gtt. j 3tis h. But the hæmorrhage has returned."

For the next two months the patient much *in statu quo*, that is, the hæmorrhage continued, but not so severe as formerly. I therefore resolved once more to dilate, and see whether it was possible to remove the tumour.

July 16th.—This was done.

"17th.—At the visit to-day the sponge tents were removed, and the tumour could be plainly distinguished. Dr. Carfrae and Dr. Dyce Brown both tried to get the wire of the écraseur round it, but owing, partly to the extent of attachment and partly to contraction of uterus it was found impossible to do so. It was decided to dilate more fully,

and try once more next day. But on the 18th the patient begged that nothing further be done, as she fancied that she was too weak to bear the operation." I decided, therefore, to persevere with the use of *Ergot*, and on August 1st the report continues:—"The tumour is now quite outside the os, and the finger can be passed round its neck. Continue *Ergot*.

August 5th.—To-day Dr. Carfrae decided to remove the tumour by the écraseur. This was done without much difficulty. The tumour on removal was found to be about the size of an orange, and attached by a distinct but short pedicle.

The microscope showed chiefly nucleated fibre cells. After the tumour was removed the uterine portion of the pedicle was touched with solution of *Perchloride of Iron*.

6th.—Scarcely any hæmorrhage either during or after the operation. She passed a very fair night; *Secale*.

7th.—Temp. $\frac{100^{\circ}}{98\cdot4}$, complains of pain round loins and hips, tenderness over hypogastrium, not much discharge. *Pulsatilla* ϕ, gtt. v, t. d.

11th.—Temp. normal, very little discharge, no pain; going on very well; still very anæmic.

25th.—Discharged quite well, and less anæmic."

Some two or three months after this date this patient consulted me for some other trifling ailment. She was otherwise perfectly well.

In conclusion I would add that in every case of fibroid our first duty is to try what palliative treatment will do. It is only when that fails to afford relief, when the sufferings of the patient are such as to render life very miserable—a rare condition,—or when hæmorrhage threatens to drain the life from the patient—a not uncommon occurrence,—and when the tumour is come-at-able—if one may use such a word—that we are warranted in operating. And that when we do operate we must never forget that all operative interference with the uterus ought to be undertaken with the greatest care and caution. Because, even under the most favorable circumstances, the

womb sometimes resents such interference. Two of Dr. Gaillard Thomas' patients, who were being prepared for operation for fibroid, for example, died from the initiatory introduction of sponge tents to dilate the cervix. Only the other day I removed a fibroid—sub-mucous—with pedunculated attachment to the posterior surface of fundus, apparently with the greatest ease and success, and yet the patient died. The post mortem revealed congestion of intestines. There was also a small abscess in right ovary, but that must have existed before the operation. The heart was fatty, with aortic incompetence, and had evidence of old pericardial adhesion. The congestion of the peritoneum covering the intestines in the neighbourhood of the uterus seemed to me the only cause of the fatal termination in this case. We know that peritonitis setting in after any operation on the uterus has a strong tendency to cause collapse, and we can fancy that it would be specially so in a person with a feeble fatty heart. Had time permitted I should very much like to relate this case to you *in extenso*. But, as I have already trespassed so much on your time and patience, I merely state the termination of it in order that I may the more thoroughly impress on you what I have already stated, namely, that all operations on the uterus require the greatest care and caution, as all are hazardous to the patient more or less.

Discussion on Dr. G. M. Carfrae's paper.

Dr. Matheson was obliged to say that he had not learned anything from Dr. Carfrae's paper. Its surgery was familiar to us from books, and its medicine was *nil*. Dr. Carfrae had impugned his (Dr. M.'s) successes with *Kali iodatum;* but he had produced no negative to outweigh his positive results, he had simply opposed fancies to facts. He (Dr. M.) affirmed the entire correctness of his reported cases. He had little faith in ergot as a remedy for the hæmorrhage of fibroid tumours; and related an instance of its utter failure.

Dr. Hiller, recognising the value of *Secale* in uterine affections, found it do everything he required in the attenuations from the 3x to the 6th. He thought that more success might

have been gained in the medicinal treatment of fibroids if medicines like *Sulphur* and *Calcarea*, in high potency, had been fairly tried.

Dr. Fischer appreciated the value of both *Secale* and *Kali iodatum* in these cases, and thought their action homœopathic. He had good effects from suppositories and subcutaneous injections of Ergotin. He thought that *Macrotin*, *Gelsemium*, and more especially *Hydrastis*, deserved consideration. He was not surprised at the failure of full doses of ergot to check uterine hæmorrhage, as it seemed to him that the expulsive action they would set up would rather tend to promote it. As regards the surgical treatment of fibroids, his experience led him to prefer electrolysis to enucleation.

Dr. Hughes wished to say a word about the action of *Secale*. Dr. Carfrae had argued that it acted homœopathically in reducing uterine fibroids, because Nature's way of removing them was by the muscular contraction and molecular necrosis which the drug tended to cause. But, in this case, the drug ought to *counteract* these processes, not to promote them. To his mind, it reduced fibroids by contracting their arterioles, and so starving them out. So in hæmorrhage. *Secale* was said to have caused metrorrhagia, but only, he believed, in connexion with abortion. He knew of no instance of its having excited hæmorrhage from a healthy and empty uterus. To his thinking, it checked bleeding from this as from other organs, by contracting the arterioles; and hence the substantial doses found necessary. When, as sometimes happen, it benefits menorrhagia and metrorrhagia in infinitesimal doses, it did so gradually by removing some morbid condition on which they depended.

Dr. D. Brown agreed with Dr. Hughes's view of the action of Ergot. Fibroids of the uterus are *approbria medici*, for we have not a single remedy we can depend upon. In reply to a question, he said he had not seen any distinct result from ergot.

Dr. Gutteridge said he saw a case some time ago where fibroid was lying between the thighs of the patient; a ligature was passed round, and it was separated without ill result; some years after the patient had a second small tumour which sloughed away. Dr. Gutteridge said he had seen *China θ Ipec.* 3x gtt. iij, control profuse hæmorrhage.

Dr. Roth confirmed Dr. Fischer's remarks on electrolysis.

Dr. Dudgeon thought with Dr. Hughes that the action of *Secale* in causing degeneration of tumours was allopathic, and not homœopathic. *Kreasote* was recommended by Dr. Neidhard for fibroids.

Dr. Carfrae, in reply, said in answer to Dr. Gutteridge's remark that he (Dr. C.) had made no attack on any paper read before this Society. He supposed Dr. Gutteridge referred to the criticism on Dr. Matheson's paper. That, however, was never read before this or any other society so far as Dr. C. was

aware; it was published in the *Monthly Homœopathic Review*, and was, therefore, justly liable to public criticism; and he hoped nothing had been said beyond the bounds of fair and honest criticism. Dr. Matheson objected to Dr. Carfrae "opposing his fancies to Dr. M.'s facts." But Dr. Carfrae denied that he opposed Dr. M.'s statements by fancies of his. The first duty he put before himself in investigating the remedies for fibroids was to examine carefully the claims that were urged in their favour. before they could be accepted as such. He stated what appeared to him to be very valid reasons why the remedy suggested by Dr. Matheson, viz. *Kali Hydroid*, should be rejected. These were, 1st, the incredibly short *time* occupied in the cure; 2nd, the fact that the drug is not in any sense homœopathic to the disease; and, 3rd, that its claim cannot be supported on allopathic grounds, used either in large or small doses. These he maintains are not *fancies* but valid *reasons* for the non-acceptance of *Kali* as a cure for fibroids. Nevertheless, if at any future time Dr. M. should produce better and more satisfactory evidence of its curative powers, he (Dr. C.) will be the first to give it a fair trial.

Dr. Matheson says he has no faith in *Ergot because* he gave it in one case along with Dr. Brown, and that it failed utterly to relieve the patient. Dr. Carfrae thought that if all the remedies in the *Materia Medica* were put to that test, we should be left without one medicine for the cure of any disease. All that is urged in favour of *Secale* is that in many cases it diminishes the size of the tumour, and even if it fails to do that it often cures the hæmorrhage. He quotes many interesting and reliable cases in proof of this statement, and until Dr. Matheson can show that *Kali Hyd.* or any other medicine can produce like results we ought to rely on *Secale*.

Dr. Hiller urged the use of high potencies. But Dr. Carfrae had not seen any good results therefrom, either in fibroids or hæmorrhage attending them, and until Dr. Hiller could produce as good evidence in their favour as Dr. Carfrae had done in favour of large doses, he (Dr. C.) would continne to use these.

Dr. Fischer thought that the reaction after using large doses of ergot predisposed to rather than cured the hæmorrhage. Again Dr. Carfrae urged that the *facts* are patent to us all; that ergot in large doses does cure hæmorrhage. And again, Dr. Carfrae would insist that if Dr. Fischer can produce evidence to show that small doses act as well, then Dr. Carfrae will be only too glad to adopt them. The other remedies mentioned by Dr. Fischer are also mentioned by Dr. Hale (*New Remedies*); but they are merely suggested as medicines that may be good, and no satisfactory proof of their value is given, so that as yet, they cannot be accepted. Electrolysis Dr. Carfrae admits had been omitted among his remedial measures, and, perhaps he had been to blame for the omission, and hopes to repair it at a future time.

Dr. Hughes objected to Dr. Carfrae's explanation of the

action of *Secale* as did also Dr. Dudgeon. Dr. Carfrae was hardly prepared to argue the point, especially at the late hour. He merely hazarded his theory as a probable explanation of the fact that *Secale* does act curatively. Whatever may be the explanation the fact remains.

Annals of the Hospital.

REPORT OF CASES OF SKIN DISEASE,

Under the care of Dr. J. G. Blackley,

During the years 1878 *and* 1879.

During the two years ending December 31st, 1879, 208 cases of skin disease have come under my notice in the wards and in the out-patient department of the hospital. The majority of these cases have presented no very special features of interest, but a few have appeared to me worth recording. As in my last report, eczema in its various forms bears the palm in point of numbers, as will be seen by reference to the accompanying table:

Erysipelas	7	Carbuncle	3
Erythema	8	Onychia	3
Intertrigo	1	Whitlow	1
Urticaria	7	Corn	2
Prurigo	5	Condylomata	3
Lichen	3	Molluscum	1
Pityriasis	3	Lupus	3
Psoriasis	8	Burn	1
Herpes	13	Pruritus	4
Pemphigus	1	Dysidrosis	1
Eczema	49	Cutaneous syphilis	21
Ecthyma	1	Epithelioma	2
Impetigo	3	Purpura	3
Rupia	1	Varicella	2
Acne	9	Ringworm	9
Seborrhœa	1	Itch	6
Ulcer	14	Phthiriasis	4
Noma	1		
Boil	4		208

The cases I have selected for special mention are the following:

Erysipelas.

Case 298. *Vesicular erysipelas of left side of head and face.*—James A—, æt. 59, cabdriver, admitted October 7th, 1878. Has had several previous attacks of erysipelas. States that there has recently been glanders amongst the horses in the stable. On admission the whole of the left side of the scalp and face, including the eyelids, nose, and ear, were tumid red and brawny, very tender to the touch, and having a "shotty" feel under the finger. The tongue was densely furred, complete anorexia, temperature 100·4°, and pulse 100. Was ordered *Rhus* 1x gtt. j, 2dis horis, and milk diet. This treatment was continued for a week, during which time the temperature fell to the normal, the swelling diminished slightly, and the usual phases of the disease—papulation, vesiculation, and scabbing—took place. The eyelids continued very puffy and painful, and the conjunctiva became inflamed, and for this he was ordered *Bell.* 1x gtt. j every four hours.

On the 21st, as there was still considerable swelling of the subcutaneous connective tissue, with dull pain all over the left side of the scalp and sensitiveness to the touch, he was ordered *Anacard.* ϕ gtt. j t. d., and ordered a meat diet and half a pint of stout daily. At the end of five days the only symptoms remaining were severe headache and pain in the eye; for this he was ordered *Bell.* 1x gtt. j 4tis horis.

November 2nd.—Discharged cured.

Urticaria.

In this affection, especially after middle life, *Urtica* has failed to afford the slightest relief in my hands. *Copaiba* has in some cases been of decided service. Where patients are able to afford it I have found the Turkish bath, taken

once or twice a week, to afford more permanent relief than any specifics which I have as yet tried.

Prurigo.

Case 293. *Prurigo senilis.*—This patient, a man, æt. 64, after being treated with *Arsenic* for ten days, was ordered *Copaib.* 3x gtt. j ter die, coupled with a generous diet and half a pint of bitter ale per diem; he also had a warm bath every night, beginning by remaining twenty minutes in the bath at a temperature of 100°, and lengthening the time gradually to an hour; the temperature being also raised to 108°. He improved steadily, got several hours' sleep at night, which he had not done for many months before admission, and gained in flesh and strength. He was discharged at the end of six weeks "much improved."

Pityriasis.

Case 159, occurring in a child of eleven, of healthy appearance, was interesting from the fact that the patient was in the habit of eating large quantities of salt.

Herpes.

Case 299. Herpes zoster in a woman of 66, who had acute rheumatism eight years ago, and has been subject to wandering pains ever since, especially on the left side. The case was treated with *Rhus tox.* and *Cantharis,* and was discharged cured at the end of fourteen days. (I may here observe that I have not hitherto found any of our usual remedies in this disease to afford relief from the severe neuralgic pains always present in the later stages of herpes zoster. As soon as the vesicles are fully developed I am in the habit of ordering a linseed-meal poultice sprinkled with *Liq. Morphiæ, Acet.,* repeated every two hours.)

Eczema.

Case 269 affords an instance of the value of the estimation of the daily excretion of urea as a guide to treatment. The patient had been treated for three weeks with *Viola tricolor* and *Hepar Sulph.* without benefit. On examining the urine (which was about normal in quantity) it was found to be 1017 in sp. gr., and contained only 1·2 per cent. of urea. The patient was at once ordered *Arsen.* 1 gtt. j t. d. The leg began to improve, and at the end of sixteen days she was able to leave the hospital.

Case 283. *Eczema marginatum.**—This condition has been shown by Neumann to be a variety of herpes tonsurans, affecting usually the genitals and adjacent parts of the thighs and abdomen. He regards it in the light of a herpes tonsurans superadded to a previously existing eczematous condition (usually intertrigo). Like herpes tonsurans and unlike eczema, it presents a sharply defined border, and continues to spread round the margin, whilst healing in the centre. The epidermic cells are seen to be invaded by the Tricophyton tonsurans, and the mycelium of a species of Tricothecium. In this case, that of a boy, æt. 9, the patches were treated for ten days with an ointment of chrysophanic acid, no internal remedies being given. The ointment was then discontinued and he was ordered *Clematis,* 1x gtt. ter die. He was discharged cured at the end of a month from the date of his admission.

Case 350 was also one of the same affection, but in a much more aggravated form. The patient, a healthy-looking labourer of 40, presented himself on October 30th, 1879, with a serpiginous rash on the front of the abdomen and on both thighs six inches below the groin. The rash extended on the abdomen as high as the umbilicus, and presented all the appearance of impetigo figurata, the skin between it and the genitals being to all appearance healthy. The patient stated that the rash commenced eighteen

* Neumann, *Lehrbuch der Hautkrankheiten,* Vienna, 1870, p. 401.

months before with mere redness and irritation, in the fold of the groin, and had been gradually extending and increasing in irritability ever since. Under the steady use of *Antim. tart.* 3x gr. j ter die, and the local application of vaseline, the rash has ceased to extend and the line of pustules has gradually faded. When he presented himself at the hospital a few days ago, the only traces remaining were on the front of the abdomen, the thighs being then quite free. He was much gratified with the relief afforded by the vaseline from the previous constant irritation

Case 211. *E. artificialis.*—Wm. W—, æt. 23, came a fortnight ago with scabies, for which he was ordered *Ung. Sulph.* As he has been steadily applying this to the affected parts twice a day, they are now covered with a copious eruption of vesicular and semipustular eczema. Cessation from the source of irritation and free use of soap and water soon set him to rights. In using *Ung. Sulph.* I never find it necessary to apply it more than twice a week, and two applications generally suffice.

Case 309. *Eczema aggravated by Arnica.*—Louisa T—, æt. 35, was admitted as an in-patient on January 28th, 1879, and stated that she had been subject to yearly attacks of eczema for the last seven years. The present attack commenced four weeks ago, and she had been treated homœopathically for it. The last medicine prescribed for her (*Arnica*) had brought on a severe attack of erysipelas in the arms and face, and for this she sought admission to the hospital. (A sister who was also suffering from eczema at the same time had taken the same medicine and with a similar result.) On admission the face was much swollen and the eyelids puffy; the eyes were red and inflamed, and there was a good deal of oozing of thin watery discharge. The skin round the mouth was scabby. Both arms were swollen and tender, and presented a few small vesicles here and there. The temperature was normal.

Under the influence of *Acon.* and *Rhus tox.* the erysipelas gradually subsided, but left behind a most aggravated example of eczema rubrum. For this condition she was given *Arsen.* in various dilutions for more than a month

with but slight improvement, the diet meanwhile being light, with free allowance of fresh vegetables.

On March 24th *Petrol.* 3x gtt. j ter die was prescribed with vaseline applied locally, and from this date gradual improvement set in, and she was discharged at the end of three months from the date of her admission, very much improved.

Case 300. *Gouty eczema cured by Rhus.*—William B—, æt. 41, lawyer's clerk, was admitted an in-patient on March 13th, 1879, and gave the following account of himself. Has lived freely, and has been in the habit of drinking gin and whisky in considerable quantities. Had an attack of delirium tremens a year ago. Fifteen months ago had psoriasis in both legs, which lasted for six months and then gradually disappeared. Immediately following this he was laid up with typhoid fever, and, during his convalescence, had an attack of gout in the big toe of the left foot followed almost immediately by an eczematous eruption on the wrist and dorsum of the left hand. In January of the present year, the rash showed itself on both feet and ankles, and has gradually extended up the legs. About sixteen days ago it commenced to invade the trunk, and in two or three days the body was completely covered.

On admission, the skin of the whole of the trunk, arms, and legs, was found to be dusky red in colour and tender to the touch; no discrete vesicles could be seen, but there was slight oozing from cracks here and there, and considerable exfoliation of the epidermis. There was considerable irritation, causing scratching and destroying rest at night. The tongue was clean. Appetite good, and bowels regular.

For the first few days no medicine was prescribed, but the patient was placed in a wet-sheet-pack every evening for about an hour. This relieved the irritation very much, but the objective symptoms remained very much the same.

On March 30th *Rhus tox.* 1x gtt j ter die was prescribed, with full diet and moderate allowance of cooked green vegetables, the pack to be persevered with. Under this treatment he steadily improved, and was discharged cured on April 15th.

Dysidrosis.

Case 247.—This case I have described at length in a communication to the British Homœopathic Society, published in the last number of the *Annals* (No. xlix, p. 145).

The patient presented herself again a few days ago with a mild attack in one hand, but thinks the attacks are rendered much less severe by the treatment she has received at the hospital.

Tinea.

Case 188. *Tinea tonsurans.*—In this case the ointment of *Ac. Chrysophan.* was used without effect, but the ailment rapidly yielded to a lotion of *Corrosive Sublimate,* gr. iv @ ℥j. In applying the lotion I always advise the cleansing of the skin with warm soap and water first, and the lotion then steadily rubbed in by means of a small piece of sponge.

In several recent cases two or three applications of the *Ung. Ac. Chrysophan.* have sufficed to cut the disease short at once.

Cutaneous syphilis.

Cases 183 and 189 were treated with *Phytolacca.* In the former case a serpiginous ulceration on the leg rapidly yielded to its use, but an eruption of acne on the face was not influenced by it. The latter case was one of serpiginous so-called syphilitic psoriasis, which whilst healing in one part was spreading in another. The patient was under treatment altogether for ten months; during the first half of this period he took *Phytolacca, Mezereum,* and *Arsen. iod.,* but without sensible benefit. He was then given *Ac. Nit.* 3x gtt. j at first 4tis horis, and then ter die, with an ointment of gr. v of *Hyd. Nit.* @ ℥j *Axung.* Improvement commenced, and at the end of the second five months he was pronounced cured.

CASES FROM OUT-PATIENT PRACTICE.

By C. L. Tuckey, M.B., C.M.

Case 1. *Lupus non exedens.*—G. W—, a shopman, æt. 24, about eight years ago had a tumour, the nature of which he is ignorant, removed from the right side of the face. The present disease appears to date from the time of this operation, and to have commenced in the scars formed during the cicatrization of the wound. The patient had been under many varied treatments, and had been subjected to the application of caustics of all kinds, without, however, anything beyond a very temporary effect. He came under observation in February, 1879, and then presented the following appearance:—The entire skin of the right side of the face, from the level of the top of the ear to the under part of the chin, was reddened and thickened, and from numerous ulcerating spots proceeded a yellowish purulent discharge; small hard nodules could be felt at short intervals throughout the inflamed surface, and especially in the lobule of the ear, which was greatly deformed; there was but little pain, and the general health was good.

No local treatment was ordered, except that the part should be kept dusted with starch flour, and *Arsenicum* 3x was given internally t. d. Under the use of this remedy the patient decidedly improved until the end of April, when things came very much to a standstill; the discharge was then much reduced in quantity and thinner in quality, and the redness was less marked than at first. *Bell.* 2x was then given t. d. for a month with some good effect, and this was followed by another course of *Arsenicum* for six weeks. At the end of this time (July) the disease, though certainly presenting a more favorable aspect than before, was far from being subdued; there was still a slight discharge at

times from newly ulcerated nodules, and the redness was very marked. *Phytolacca* 1x. t. d. was ordered for a month, and with such good results that it has been continued with short intermissions ever since. The thickening has disappeared to a surprising extent, the redness is hardly noticeable, and there has been no fresh formation of nodules or ulceration since the medicine was first administered. As improvement in the appearance of the diseased portion of skin is perceptible every month there seems reason to hope for as perfect a cure as is possible under the circumstances.

Case 2. W. C—, a fair, waxen-looking boy, æt. 14, had for three years suffered from headache during the summer months only. He made his appearance at the hospital in June, the headaches which he thus described having then set in:—Twice or three times a week on walking in the morning he felt violent pains deep in the left temporal region, accompanied by great giddiness, drooping of the eyelids, and bilious vomiting. The face was always pale, there was no tenderness on pressure anywhere, and external applications had no effect on the pain. The headache lasted the whole day, and during the attack he was utterly incapable of exertion of mind or body. The tongue was clean and the bowels were normal.

Any movement caused aggravation of the pain, and driving in a carriage or going on the water were sufficient at any time to produce an attack, and to convert a day's pleasure excursion into one of punishment for him. *Gelseminum* 3x was given for a fortnight, without, however, any advantage, for the patient suffered five attacks of headache during this period. *Cocculus* 3 was then ordered t. d., and improvement was at once perceptible. During the first week there was one slight attack, during the second one, and then three weeks elapsed without any symptoms; during the fifth week there was again a slight return, and since that time the cure has been complete, so complete that during the rest of the summer the patient could drive, and even go on the water, without any disagreeable results

ensuing. Since his old enemy has been put to flight the boy's health has visibly improved, and he now looks comparatively robust and healthy. In addition to the *Cocculus* a cold sponge bath was taken every morning.

Case 3 is of some physiological interest as showing what minute doses will produce the pathogenetic effects of drugs in certain constitutions. H. C—, æt. 53, came under observation in October, suffering from cough, with much mucous expectoration, loss of appetite, and nausea. *Antimonium tart.* 3 was prescribed for a fortnight. At the end of this time the symptoms for which the patient had applied for relief were very much better, but the medicine had had an unexpected effect, having produced apparently a papular itching eruption over the whole surface of the skin; these papules went on to suppuration; scabs were formed, which fell off in four or five days, leaving traces of the eruption in the shape of minute depressions, which did not disappear altogether for several days.

Case 4. *Chronic rheumatism and nettlerash.*—C. B—, æt. 43, a married woman, applied for relief in July for rheumatism of seven months' standing. She was worse at night and in cold weather. She also complained of a rash which came on every night, and was attended with much burning and itching. This rash had made its appearance almost every night for eight years, and generally lasted for about half an hour. *Rhus tox.* 2x was ordered for a fortnight, without, however, producing any marked improvement. *Apis* 2x t. d. was then given, and with almost immediate good effect. Since taking the seventh dose of the medicine there has been no rash, and the rheumatic pains in the back and wrists have in great measure subsided. On the patient's first visit she complained of painful swellings on inner surface of each knee-joint; these were apparently the connected with the synovial membrane, were hard, tense, and painful to the touch, slightly reddened, and about the size of small walnuts. They greatly interfered with the mobility of the limbs, and the joints seemed to

creak on attempting to move them. The *Apis* has had a marked effect upon these conditions; the tumours are diminished to one half their former size, are quite soft and painless, and no longer impede movement of the joint; the creaking also has almost entirely disappeared. The swellings were the gradual growth of two years.

Case 5. *Diurnal enuresis.*—E. H—, æt. 32, by trade a tailor, had for seven or eight months been troubled with constant desire to pass water during the day only. The water appeared normal as to quantity and quality, and during the night and at other times, when lying down, the patient was as other men. The tongue was furred at the back, there was some frontal headache, aggravated by stooping, slight tenderness over the liver, and obstinate constipation. On October 25th *Nux vom.* 3x was ordered, and by the end of the first fortnight it had slightly relieved all the symptoms. *Tincture of Steel,* in half-drop doses t. d., was then given, and in a fortnight had entirely removed the diurnal irritability of the bladder, together with the headache and constipation.

Case 6. A. R—, æt. 51, a climacteric, had for two years before her appearance at the hospital (September, 1879) suffered from alternate flushing and shivering, violent pains over the whole head, constipation, nausea and vomiting, and fits, apparently of an epileptic character, coming on about once a week. *Lachesis* 6 was ordered for a fortnight, but produced no improvement. *Lycopodium* 3 t. d. was then given with such good effect that the patient was able to report at the end of three weeks entire freedom from fits and flushing, and that the bowels were perfectly regular. This improvement has continued to the present time.

Case 7. E. W—, a sempstress, æt. 43, came to the out-patients' room in June, suffering from general debility, nervousness, want of sleep, and left supra-orbital neuralgia. As there was a history of great mental trouble *Ignatia* 1x was ordered to be taken t. d., together with a pilule of *Coffea*

3 at bedtime. This treatment has been persisted in for four months—from June to December—and has greatly improved the patient's general health. She looks fairly well and strong, is free from nervousness, sleeps and eats well, and has no neuralgia since she took the first few doses of the medicine. The catamenia, which had been irregular and profuse—occurring once a fortnight—for several years, have become quite normal in every way; and strange to say a hard cataract, which had been growing in the right eye for eighteen months, and which had arrived at such a stage as to occupy almost the entire pupil and render vision with that eye confined to distinguishing light from darkness, has steadily diminished in bulk and density, so that now (December) only half the pupil is filled by the growth, and the patient is able to distinguish, not only how many fingers are held up before her, but even small articles, and compares the sensation to having a thin veil held before the eye, which requires but a slightly greater effort than she is capable of making to remove altogether.

Case 8.—A. N—, æt. 46, a climacteric, came under treatment in August, 1879, complaining of the symptoms so common at her age, namely, extreme nervousness, palpitation of the heart, flushing of the face, attacks of shivering, cold extremities, tremulous tongue, loss of appetite, nausea and retching, discomfort at the throat, and sleeplessness. *Lachesis* 6 was prescribed t. d. for a fortnight, and at the end of this time this medicine had nearly removed all the symptoms. *Nux vomica* 3x t. d. was then given, and the patient was able to say on her next visit that she was perfectly comfortable and relieved in every way.

Case 9. *Plantar eczema.*—J. H—, a milkman, æt. 37, had for several weeks an intensely itching, discharging eruption, covering a space of about the size of a crown on the sole of the left foot. *Rhus tox.* 3x internally t. d. and a compress of cold water locally applied removed all traces of the affection in three weeks.

Case 10.—M. D—, æt. 36, a married woman with children, had for two years suffered from migraine during the period, for which she applied for treatment in the beginning of September. She used to awake with the pain on the morning the period was expected, and it lasted the entire day and often longer. It was of a boring character and especially felt in the right temple; at the same time the eyes were bloodshot, the sight impaired, the face red, and the blood-vessels felt to throb violently; there was some sickness, inability to bear the light or the least movement, and total loss of appetite. The catamenia were excessive, and accompanied by pain and bearing down. For these symptoms *Belladonna* 3x was given t. d. for a month, with the effect of producing great improvement in every way. The time of the next period passed over with only slight sickness, and what the patient described as "swimmingness." No headache or bearing-down pain were felt. *Cocculus* 3 was then given for six weeks, at the end of which time the patient pronounced herself entirely cured.

Case 11.—E. B—, æt. 8, a very dark, handsome child, was brought in suffering from violent headache, which for two months had made its attack two or three times a week. It was seated chiefly in the forehead and through the ears, and it gradually increased during the morning until about noon, when it reached such a pitch that the child became almost beside herself and hysterical. The glands of the neck were perceptibly enlarged, the tongue large and coated white, the breath very offensive, the bowels pale and constipated, and the abdomen tumid. The teeth were black and tender and the gums easily bled. *Calcarea carb.* 3 t. d. was ordered, and the following week the headache occurred twice, the next week once very slightly, and it has not since returned. At the same time the tongue has cleaned and the breath become inoffensive, the abdomen less swollen and the bowels natural.

Case 12.—H. K—, æt. 22, metal-worker, came under notice in September, suffering from phthisis and with phy-

sical signs of cavities in the apex of the right lung. He had lost two stone weight within a year, had had several attacks of hæmoptysis, but what troubled him most was profuse perspiration at night, rendering him perfectlly unfit for work during the day. For this symptom especially *Phosphoric acid* 2x t. d. was prescribed, with the effect of checking the perspirations almost immediately, but leaving the other symptoms untouched. *Arsenicum iod.* 3x gr. j t. d. has been given for the past two months, and during this time, in spite of the unfavorable weather, the patient has gained six pounds in weight, has suffered but little from cough, and has had no return of hæmoptysis.

Case 13.—M. F—, a charwoman, æt. 26, had, upon coming to the hospital, suffered for three years from a large indolent ulcer of the leg; for this bandaging, strapping, and rest had at different times been tried with only temporary relief. *Hamamelis* 1x and lotion of *Hamamelis,* one in ten, was ordered without much effect. *Mercurius sol.* 3x gr. j t. d. and *Hydrastis* ointment were substituted after three weeks, with the result of effecting a complete cure—which promises to be permanent—in six weeks.

AN AFTERNOON'S WORK IN THE WOMEN'S OUT-PATIENT DEPARTMENT.

By G. M. Carfrae, M.D.

Having been asked to contribute something for the forthcoming number of the *Annals*, it occurred to me that a day's work in the "out-patient" department, or rather part of the day's work, for the whole would occupy too prominent a part in the journal, would not be devoid of interest to its readers.

I quote them almost in the order in which they came before me on Tuesday last, and I shall add such remarks as appear to me necessary, either for elucidation of the case, or to enhance its interest. It will be readily understood that elaborate notes cannot be made in these cases, and no apology is needed for their brevity.

M. P—, admitted January 13th, 1880, married, æt. 21, has one child; complains of hæmorrhage from the bowel; menstruation is also excessive, amounting almost to flooding. M. P— was an in-patient two or three years ago, and her case is such an interesting one that I must give a brief summary of it.

I was first asked to see her by Dr. Yeldham at her own home. She had just been confined of her first baby, and I found her in a miserable plight. She had intense pain in pelvic region and very rapid pulse, high temperature, thirst, &c.: in short, a high degree of fever. On examination I found that the vaginal passage was full of fæcal matter, and it was not difficult to diagnose that there was an extensive lesion of the recto-vaginal wall. How it came about I could not ascertain. The medical man who had attended had suddenly

ceased to visit the patient, and she herself could give no intelligible account of the injury she had sustained. As she was in an extremely dangerous condition and had no one to attend to her, I suggested that she should be moved into the hospital. This was accordingly done. I cannot now go into the history of her case while there. Suffice it to say that she made an excellent and—considering the gravity of the injury—rapid recovery, except that, the breach of continuity, amounting to an opening about the size of a florin, only not circular, remained: so that incontinence of fæces of course still existed. When she was quite recovered, so far as her general health was concerned, I proposed that an operation should be performed in order to try to cure this large recto-vaginal fistula, with, I confess, considerable misgivings as to the result. I feared that whenever the rectum contracted the cicatrix would give way, because there was not a sufficiency of tissue left at the seat of the injury to make a secure wall. I, however, laid bare the edges of the wound and drew them together as well as could be done. She had no bad symptom after the operation, but, as I feared, immediately the fæces commenced to pass the wound and peristaltic action of rectum was brought into play, it—the wound—again gaped, the stitches gave way, and the fistulous opening remained as before. I now advised her to go home and wait until she was quite strong again, and we would reconsider the question of operation. Since then I have seen very little of her until to-day. When questioned as to whether she could retain the stools, she says that she can always do so except when she has diarrhœa. She declares, moreover, that she passes them per anum. On examination I found the opening between the two passages pretty much as it was—perhaps not so large; but beyond the opening there seemed some constrictive power in the rectum, as if a supplementary sphincter had formed in the bowel above the seat of injury. There certainly was no feculent matter below this.

Her general health is good, except that lately she has had this copious hæmorrhage from the bowel, and the "periods," which lately have been rather scanty, have

become excessive in quantity; she feels weak in consequence. I have advised her to take *Hamamelis*.

J. D—, admitted January 13th, 1880, æt. 37, married, has had three children, and she thinks one miscarriage.

Complains of pain, extending from the umbilicus round to the side of chest, which is aggravated by coughing and sneezing. Has also pain in the nape of the neck.

Menstruation hitherto has been regular and normal until two and a half months ago, when the period ceased. It did not return till two weeks ago, when she passed only what seemed a small clot. The doctor who saw her thought she had had a slight miscarriage. Formerly she was subject to fits, which always preceded the monthly period. "But thanks to God and the doctors here"—she had tried many elsewhere without benefit—"she was cured of these fifteen years ago." They were often ushered in with a premonitory pain in the nape of the neck, or rather a feeling as if insects were crawling under the skin there.

On account of the character of the pain in the side, of which she complains to-day, and which is the most prominent symptom, I prescribed *Bry.* ϕ, ♏iij t. d.

Curiously enough, the next case which presented itself was one having some analogy to the last, inasmuch as she too is subject to fits, which come always at the "menstrual period."

J. W—, married, has had nine children, and five or six miscarriages. Last pregnancy three years ago. Her family history is not promising. Her twin sister died of phthisis. Several uncles and aunts have died of the same disease. A cousin is epileptic. When a girl she had a severe fall on the side of the head, and had then a slight 'fit.' She never had any again until she married. Since marriage, however, she has had them always after coitus. She also experiences pain at that time. She has these fits also before each 'menstrual period,' and from excitement of any kind. Menstruation is irregular and fitful. Sometimes she passes several months without any discharge, then has it very copiously. It is always accompanied with pain, and she has

between periods leucorrhœa. All her confinements have been premature, and out of the nine children she has had only three have survived.

On examination the uterus is found to be normal as to size (two and a half inches by sound) and position. The cervix is indurated, the uterus exceedingly sensitive to the touch.

She complains of constant nausea, anorexia, and constipation. Bowels never act except with enema.

For these symptoms she has been at various hospitals, and has had leeches applied to the os and all kinds of local treatment. It seems to me, however, quite evident that this is a case for almost exclusively medicinal treatment, the primary lesion being neurotic; the uterine symptoms secondary and dependent on the other. Selecting, therefore, the most prominent symptoms as my guide, I commenced the treatment with *Nux vomica*.

The next two cases are such as are seen very often in the out-patients' department—cases of ovarian irritation.

A. C—, admitted January 13th, 1880, married, æt. 42, has had seven children, and one miscarriage. States that since birth of last child, fifteen months since, she had pain in the left iliac region. Fancies that there is a swelling on that side sometimes. On examination I could detect no swelling or any other abnormality except that the uterus is somewhat congested and low down in the vagina. On questioning her further she says that the womb came quite down at and for some time after the birth of the child. I came to the conclusion that the ovarian pain in this case was probably due to the prolapsed uterus dragging on the uterine ligaments, and advised her to wear for some time a Hodge's pessary. I prescribed at the same time *Conium*.

E. D—, admitted January 13th, 1880, æt. 33, married, no children. Complains of pain in left iliac region. This has existed for three or four years, and is worse after exertion of any kind.

Menstruation is scanty and always accompanied with pain. Has also constant backache. Bowels irregular in their

action; sometimes has diarrhœa, sometimes constipation. In this case also I prescribed *Conium*. I may here remark that although I have very often prescribed this medicine in such cases I have been disappointed with the results. May this not be due to the form in which we invariably prescribe the medicine? And would it not be well to try the *Succus* of the British Pharmacopœia, or dilutions made therefrom, when our own preparation fails?

S. W—, admitted January 13th, 1880, married, æt. 41. Complains of pains all over, especially round loins, aggravated by stooping, and giddiness; aching in the throat. She suffers habitually from prolapsus recti, and has a small fatty tumour, about the size of a Tangerine orange, attached to the hip by a distinct pedicle, just opposite the tuberosity of the ischium.

As the symptoms from which she now suffers seemed, in my opinion, due to a chill, I prescribed *Acon.* 1x, and suggested that she should arrange to become an in-patient for a short time and have the tumour removed.

M. P—, admitted January 13th, 1880, married, æt. 41, no children. Six weeks ago was seized with violent pain in the left iliac region. A week ago she applied a mustard plaster, and the pain ceased to trouble her there, but she has had severe backache ever since. Nearly from the beginning of her illness, six weeks ago, till now menstruation has never ceased.

As I considered the hæmorrhage in this case to have a congestive origin, I prescribed *Belladonna* and advised rest.

S. M—, married, æt. 39, admitted December 16th, 1879. Has had five children, one miscarriage; youngest child three years old. States that nine months since she first observed a swelling in the right iliac region; it has gone on increasing since, causing a feeling of fulness and throbbing, but no pain. Complains of loss of flesh and strength. Menstruation regular.

On examination I found a large tumour, about the girth of a newly-born child's head, but elongated. The tumour

occupies the left side of abdomen chiefly, but extends to right side of median lime and considerably above umbilicus, and is quite mobile except at the upper part, which feels as if attached to abdominal wall. The uterus is normal in size and retroflexed. The patient complains also of cough of a shaking convulsive kind, with pain in shoulders; expectoration.

I commenced the treatment with *Phosphorus* on account of the bronchial affection. The rapidity of the growth of this tumour, its seat of origin (left iliac region), its irregular shape, the fact that the uterus is normal in size, and that its functions are unaffected, render the diagnosis (ovarian tumour) very simple. The important question which will remain for decision, if it goes on increasing with the rapidity it has hitherto done, will be as to the propriety of removing it. In my opinion it would be a very suitable case for the operation.

M. G—, admitted December 16, 1879, married, æt. 57, has had seven children and four miscarriages. Complains of pain in left region and has periodically discharge of blood and matter from bowels. This does not pass with the stool. She also complains of constant nausea, but is not actually sick; anorexia.

On examination nothing abnormal can be detected in the rectum so far as the finger can reach. I prescribed *Hepar Sul.* 2x, I confess with some misgiving, because there are other medicines which, perhaps, have greater similarity in their pathogenesis to the symptoms from which this patient suffered; but I selected *Hepar Sulph.* on account of its well-known action on the suppurative process. The result has been so far satisfactory.

January 13th, 1880.—She reports that she had, some days ago, violent 'forcing' in the bladder which lasted two days. The urine after standing for some time had copious deposit; but she has had no nausea since nor any discharge of blood.

F. C—, admitted December 16th, 1879, æt. 41, married, has had two children and two miscarriages. States that for

six months has had almost constant menorrhagia. Seldom passes a week when she is free from hæmorrhage. Has pain in right groin, backache, and constant bearing down.

On examination the uterus is found to be hypertrophied, Sound measures three and a half inches; cervix very patulous, admitting the finger easily. I could not detect any tumour in the womb. I applied *Ac. carbol.* to the cervix, inserted a glycerine pad thereafter, to be retained for twelve hours, and prescribed *Sabina* ϕ, ♏v, t. d. The *Ac. carb.*, which I habitually use in such cases, consists of a mixture of equal parts of this and *Glycerine.*

January 6th, 1880.—Patient reports that the bleeding has ceased for a week. Repeat *Sabina.*

13th.—Bleeding returned yesterday; until then had been free from it. The interval, *i. e.*, had been nearly a fortnight. I applied to the cervix *Perchloride of Iron.* Inserted a pad, and recommended her to persevere with the *Sabina.* Should this fail to relieve her, I shall suggest to this patient that the cervix be dilated in order that I may thoroughly explore the cavity of the uterus. I think it probable that a small fibroid may be found to be the cause of the persistent hæmorrhage.

F. W—, admitted December 2nd, 1879, married, æt. 24, no family. Has been under treatment at another hospital for some time. Complains of persistent pain in the pelvic region, dysmenorrhœa, and leucorrhœa; also pain during defæcation.

On examination there is great tenderness in right ovarian region, and some enlargement of that ovary. There is a copious glairy discharge from the cervix. I applied *Carbolic acid,* as in the last case, to the cervix, and prescribed *Iod.* 1x.

December 9th.—Has still pain in lower ovarian region. Discharge now more watery, and comes in gushes.

On examination I found the cervix well. I prescribed *Conium* ϕ, ♏v, t. d.

23rd.—Feels much the same. To take *Pulsatilla.*

January 13th, 1880.—Got cold going to Portsmouth, and

has been worse since. Has copious leucorrhœa; pain in ovary as before.

On examination uterus seems congested, and is extremely sensitive to the touch. I prescribed *Belladonna* ϕ, gtt. iij, t. d.; hot fomentations and rest.

C. P—, single, æt. 34, admitted 18th November, 1879. Complains of great pain and inability to pass motion when bowels act. I can detect nothing abnormal about rectum, but the uterus is anteflexed.

Ordered *Nux*. She steadily improved until January 13th. She reports that the bowels act regularly and normally. Discharged cured.

J. B—, admitted September 23rd, 1879, married, æt. 43. Has had six children and four miscarriages. The last miscarriage occurred four months ago; since then she has been very weak and hysterical. At each menstrual period she passes quantities of solid clots. Has great "bearing down."

On examination the uterus is congested (sub-involution?), otherwise normal. I prescribed *Nit. of Quin.* lx, but what helped her most was the support afforded by a Hodge pessary. She improved steadily after that was inserted (October 21st), so far as uterine symptoms go. On Jan. 13th, from having caught cold, complains of inflammation of ear, hoarseness, &c. Ordered *Hep. Sul.*

The next case I shall mention is one in which I have hitherto failed utterly to relieve the patient—so far, at all events—of one important symptom—dysmenorrhœa; and if the last medicine I have prescribed fails, I shall make a careful exploration of the uterus to ascertain whether there is any mechanical obstruction or other removable cause of her suffering. Hitherto I have abstained from so doing because I have looked upon the case as one of neuralgic dysmenorrhœa, and because I always avoid making an examination in unmarried women if possible.

C. G—, admitted August 5th, 1879, single, æt. 25. For twelve months has suffered from gastralgia, vomiting of food, and dysmenorrhœa. *Bismuth* and *Argen. nit.* relieved

the gastric symptoms. She has since taken *Cocc. xanthox, Puls.,* and *Helmin.* without any benefit.

January 13th, 1880.—I prescribed *Secale,* and hope I shall have a more cheerful report next time.*

The next case, that of K. W—, is too long to describe in detail, but the prominent facts, and those which will have any interest to the reader, are these :—The patient was admitted March 4th, 1879; has had seven children and three miscarriages. The principal symptom from which she suffered was bearing down and weight in pelvic region; depression of spirits.

On examination the uterus was found to be retroflexed and much congested. Cervix also indurated and ulcerated. After using *Iod.* for some time I applied a Hodge's pessary, which relieved her very much. After a time she fancied it caused pain and I removed it, but she again lost ground until it was reapplied. Now she is much better in every way.

The last case I shall mention is interesting because the patient seems very susceptible to the action of medicines. Although I think I use larger doses habitually than most of my colleagues, I very rarely meet with that bugbear of the so-called Hahnemannians, namely, "medicinal aggravation." But in this case it does seem as if the medicine were to blame for an aggravation or rather for producing some of the physiological effects of the medicines given.

In 1878 E. C— first became an out-patient. She was then suffering from sub-involution, and was very weak, felt the noises of the children very trying. She had a large family and had to work very hard, and doubtless got up before the uterus had recovered itself. I prescribed *Quin. nit.* 1x, gtt. x t. d. In a week she returned complaining of a throbbing headache with deafness and faceache (qy. medicinal symptoms?) I prescribed *Belladonna* 1x. Next week she returned with the report that the head was much better, but

* Since this was sent to the printer I have seen C. G— again, and she has never had such ease as the last medicine has given her before. 'Periods' almost painless.

she suffered from dryness in the throat (*Bell.* symptom?); she still had deafness in one ear. I prescribed *Pulsatilla*, and she was soon discharged well.

In May, 1879, she had twins, and again suffered from sub-involution and prolapsus. For this I prescribed *Belladonna* again without any baneful effect, then *Sepia* and she recovered again.

January 13th, 1880.—She is again on the sick-list, this time, however, merely from coryza. Has shivering all over and pain in vertex, for which I prescribed *Acon.* 1x, which will I hope speedily cure her.

Annals of the Society.

SCARLATINA ESPECIALLY IN RELATION TO THE SEQUELÆ.

By Eubulus Williams, M.D.

(Read March 4th, 1880.)

Mr. President and Gentlemen.—I must claim your indulgence for bringing under your notice a paper written in the intervals of a very busy life, and without much time for mature thought. I have chosen the subject of scarlatina, not so much with the idea that I can give information, as with the hope and intention of eliciting opinions and promoting discussion regarding a disease about which we still have so much to learn, notwithstanding all that has been written and all the theories propounded since Sydenham first established its specific nature by observation made during the epidemics in London in 1661 to 1675 to the present day.

All attempts to stamp it out have signally failed, and it has spread from Europe, where it appears to have originated, co-extensively with British commerce, though India enjoyed an immunity from its ravages for a long time, and it was only so lately as 1849 that it appeared in Australia.

It is evident from all past experience that the disease cannot be eradicated, but is continually enlarging its area; that few persons escape its ravages; that the dread of its approach is very great, that it entails an immense amount of inconvenience and loss, even when a mild epidemic occurs, especially to schools and public institutions; that it is often fatal, and

when not fatal frequently leaves behind it very undesirable results. Considering all this, is it not advisable to take into serious consideration whether it would not be possible to do for the prevention of scarlatina what is now done for smallpox, especially as it is a pretty well established fact that, as a rule, the disease only occurs once in a lifetime?

It has been proposed to foster the extension of the disease when a mild epidemic occurs; but the objections to this are—1st, That it cannot be spread at will, and although it is indisputable that scarlatina is caused by a peculiar something which is transferable from the patient to the unaffected individual, still the recipient must be in a peculiar condition to receive and develop it. Zuelzer has proved, and there is no reason to doubt it, that the contagion of scarlatina can no more enter the organism through the intact epidermis than does the poison of variola, if those who are exposed to the contagion are not predisposed to it. This is confirmed by the experience of Dr. Davis, of Bristol, who, during a mild epidemic, attempted to carry out the idea of promoting it by having pieces of flannel removed from scarlatinous patients and applied to other children, but this method proved ineffectual.

Again, during my eleven years connection with the New Orphan Houses (Müller's), containing over 2000 children, besides teachers and servants, we have had several times sporadic cases of scarlatina, sometimes only one affected, again two or three, and without extending further, no quarantine having been exercised; only once do I remember a severe epidemic, in 1876, and then no separation could be exercised. The disease disappeared as surprisingly and suddenly as it came. This immunity I ascribe to the fact that the rooms are all large, airy, very clean, and devoid of all unnecessary furniture, especially drapery, not even bits of carpet being used; they have less connection with the outside world than ordinary children, but still sufficient to allow of the introduction of the poison from without. On the other hand, when there is a strong predisposition, the amount of poison necessary to produce the disease may be so infinitesimally small as to be inappreciable, may not

only be transmitted through a third person after the slightest contact, but stored for many years in clothing, &c., especially woollen material, without losing its effect.

All this would lead us to the conclusion that if the disease is to be transmitted with any method, some direct means must be adopted for introducing the poison. For some months past I have been exercised as to how this is to be accomplished, and the idea occurred to me of inoculating the blood of a scarlatinous patient by subcutaneous injection, or on the point of a lancet or needle.

Within the last week I find that Professor Thomas, of Leipsic, has stated that Miguel had reported to the French Academy that he had inoculated a number of children who had never had the disease with the contents of vesicles from scarlatinous patients. Thirty hours after there appeared at the seat of inoculation a red areola, which corresponded in every respect with the scarlatinous eruption, and disappeared on the fifth day. A second inoculation had no effect, and those children who were successfully inoculated did not take the disease when freely exposed to it. Leroy questions the immunity from inoculation, but his experience was confined to himself.

Stohl is reported to have inoculated by inserting the scales of the epidermis of a scarlatinous patient under the cuticle of uninfected persons, and with success.

Granting, then, that this inoculation can be proved to be desirable and effectual, the first question that arises is at what age should this be performed?

I have found it very difficult to obtain reliable statistics over a sufficiently large area as to the age when the disease is least fatal.

Professor Thomas gives the following table:

Per Thousand.

Years.	Königsberg, 1863—68.	Berlin, 1843—60	London, 1861—66.	Frankfort, 1862.
0—1	5·76	2·50	10·89	3·88
1—2	50·80	16·00	58·34	(1—5)
2—3	135·20	45·70	137·41	88·81
3—4	176·00	90·33	212·31	...
4—5	231·60	102·50	248·52	...
0—5	45·00	15·64	64·53	33·00
5—10	223·08	120·13	256·57	216·08
10—15	155·02	40·90	109·90	118·22
15	1·22	0·77	3·67	1·06

According to this, it would appear that the smallest mortality is in children under one year old, gradually increasing up to ten years, the greatest mortality being from five to ten; therefore, if inoculation is practicable at all, the most desirable period seems to be the about end of the child's first year.

Of course I know that this proposal is open to many and grave objections, and it may appear a bold, unwise, and even absurd theory, but, on the other hand, the advantages of success would be so great that I think it is worthy of consideration and trial.

As to the treatment of scarlatina after having tried various remedies, I still think *Belladonna* and *Aconite* have the chief place in the simple forms, but I have found the greatest benefit from *Baptisia* in mother-tincture, two to three drops a dose, frequently in those cases beginning with very severe symptoms, especially those showing great want of vital power; this was especially apparent in the epidemic in 1876, at the Orphan House, where the cases were of the severest type, where out of eighty cases only four deaths occurred, and two of these proved fatal in a few hours, and these cases all occurred at an age at which the disease is most usually fatal.

I would suggest also the immense advantage of fresh air duly warmed, and, if possible, the patient being moved from one room to the other daily. In some extremely bad cases I have seen a wonderful rallying after the change of room

I believe the effect on the mind is beneficial as well as on the body.

In passing, I may add that in typhoid fever, diphtheria, and in some very bad cases of dysentery, I have even gone further, and as a last resort, when all other means had apparently failed and recovery seemed hopeless, I have had the patient moved to another house, sometimes only a short distance, in other cases varying from half a mile to several miles; in each case the venture has been successful, and the results surprising. I do not mean that the good effect has been caused by simply removal from the place where the disease originated, but that the tonic effect of the change even in acute disease is often sufficient to turn the balance in the patient's favour; of this I have had many striking instances.

I may mention that the sanitary inspectors (not the doctors) have noticed that scarlatina is always more fatal in newly built houses, even where the drainage was perfectly satisfactory and the position healthy.

It is, however, with regard to some of the sequelæ that I must say a few words; of these, the most formidable is undoubtedly diphtheria, the treatment of which must be prompt.

There must be no hesitation as to the course to be pursued. The physician should have such confidence in his remedies that he should persevere in spite of apparent want of immediate success, and I wish specially to direct your attention to the advantage of local application with the aid of the spray.

During many years I have used various applications locally, either with brush, gargle, or with nitrate of silver in the solid form; with all have found difficulty for myself, great pain to the patient, and with not very satisfactory results; more recently I have used the spray with *Phytolacca.* Dr. Hughes has suggested this among other remedies, but he does not give it the prominence that I think it deserves in the various forms of diphtheritic sore throat that so frequently occur in practice; it has in some proved in a few hours very successful. Of the many other diseases

as sequelæ, as disease of the ear, periostitis, &c., I cannot now go into detail, further than saying *Hydrastis*, either alone or with glycerin, has been a successful remedy to prevent the ill effect of the desquammations to others. Dr. Budd recommended oil, but a much more agreeable and equally useful remedy is glycerin. Dr. Lade suggests the addition of eau-de-Cologne to this; it makes it more agreeable to some, but to others is highly objectionable.

The following case illustrates two of the most formidable of the diseases following scarlatina.

October 27th. Called to see N. W—, æt. 19, who had been ill two days, suffering from, apparently, a cold with some sore throat.

Previous history.—A young lady, engaged in visiting the poor, and especially the parish school, had always enjoyed good health until two days since; was seized with shivering and cold, apparently nothing alarming till this morning; she had a severe headache, which compelled her to stay at home and in bed.

Present state.—Skin generally covered with a rash (scarlatina) which is clear and bright; the throat much inflamed and sore when swallowing, especially small quantities of fluids or saliva. Pulse 100; temp. 102°; tongue coated with viscid mucus.

There is great thirst, and severe, splitting headache; is nervous, and anxious.

Ordered to have a sheet wrung out of *hot* water, the body wrapped therein, and covered with blankets. *Aconite* 1 and *Bell.* 1, in alternation every two hours, to gargle freely with a solution of *Permanganate of potash* (gr. ij to water Oj).

Evening. Is much relieved from the oppressive headache; feels more comfortable. Remained in the pack two hours, and felt greatly refreshed by it.

28th. Is much relieved; the general distress lessened by the pack; throat still sore.

Ailanthus No. 1 every four hours, one drop.

Bowels relieved this morning; urine scanty.

29th, 30th, 31st. Continuing, in every respect, most satisfactorily. Continue *Ailanthus*.

November 1st. Continued improvement; rash disappeared; throat quite comfortable; appetite improving. Continue *Ailanthus.*

3rd. Continues to feel well. Not yet allowed out of bed, which is a great trial to the patient. Desquamation is beginning over the extremities. No symptoms calling for interference. Examined urine; find it normal. Patient is somewhat weak, but in other respects is perfectly well.

I ceased attendance.

6th. Was sent for hastily; found the patient had passed a restless night, but up to the preceding evening seemed doing well. The countenance was worn and anxious. Pulse 120; temp. 103°. The glands of the neck externally are swollen and tender; internally the tonsils are large and very congested. There is extreme difficulty in opening the mouth sufficient to see the throat. She had been up only two or three hours the day preceding; felt no unusual symptoms, no rigors.

Urine normal, bowels not relieved; skin dry; slight headache, but very dull and heavy; no appetite, but great desire for fluids, though she could swallow with great difficulty and pain. *Acon.* 1x every two hours, in alternation with *Merc. iod.* 3x; to take beef juice, milk, and barley water *ad lib.*

Evening. Has taken little food during the day. Deglutition increasingly difficult and painful. On left tonsil there is a patch of diphtheritic deposit about the size of a sixpenny-piece; the throat generally is dark and turgid. Continued *Acon.*, and with it alternately *Iodide mercury* 2x, one-grain dose; to gargle with *Phytolacca* ϕ, one part to water ten parts.

7th. Has passed a restless night. Deglutition almost impossible; throat very sensitive, so much so that with difficulty could I get a look at the throat. The right side was equally affected with the left. Pulse 140; temp. 104°. Skin dry; countenance anxious in the extreme; slight headache; an aversion to food; urine scanty, but normal. To use the spray frequently, with *Phytolacca* ϕ, one part to

water ten parts. Omit all other medicine. An injection of beef tea and port wine.

Evening. Has taken no nourishment by the mouth. The spray has been used frequently, and after each time there is less feeling of choking, with the expectoration particles of the false membrane are put out. The relief of the spray is so great that the patient would use it constantly, if allowed to do so; as it is, she has used it about every twenty to thirty minutes. The pulse is 120; temp. 103°. To continue the spray; repeat the enema of beef tea, and port wine.

8th. Has passed a sleepless night. She continued the spray voluntarily every twenty minutes, and if permitted would have used it more frequently. The enema was retained. Countenance haggard and anxious. The throat appears more generally covered with the false membrane; on some parts it seems thin, as if eaten away or dissolved, while in other parts it seems as if the formation was more recent. Every time the spray is used she coughs up portions of the false membrane, but this seems quickly to reform. There had been no action of the bowels for two days. To have an enema of gruel, which I found was quickly returned, with a good fæcal discharge. Another enema of port wine and beef tea.

Evening. The enema was retained, but so annoying is it to the patient that she prefers the pain of swallowing to the use of the enema. Pulse 110; temp. 102°. Slight headache, but has had a few snatches of sleep during the day. To continue spray as before, but not so often. To take *Gelsem.* 1x every three to four hours.

9th. Has had several periods of sleep, varying in duration from three to fifteen minutes. There is less anxiety of countenance. Pulse 115; temp. 102°. Bowels relieved by enema of soap and water. Urine normal. Can more readily examine throat, which appears less inflamed. The false membrane appears broken and in shreds over both tonsils. She continues to expectorate portions of this after each time the spray is used.

Urine scanty, high coloured, abundant, lithatic deposit,

no albumen. There has been during the day taken beef juice, a little arrowroot with milk, and a little port wine. To continue the spray and *Gelsem.*

Evening. Has not slept during the day, but seems more cheerful and brighter; takes a little nourishment.

10th. Has had a sleepless night. Pulse 120, feeble; temp. 102°. Throat much cleared of false membrane; no difficulty in swallowing, but great reluctance to take anything.

Urine (passed three ounces during the night and day) high coloured, but not albuminous; bowels not relieved.

Ordered beef tea and a tablespoonful of gin in it, milk, barley water, &c., *ad lib.*

Terebinthina No. 1, one drop every three hours, and a hot compress round the loins.

Evening. Has been very quiet all day; is not conscious of having slept during the day; has been very quiet; complains of pain round the loins, but there is no tenderness on pressure over the kidneys; throat almost clear of false membrane; can swallow without difficulty. There is great mental confusion or dulness. No complaint of pain anywhere except as above. Urine passed during the day about an ounce, not albuminous. Is very prostrate, but not restless.

To continue nourishment as before. *Arsenicum* 3x gr. j every three hours.

11th. Has had a sleepless night, but was not restless; is dull and quiet. Has passed no water during the night; the bladder is empty. Skin generally desquammating. To have a hot blanket pack. *Arsenicum* every hour.

Midday. Pulse 100 temp. normal. No urine passed; the patient remained in the hot blanket about one hour, the skin acting freely; bowels not relieved. She took a little bread and milk during the morning, and enjoyed it.

Evening. Has had no sleep; passed about two ounces of urine during the afternoon; contains much mucus, but no albumen; there is now some pain on pressure over the loins, but none if left alone. Omit the spray; bowels relieved by enema. Continue *Arsenicum.*

12th. Passed a quiet night; there is general dulness; slow to answer questions, but is quite sensible. No pains anywhere; urine passed, three ounces, not albuminous; temp. 99°; pulse 100. Continue *Arsenicum.*

Milk, barley water, bread-and-milk, beef tea, &c., as food for evening.

During the day about one ounce only of urine, very slightly albuminous. Patient is very lethargic, but does not complain of any pains or tenderness of loins. To have a hot hip bath and *Gelsem.* 1x, one drop every two hours. Food, milk, milk puddings, bread-and-milk, &c.

13th. Has slept during the night occasionally, but there has been no urine voided; bowels not relieved. No fulness of abdomen; bladder not distended. Pulse 100; temp. 98°. Skin moist. *Merc. cor.* 3x every two hours.

Midday. Has passed about one ounce of urine, not albuminous; bowels relieved by enema. Pulse feeble, 84 to 90, varying. If the patient has roused to have a dessert-spoonful of whiskey in soda water every four hours, and a milk diet generally. Continue *Merc. cor.*

Evening. Pulse feeble, 86; temp. normal; skin freely desquammating. Patient is dull and disposed to be left quiet; has slept at short intervals during the day. Urine: passed about two ounces.

14th. Has had a restless night, apparently from sickness and nausea; no appetite or desire for food of any kind. To have barley water with a teaspoonful of whiskey every three hours, or with soda-water if preferred; this was vomited before I left the house.

Ordered *Ipecac.* No. 3, one drop every two hours, and for food plain barley water.

Evening. The vomiting has continued during the whole day; any attempt at taking food provoked vomiting; urine scanty, abundant lithalic deposit, but slightly albuminous; temp. normal; pulse feeble, 84. To have an enema of beef tea and port wine.

Baptisia ϕ, one drop every two hours.

15th. Had a restless night to 3 a.m., when she took a teaspoonful of whiskey in soda water and did not vomit it,

but soon afterwards dropped off to sleep, which continued for two hours. Has passed about three ounces of urine, slightly albuminous; the countenance is brighter, and her appearance generally improved.

Midday. Pulse 99; temp. normal. The urine is albuminous; appetite returning. Continue *Baptisia.*

Evening. Appears brighter; less anxiety in countenance, but if roused quickly lapses into an appearance of indifference. Has passed about three ounces of urine during the day; has taken about six ounces of milk, with bread, a little barley water, port wine, and beef tea. Pulse 84; temp. normal; skin moist. Continue *Baptisia.*

16th. Had a restless night, looks wearied and anxious (the nurse gave an enema of wine and beef tea early this morning); there is less sickness, but the restlessness appears to be more from the dread of being sick than either from nausea or sickness. Has had no food during the night. Pulse 72; temp. normal. Skin more moist; has passed about ten ounces of urine during the night, sp. gr. 1017, albuminous.

She complains of great pain in the middle of chest as of weight behind the sternum, causing a frequent deep inspiration, but from which she derives no relief. Find chest normal. Ordered *Phosph.* 3x, one drop every two hours; brandy, beef juice, and, if she cares for it, a little white fish during the day.

Evening. Appears brighter again; took the fish and the brandy, beef juice, and had no vomiting after it; the sense of oppression is much relieved. Urine about four ounces, still albuminous. Continue *Phos;* if restless to have *Gelsem.* in the night; a plain gruel enema.

17th. Bowels relieved by the enema; patient feels much better, having slept fairly during the night; about 3 a.m. had a beaten-up egg in milk and water, which seemed to agree well, and to continue *Phos.* From this time she made daily progress, the kidneys gradually resuming their normal functions. At the end of a fortnight she left the house convalescent. I have heard of her twice that she continues to gain strength; is now quite well.

The above case illustrates the advantage of the local

application of *Phytolacca* and especially with the spray. With the gargle the pharynx was untouched, and the glands of the throat were so tender that it was impossible to open the mouth sufficiently to make a local application effective in any other way.

Discussion on Dr. Williams's paper.

Dr. Fischer had the highest opinion of *Ailanthus*. In a great epidemic of scarlatina, which ravaged Sydney in 1874-77, he treated about a thousand cases with the loss of one child only. He at first gave *Aconite* and *Belladonna*, but on substituting *Ailanthus*, found much more marked effects produced. It promoted the appearance of the rash and its action on the skin was shown in this also, that if too long continued it induced a pemphigoid eruption. He favoured the bacterial theory of the origin of scarlatina, and thought that this affected the question of its inoculability.

Dr. Drury thought the objection to the inoculation of scarlatina, as to that of smallpox, lay in the possibility of its propagating a more severe form of the disorder. In the treatment of diphtheria, he had seen good results from *Phytolacca*, but still better from *Hepar sulphuris*, which, in the dilutions from the 6th upwards, he esteemed the leading remedy in the disease.

Dr. Black agreed with Dr. Drury about inoculation. In treating malignant scarlatina he had known no medicine of any avail. Fresh air and the cold affusion for suppressed eruptions and delirium, he regarded as our chief aids against it. In diphtheria, too, we were crippled by having no remedy really homœopathic to the malady. *Cantharis* came nearest to being so, but had hardly given satisfaction.

Mr. Butcher called atttention to the evidence existing of the entrance of the scarlatinal poison being effected through the mouth and digestive mucous membrane, and advised accordingly that all who were exposed to it should wash out their mouths and throats frequently with disinfectants.

Dr. Cooper reminded those who objected to inoculation that smallpox conveyed in this way always proved a milder disorder than when spontaneously incurred. He had seen excellent effects from *Ailanthus*. He thought the diphtheria which followed scarlatina the most manageable form of the disease, *Kali bichromicum* and a gargle of the permanganate of potash being all he had required for it.

Dr. Buck relied upon *Aconite* and *Belladonna* in scarlatina simplex, on *Hepar sulphuris* in scarlatina anginosa; for the renal inflammation he used the *hot-air bath* and for simple albuminuria *Phosphoric acid*.

Dr. Tuckey related a case where the hot-air bath had restored suppressed urine in twenty-four hours.

Dr. ROTH referred to Pasteur's experiments on the cholera of fowls, as showing the safety of inoculation. The infectious matter when diluted invariably caused illness without death.

Dr. JAGIELSKI warned against milk as the chief diet of scarlatina patients, on the ground of its so often proving a vehicle for the poison. He therefore advised *Koumiss* as its substitute.

Dr. CLARKE had seen in an epidemic of scarlatina, persons who had previously undergone the disease suffer from diptheritic angina and albuminous nephritis. He found *Ailanthus* act especially well when ichorous discharge from the nostrils was present, for which trouble itself he also esteemed *Arum maculatum*.

Dr. MOIR thought that inoculation had best be practised from mild cases.

Dr. PERCY COX related a case of post-scarlatinal nephritis which had occurred in the hospital. The skin was very dry. Vapour-baths with *Apis* as medicine were powerless to relieve it, but the hot-air bath immediately brought about a change for the better.

Dr. HUGHES felt how difficult and invidious it was to criticise any one else's treatment of a case, but he could not help regretting that Dr. Williams had not persevered with *Terebinthina* when his patient's ischuria was present. He also ventured to think that the continuous high temperature noted during the diphtheritic stage of the malady deserved more attention than it had received, and that, if it had been met by (say) *Belladonna*, the subsequent renal troubles might have been, to some extent, at least, averted. He followed up Dr. Cooper's remark about inoculation by pointing out that the cause of the abandonment of the practice in smallpox was not the occasional severity of the disease so transmitted, but the fact that each subject of the operation became a fresh centre of infection. This objection might now be overcome. He did not think *Phytolacca*, valuable as it was in diphtheria, capable of controlling the worst cases, but thought we had a promising remedy for them in *Mercurius cyanatus*.

Dr. DUDGEON had found *Ammonium carbonicum* of value in cases of scarlatina taking a bad turn. He remarked on the frequency with which the *sequelæ* of scarlatina were severe out of all proportion to the primary malady. He thought alcohol a good application to scarlatinal and diphtheritic throats. *Mercurius cyanatus* had failed in his hands in a case of the latter disease.

Dr. WILLIAMS, in reply, said he wished he had heard more comment on his proposal as to inoculation. He would choose a mild epidemic as the occasion, and as the practice extended there would be less and less opportunity for the disease from its subjects. In reply to Dr. Hughes, he said that he had substituted *Arsenicum* for *Terebinthina* on account of the adynamic state of the patient.

ON SOME CASES OF RENAL DISEASE.

By C. Lloyd Tuckey, M.B.

(Read April 1st, 1880.)

Mr. President and Gentlemen,—While revolving in my mind the subject upon which I should read a paper before the British Homœopathic Society this evening, I consulted the back volumes of the *Annals*, hoping, by chance, to light upon ground little trodden, and at the same time within my reach. But as the result of my researches I have arrived at the conclusion that with this Society as with the world in general, "there is nothing new under the sun." There appears to be no disease to which flesh is heir which has not been discussed and rediscussed over and over again, and that in such a thorough and systematic way, and by members of such weight and position that it seems almost presumptuous on the part of a young man to enter the same field.

Diseases of the urinary organs, moreover, appear to have been especially favoured, Bright's diseases alone having had at least six nights devoted to them since the formation of the Society. And I think it is a proof of the universality and soundness of the law of similars that, in spite of all the changing theories as to the etiology and pathology of these diseases which the medical world has listened to during the last thirty years, the treatment of our school has remained essentially the same as it was in the infancy of the British Homœopathic Society.

What the treatment of the earliest homœopaths was I confess I do not very well understand, neither can I conceive what foundation a past or present pure symptomatologist could work upon in most urinary affections, when sometimes the most intense disease of the kidneys may be

present and run its entire course without a single subjective symptom to excite suspicion, or worse still, with only those referred to far distant and innocent organs, which if followed to the exclusion of other signs must prove a very will-o'-the-wisp, and lead doctor and patient to inevitable destruction.

My experience in the field of homœopathic medicine has been too limited to allow of my proposing anything very new or startling in the way of treatment; and, indeed, as will be presently seen, I fear there is not much to be done in the way of cure in cases of the kind I am about to report. My excuse for bringing them before you must be that I hope to hear from the leaders of our body what light can be thrown upon some matters which have sorely exercised my judgment and baffled me in my treatment. And if, as I have heard it stated in this room, "we learn more from our failures than from our successes," my first case ought to be instructive, for it proved so great a failure as to reach a fatal termination some months ago.

W. R—, a dentist, æt. 53, came under my notice in March, 1879. He was a small, spare man, with remains of athletic and active development about him; his previous history was an account of domestic trouble, hard drinking, and an unhealthy life generally, but he had had no serious illness since childhood.

When I saw him first he was recovering from a severe attack of hæmaturia, which had lasted on and off for five months, and which had brought him to the brink of the grave from anæmia. For this he had been treated homœopathically with *Hamamelis, Arsenic, Turpentine,* and other medicines. The hæmorrhage was supposed to come from the bladder, and the patient, a most intelligent man, himself suspected the presence of a malignant growth in that viscus. His pulse was about 80, small and compressible, but regular, and arcus senilis was very marked. At this time the urine was faintly tinged with blood, was slightly albuminous, had an acid reaction, and a specific gravity of 1021 to 1025. According to the patient's account an average quantity was passed in the twenty-four hours.

I heard or saw nothing of him from this time until August, a space of more than four months, but I was afterwards informed he was in tolerable health during that time, and able to walk three or four miles a day, and even to carry on his profession to some extent. He was subject, however, to severe headache, attacks of giddiness and aberration of vision, and irregular appetite and constipation.

On August 10th he came to me in a miserable plight indeed. He could hardly walk from the great anasarca of the feet and legs. He had frequent indefinable pains, with rumblings in the abdominal region, constipation, complete anorexia, nausea, constant headache and drowsiness, short and disturbed sleep, temporary loss of sight, great depression of spirits, and feeling of approaching death. The water had been scanty for a week, and was diminishing in quantity daily; it was thick and cloudy, high coloured; nearly one third solidified with heat and nitric acid, showed a specific gravity of 1027, was faintly acid, and under the microscope was found to contain a few red and white blood-cells, some small hyaline casts and epithelium, and mucous detritus. The heart's action was very feeble, and showed eighty-five pulsations a minute; the temperature was normal, there was no shivering, but constant feeling of chilliness, the tongue was small and brown, and percussion over the abdomen showed undue resonance everywhere from the presence of flatus, except over the liver, where the area of dulness was increased, and there was tenderness everywhere on pressure. The patient was at once ordered to bed and to lie between blankets; he was directed to drink as much as possible of barley water and milk and soda water, and to suck ice freely. As he had neglected to eat during the past two days, he was ordered beef tea and minced meat every two hours, to have a hip bath heated up to 100° every night, and to take two drops of *Arsenicum* 3 every hour, this being the medicine I thought most homœopathic to the general condition.

Under this treatment the dropsy had entirely disappeared by the morning of the 13th, the skin had several times been got to act slightly, the appetite had improved

sufficiently to enable solid food to be taken in small quantities, the bowels had acted daily, and altogether things began to wear a more hopeful aspect. The water, however, had not increased in quantity, and it was slightly tinged with blood; the bladder also had become more irritable, and required emptying every hour or so. *Arsenicum* 3x was now given every two hours, and the next day this was put on one side for *Turpentine* 1x, two drops every hour.

On the night of the 16th the case took a bad turn; the nausea, which had disappeared since the 11th, returned in an aggravated form, the headache increased and became constant, the appetite was quite lost, and there was greatly increased drowsiness and weakness. At the same time the water diminished to less than twelve ounces for the twenty-four hours, became alkaline, almost blood-coloured, and coagulated entirely on boiling. A striking change also took place in the character of urination. This had been performed frequently but painlessly; now violent strangury set in, the unfortunate patient requiring to pass water every few minutes, and the act causing such pain as to produce cold perspirations. The temperature continued normal, and the pulse between 80 and 90. Under the microscope little could now be seen in the field except an immense number of blood-corpuscles, for the most part unaltered in form.

During this time my view of the case, as also that of my predecessor in attendance, and of a medical friend who kindly saw it with me, was that, in addition to chronic Bright's disease, there was grave mischief going on in the bladder setting up the hæmorrhage, and it seemed to us likely, in the absence of morbid cell appearances under the microscope, that this consisted of villous outgrowths from the mucous membrane.

With a view, then, to checking the bleeding, which was rapidly reducing the patient's strength, I inserted a No. 10 catheter and injected through it into the bladder at first tepid water, and afterwards a weak solution of the perchloride of iron. This operation was, however, unsuccessful,

and the secretion continued of the same character as before.

The case now went from bad to worse. On the 18th there were twitchings (uræmic) of the muscles of the face, vomiting of food, low delirium, almost imperceptible pulse, and a typhoid condition generally. The discharge from the bladder diminished to a few ounces a day, and at last only small quantities of pure blood passed involuntarily from the urethra.

On the 19th there was considerable twitching of the extremities, hiccough, returning anasarca of the legs, and complete stupor, with merely an oozing from the urethra and involuntary stools.

On the 21st death put an end to his sufferings. With great difficulty I obtained permission to examine the kidneys and bladder; and Mr. Thorold Wood and Dr. Anderson kindly assisted me at the subsequent investigation. The account of our proceedings is, I fear, fragmentary, as it was under extremely adverse circumstances that our examination was made, and we were unprovided with proper appliances.

We found the body emaciated, the lower extremities dropsical, and that decomposition had commenced very soon after death. The stomach and intestines were nearly empty, and were matted together by bands of old inflammatory adhesions. The liver was considerably enlarged and harder than natural, probably from the mode of life the deceased had led; the spleen was also congested; but the kidneys presented an extraordinary appearance. When they had been extricated and torn with great difficulty from the lumbar fascia and surrounding parts, to which they were firmly bound down by adhesions everywhere, we found them so altered in shape as to be almost irrecognisable; they were nearly globular, and the right, which was somewhat larger than the left, measured between seven and eight inches in length, and five and six inches in breadth, and weighed, as nearly as we could judge, between nine and ten ounces. On being cut into, a large quantity of thick pus escaped, and both organs were found reduced

to huge abscesses, and containing not a vestige of healthy medullary or cortical structure. The capsule was greatly thickened, tense, and adherent throughout; the pelvis more out of proportion to the rest of the organs, being pressed upon and contracted by the surrounding structures; the ureters were enlarged and hypertrophied, and the same was the case with the bladder, which was full of clotted blood; but no villous or other foreign growth could be detected in its walls.

This, then, was the result of our somewhat hasty examination; and I shall always regret that we were unable, from the circumstances mentioned, to go deeper into the matter. Judging, however, from the symptoms, I do not think we should have found anything amiss with the thoracic viscera, and I imagine the brain would only have shown very recent pathological changes produced by uræmia. To my mind, the strange and misleading feature of this case was the total absence of pus in the urine during life, and in the bladder after death; and I can only explain this on the theory that the degeneration and purulent infiltration of kidney tissue was so widespread and rapid that the functions of the excreting structures were abrogated completely, and almost at once. The blood, I presume, came from eroded vessels, both of the functional and nutritive kinds.

That chronic parenchymatous nephritis, or large white kidney, had been present for years appears certain, this being, perhaps, induced or aggravated by the patient's mode of life; and purulent degeneration is recognised as an occasional termination of this form of disease, though it is very rarely seen to such an extent as in this case.

The first attack of hæmaturia, commencing eight months before the fatal illness, depended, I suppose, upon an acute exacerbation of the chronic disease.

Whether any early treatment would have averted the fatal change, and so have prolonged life, if not have cured the disease, is what I hope to learn to-night; and also upon what ground, if not a purely pathological one, we can proceed in disease of this nature, when even with the microscope, urinometer, and test-tube, it is often extremely diffi-

cult to form a correct idea as to the part affected, and as to how it is affected.

My next case is a far more satisfactory one from a physician's standpoint, as in it medicine was proved palliative, if not curative.

M. C—, a married woman with children, æt. 42, chiefly employed with the needle, came under my care at the hospital in April, 1879. She was a thin, cachectic-looking woman, of less than medium height; her complexion was dirty and sallow, and her expression showed the effects of great and frequent pain. Her story is as follows: —About five years ago she began to suffer from attacks of great pain in the lower part of the abdomen, especially on the right side. The pain was of a tearing character, and produced unbearable anguish while it lasted, with nausea and vomiting, cold perspirations and prostration, and subsequently a feeling of being bruised and beaten about the lower part of the body generally. These paroxysms of pain were distinctly periodic, at first occurring about once in six weeks, then once a month, and finally, for the past year, once a fortnight. They had also progressively increased in duration, at first lasting but a few hours, and leaving ill effects for as short a time; they had now arrived at such a pitch of intensity as to keep the patient in bed and in great agony for two, or sometimes three, days, and several days afterwards confined to the sofa and arm-chair.

She had been to several metropolitan hospitals as an in- as well as an out-patient, and had always been told the same story—that she was suffering from stone in the kidney, and that nothing could be done for her. In the mean time her general health began to suffer; she got thin and worn looking; her bowels, which had always been a trouble to her, became more and more confined, appetite disappeared, and the catamenia became irregular and scanty.

On abdominal examination she was found much distended from flatus; there was general hyperæsthesia of the skin and tenderness on pressure, especially over the right inguinal region; here manipulation producing a sensation of

sickness, and, in the patient, that of a hard substance being touched and moved. No positive signs of tumour could, however, at any time be discovered. The whole abdomen was tympanitic, except over the liver, where dulness was considerably increased. The heart was healthy, pulsating eighty-four times in the minute, and the lungs acted freely; but the digestive functions were ill performed, there being flatulence, heartburn, and furred tongue. There was pretty constant dull headache and occasional attacks of giddiness. The catamenia occurred every three weeks, but were scanty and watery. The water was somewhat scanty, and moderately clear during the attacks of colic; very thick, white, turbid, and copious, immediately after them; turbid and light coloured, but normal in quantity, at other times.

Under these circumstances she was ordered to wear a broad band of flannel round the loins, to take hot baths—which she did not do—to use a farinaceous milk and vegetable diet, to drink copiously of barley water and other demulcents with a little gin, or to take *Turpentine* 1x, two drops three times a day.

Little result following this hasty prescription, *Arsenic* 3 was substituted and tried for a month, *Calcarea carb.* 30 being given in the periods of pain. The next medicine was *Sulphocarbolate of lime,* a salt from which I have seen good effects in several cases of pyuria. A month's course of it in this case produced very slight improvement, and to satisfy the patient and myself I had to look out for another remedy. Finally, in July, my choice fell upon *Gelsemium,* which I prescribed in two-drop doses of the 1x dilution, three times a day. The effect was immediate and striking. A few days after the first dose the enemy was due and did not fail to appear, but its attack was modified, and instead of lasting two or three days it only remained for twenty-four hours and was less severe, and left less soreness behind it than usual. The following fortnight it failed to return, and in the middle of August its onslaught was so mild as not to confine the patient to her bed.

Since that time there have been but two attacks, and the exciting causes of both are not far to seek. The first

occurred in October, and followed upon the patient's use of a drastic purgative; the second, in January, was apparently brought on by carrying a heavy child for some distance.

The former attack was tolerably severe, and lasted for three days, including its after-effects; the latter was extremely slight, and only sufficient to point out the continued necessity of care and treatment. For eight months, then, this woman has continued to take *Gelsemium* pretty regularly three times a day, sometimes in the 3x, but mostly in the 1x dilution; and whenever this medicine has been discontinued for a few days warning symptoms have not failed to show that the disease is scotched, not killed. Under its use not only the urinary but all the other functions have improved. The skin looks more healthy and the appearance generally is fairly good. There has been no headache for months; the catamenia are regular in every way; the appetite and digestion are good, though the bowels are still confined; there is almost no tenderness on manipulation over the inguinal region; the patient is able to work uninterruptedly, to lie upon her right side, which before was impossible, to stoop, to carry moderate weight, and in fact to fulfil the duties of her station with comfort. I wish I could say that this improvement was as real as apparent, but I have reason to fear it is a case of palliation and not of cure, for I have from time to time examined the water, and am surprised at the comparatively slight amelioration as shown by this ultimate test. In April last year, four days after an attack of colic, it was abundant, thick, turbid, and whitish, with a specific gravity of 1018, and acid reaction. On boiling, it showed the presence of abundant albumen, and with caustic alkali it became thick and ropy. Under the microscope were seen great numbers of pus-cells, pavement epithelium, a few small hyaline casts and granular bodies.

In August, immediately, as I discovered afterwards, upon a slight attack, it was clearer, yellow in colour, somewhat scanty and acid. Its specific gravity was 1026, and it became only cloudy on boiling. Last February, after several months of almost uninterrupted good health, ex-

amination showed the secretion was light coloured, turbid, and with a specific gravity of 1025. It contained abundant urates, especially urate of soda, fewer pus and epithelial cells than before, but about an equal number of hyaline casts and granules.

From a careful consideration of this case I think it is one of renal calculus, probably of uric acid composition, complicated with amyloid degeneration. The stone would appear to be lodged somewhere in the course of the right ureter, thus setting up chronic inflammation of this canal and causing at intervals violent irritation and pain from its attempts to travel downwards through it to the bladder.

At present it appears to be safely put out of the way and to be causing no occlusion of the canal by its obstruction, or pain from vain attempts to move on. That it is still there and ready to give trouble on provocation is shown by its restlessness after the purgation and straining.

Gelsemium must, I think, be credited with having produced great amelioration in the symptoms, greater perhaps than the physical signs of improvement would warrant one in expecting; but how it has brought this about is not very plain to me. I hope its action may be explained by the law of similars, and I am encouraged in believing that such is the fact from finding in *Allen's Encyclopædia,* many passages which show that the drug has caused disturbances in the urinary organs and pains in the inguinal regions closely resembling those I have met with in the above case; among the symptoms mentioned are "urine increased, at times pale and limpid, at times milky and turbid." "After experiencing chill, headache, fever and sweating, she awakens with severe moving pain in lower abdomen;" and again, "alleviation on passing urine copiously," and "pain in iliac regions."

My reason for selecting *Gelsemium* was that I had seen it give relief, used in somewhat massive doses, in hepatic colic, and in smaller doses subdue permanently the pain of dysmenorrhœa. In these cases I supposed it to act as an antispasmodic, causing dilatation of the musculo-membranous canals. Whether such has been its only or most

important action in this case, and in the small doses given throughout, is a point I hope to hear decided to-night by those more capable than myself of giving an authoritative opinion.

Discussion on Dr. Tuckey's paper.

Dr E. Blake said he had usually found advanced pyelitis to be associated with recurrent hæmaturia, often diagnosed as villous vesical tumour, a rare condition is his experience. His usual remedies for hæmaturia were *Aconite, Cantharis, Calendula, Cannabis*, and *Uranium*. He did not think the injection of a styptic a safe proceeding, because blood would be prone to coagulate in the bladder, and thus dangerous retention ensue. He had observed that *Ferrum muriaticum* in attenuated doses (say above 1x) was prone to be followed by constipation, whereas appreciable doses were free from this objection, and in some cases actually proved to be intestinal solvents. For the sake of the teeth it should be adminstered through an acid-tube. Advanced anasarca was not a hopeful condition under specific treatment alone. He (Dr. B.) always used cutaneous, sometimes intestinal adjuncts. Hot blanket-packs, followed by skin-friction with oil and the Turkish bath, are often useful. Nearly every renal disease except retained calculus demanded absolute rest in bed, abstinence from solid meat, and certainly from every form of alcoholic stimulant, more particularly from gin and the more modern favourite whiskey, both deadly poisons in renal disorder, stimulating as they did a jaded organ, flogging up the already enlarged and overworked heart, blocking the lazy emunctories with hydro-carbonaceous products, and loading the meshes of the tissues with half metamorphosed material. He had recently witnessed a curious confirmation of the recent suspicion that glycosuria and lithiasis are inter-changeable conditions. A lady, aged 50, living at Brighton, had consulted him for thirst and loss of flesh, with constipation and a frequent sense of bearing-down in the pelvic outlet. He found the liver enlarged, a polypus depending from the *os internum*, and the urine loaded with sugar. The downward pressure ceased on removing the polypus. Under *Nux vom.* 1, followed by *Merc. cor.* 1, with moderate dieting, the constipation ceased and the sugar greatly lessened in quantity, with a great diminution in the thirst. A month at Carlsbad saw the entire disappearance of the glycosuria. The strange thing is that since her return she has passed small crystals of uric acid but not a trace of sugar.

Dr. Drury thought that more might have been done in the first case with homœopathic remedies. He should have expected good from *Scilla* before the strangury set in, and then from *Cantharis*.

Dr. Burnett said that we must not be nihilistic because of

the inefficacy of remedies in advanced disease. He would seek the homœopathicity of drugs in organic changes as well as in symptoms, instancing the observed production of fibrosis by lengthened exposure to *Turpentine*. He could speak from experience of the great value of silver, both in the form of the oxide and in that of the nitrate, in the dyspepsia of Bright's disease.

Mr. NOBLE thought that the admixture of blood and urine pointed to a renal origin of the hæmorrhage in Dr. Tuckey's first case. He related an instance of kidney disease where a crystal of cholesterin blocked the ureter, so preventing the pus from descending into the bladder, and making the case an obscure one.

Dr. HUGHES was much inclined to trace the strangury which occurred in the first case brought forward by Dr. Tuckey to the somewhat large and frequent dose of *Turpentine* which had been administered. In the second case he considered that the symptoms were of renal origin, and suggested *Uva ursi* as a medicine worthy of consideration. He could not follow Dr. Tuckey's arguments as to the homœopathicity of *Gelsemium* to the condition present. The symptoms cited from its pathogenesis were too trivial to make anything of. The inference to be drawn from its general action would make it antipathic rather than homœopathic to Dr. Tuckey's case. As regards the source of the hæmorrhage in the first case, he suggested that it came from the prostate.

Dr. DUDGEON mentioned a case in which renal hæmaturia was diagnosed, but in which villous disease was found in the bladder. He had seen more than one case of albuminuria without other signs of kidney disease, and with temporary recovery. Such patients, however, often die suddenly.

Dr. TUCKEY, in reply to Dr. Drury, said that other remedies than those mentioned were given. Having selected *Terebinthina*, on the strength of Dr. Kidd's reports of its value in renal disease, he had given it in corresponding doses. He admitted the weakness of his case for *Gelsemium*, but could not agree that the blood in his first patient came from the prostate; its quantity and the freedom with which a catheter could be passed negatived (he thought) the hypothesis of prostatic disease.

INTERNAL HÆMORRHOIDS, AND THEIR SURGICAL TREATMENT.

By A. Midgley Cash, M.D.

(Read May 6th, 1880).

Mr. President and Gentlemen,—I trust in bringing such a subject before you as the one I have ventured to treat on to-night it will not be taken that I do not give the first place in the treatment of piles, as of other disorders, to homœopathically chosen remedies. Because I intend to speak mainly of the surgical treatment, and specially of one particular form of surgical treatment, I do not, therefore, wish to be understood as relegating into the province of surgery the sole treatment of this troublesome and frequently occurring affection. I believe that in few diseases can relief, or even cure, be more satisfactorily effected than in this by well chosen homœopathic remedies, of which the number in our *Materia Medica* is very large. My object, however, to-night is not to deal with these cases and the characteristic symptoms which guide us in the selection of the remedy for each, but to speak of a smaller, though nevertheless well-marked class, occasionally met with, in which, owing to the length of time during which the disease has lasted and to certain changes having taken place in the growths themselves, little can be effected by any but surgical measures, which entirely remove the piles in the first place, leaving the after constitutional treatment, if necessary, to be completed by medicine.

Internal Hæmorrhoids may be defined as tumours springing from the mucous or free surface of the rectum within the margin of the external sphincter muscle, and consisting

in the earlier stages of dilated loops of the Inferior Hæmorrhoidal veins covered by mucous membrane, which, after long persistence, are likely to become greatly enlarged from thickening of their mucous covering, and also from the development and growth within their substance of connective (fibrous) tissue.

The blood supply to the various pelvic viscera and adjacent external organs is abundant, and the venous radicles for the return flow bear a corresponding proportion to the arteries which bring it. Now, from the strength and elasticity of the artery walls, and from the propulsive force with which arterial blood proceeds on its course, as compared with the thin collapsing walls of the veins and the passive flow of the venous blood, it is evident that an organ being subjected to a certain amount of pressure or constriction from within will receive its arterial supply more easily than it will part with its venous waste. The natural consequence of the return flow being impeded is, that the pressure backwards is increased, and the small veins and venous capillaries behind the point of obstruction become distended with blood to an extent corresponding to the amount and duration of the impediment; and this being repeated from time to time, the walls, being thin and with little natural elasticity, give, and a permanent dilatation of the vein is established.

The Hæmorrhoidal vessels—arteries and veins—form loops around the lower bowel under the mucous membrane. As soon as the veins become dilated, forming little soft bluish tumours, constipation, which is generally associated with their production in the first place, causes them, together with the arteries and rectal mucous membrane, to be pressed down in the action of straining to relieve the bowel. Fibrinous coagulated clot sooner or later forms in the dilated venous loops, which now become hard, and much increase the distress of the patient. The mucous membrane and submucous tissue become hardened and hypertrophied, and produce, together with the clotted veins and looped arteries, the dense fleshy condition which is met with in old-standing cases.

Three of the commonest and most important causes of piles act in virtue of the pressure to which they injuriously subject the lower branches of the Hæmorrhoidal veins—viz. Constipation, Child-bearing, and a Sedentary mode of life, though this acts also in another way to be directly noticed. These causes, by reason of the pressure to which they subject the veins both externally and internally, impede the flow of blood through them, and thus bring about primary dilatation. The external pressure to which these parts are subjected in those who sit much on soft seats determines pile formation. Mr. Luther Holden has shown that the Tuber Ischii, which is intended mainly to support the weight of the body when sitting, and also to protect the external blood-vessels of the pelvis from pressure in this attitude, can only act to full advantage when hard seats are used. Soft and luxuriously padded cushions allow the bones to sink into them, and the vessels are thus compressed, causing congestion, and gradually in this way piles come to be developed. So far for pressure from *without* on the veins; but there is another cause for the growth of piles, and that is pressure—blood pressure—from *within,* telling in a backward direction, and falling heaviest, therefore, on the furthest extremities of the venous tract. And here, again, to be explicit, other important and well-known causes must be adduced. The Hæmorrhoidal veins are the ultimate extremes of the Portal Vein into which they flow through the larger and more direct channels of the Inferior Mesenteric and Splenic trunks. Consequently, hindrances to the Portal circulation are felt in the far-off branches about the lower bowel, and it is in this way that *heart affections, gout,* and *high living,* by causing plethora and congestion of the liver, come to be factors in the production of piles. This sequence of events the more easily takes place from the anatomical peculiarity that in the Portal Vein and its branches valves are absent, which, if present, would have the effect of withstanding the backward pressure and delaying its results.

One of the most frequent symptoms of hæmorrhoids, from which, indeed, the name is derived, is *bleeding,* and

there are two kinds of bleeding which it is important to discriminate. *Occasional venous oozing* of a salutary nature occurs, which acts as a safety-valve in some constitutions, relieving an over-gorged liver, or averting an attack of gout or apoplexy.

On the other hand, what often happens, from the spongy vascular texture of the pile, sharp *arterial hæmorrhage* will occur, generally at stool, when there is pressure of blood to the parts, and this, repeated again and again, brings down the strength, and produces the exsanguine appearance and quasi-cardiac symptoms of certain cases of hæmorrhoidal disease.

In the former class any interference with what is a vent of nature should be deprecated, other than by homœopathically acting remedies given to touch the root of such symptom, and obviate the necessity for such relief. Operative interference is inadmissible. In the latter class treatment is obviously required to stop the drain, which may in many instances be done by such medicines as *Hamamel., Ferrum, Aconite, Millefolum, Nit. acid,* according to the special symptoms of each case; if not, recourse must be had to some radical method of treatment, and the growths entirely removed.

And this brings me to the point, What are those forms of hæmorrhoidal disease which are amenable to medical treatment, and what class exists (if any) which surgery must step in to cure? And I wish to be understood to refer to internal hæmorrhoids only, all growths external to the sphincter not coming within the scope of this paper. According as remedies act upon them, internal hæmorrhoids may fairly be divided into three classes. To the first class belong those cases in which the growths, if permanent, are not of any long duration, and also the temporary enlargements known as "attacks of piles," which *are* merely of a transitory nature, and with which constipation to any extent is not necessarily associated.

The second class includes those cases where constipation *is* associated with the piles, and is really the chief trouble, or, at any rate, where but for its presence the hæmorrhoids

would not give much annoyance. Here successfully treat the confined bowels, and the piles do not need special attention.

In the third class we find the inveterate cases, which are usually of long standing, in which the hæmorrhoids have become large, firm tumours, having, besides much vascular enlargement, considerable development of fibrous connective tissue.

In the first two groups so arranged medical means alone will cure or greatly relieve the malady.

It is in the last class that I believe medicine avails but little, at any rate until the initial means, which are of a surgical nature, have removed the growths, and then it may be used advantageously to correct the constitutional defect which gave rise in the first place to the disease, and which, if left unchecked, might cause its recurrence.

From the length of time to which such growths have been subjected to severe pressure they have become hard, gristly, and persistent. Though vascular, like all hæmorrhoids, they do not depend, as do the milder varieties, upon vascular turgescence for their bulk, and hence they do not vary in size nearly as much as others, but remain as firm permanent obstructions to the passage of the alvine evacuations. From the violent forcing to empty the bowel which their presence occasions, they are generally accompanied by *prolapsus ani*, the bowel showing as a tense, bluish mucous band, tightly stretched around, and constricting a mass, not unlike a crimson dahlia, which is found to be comprised of three or four sessile or pedunculated growths, having a red granular surface, often intensely congested, and bleeding freely from the slight force which is necessary to separate them sufficiently from each other to discover their points of origin.

When the hæmorrhoids have reached such a condition as this the sufferings of the patient become very great. Marked constipation generally coexists. In the early stages it has probably been *a* cause, if not *the* cause, of the complaint, *now* it results as a consequence from it. The pain when the bowels act becomes excruciating, and the

patient postpones action as long as possible, a week or even more elapsing between the periods of relief.

On examination of such a case nothing externally whatever may be visible. The Sphincter will often be found very tight or spasmodically contracting, and on passing the finger through it into the rectum a mass of hard growth will be at once perceived, usually as a series of projecting nodules around the circumference of the gut, which they wholly or in great part occlude. But whenever the bowels act the whole of these growths must first be extruded, surrounded by a ring of the mucous membrane of the rectum, upon which they are situated, which turns out like the inverted finger of a glove, and if the examination be made at this time the characteristic dahlia-like appearance before mentioned is observed.

At first, protruding only when the bowels act, in time it occurs that any violent exertion, such as digging, lifting a heavy weight, &c., during which the abdominal muscles fix the thorax, and so with closure of the glottis, exert pressure on the contents of the abdomen, will bring down the whole mass, which then becomes nipped by the external sphincter muscle. The pain of spasmodic constriction is thus added to the "bearing-down," misery, and backache, from which the sufferer is seldom exempt. *Hæmorrhage* from the vascular growths may or may not be present, but when the piles have attained a considerable size there is a profuse mucous discharge, which may be to an exhausting extent. The attrition and compression of the growths may cause ulceration, and even sphacelus, the latter condition being liable to supervene if the piles become protruded and cannot be returned. Occasionally a spontaneous cure in this way takes place.

Either on account of the exhausting discharge of blood or mucus, or on account of the bodily and mental misery which attends this complaint in its advanced forms, something more than palliative treatment is called for, and, as I have said before, when the areolar stroma of the growths has become thus greatly hypertrophied, I believe their entire removal by some surgical operation in the first place is

generally necessary. This often is sufficient to cure completely, and when the original causes still remain in action these must be treated to prevent recurrence of the disease.

Since Sir Astley Cooper lectured on the dangers of excising Internal Hæmorrhoids, to which operation some deaths had been due, the use of the ligature for their removal—powerfully advocated by Syme—haa become the operation generally favoured by the profession Now the essential point, on the carrying out of which, the success of the ligature depends, is that the growths should be effectually and completely strangulated by a very tight knot. If this is not done the pain succeeding the operation is very great and the risk of pyæmia also. To apply a thoroughly tight ligature to a sessile growth on the slippery mucous membrane of the rectum is by no means a matter easily accomplished; the knot is very liable to slip even if the fingers of the surgeon do *not*, and in many cases insufficient strangulation with its attendant evils is the result.

In his *Lettsomian Lectures*, before the Medical Society of London, in 1865, Mr. Henry Smith strongly advocated the use of the clamp and cautery, mainly introduced by Mr. Henry Lee, and further improved upon by himself.

The special advantages claimed for this operation are—that it is not followed by Tetanus and Pyæmia, there being no foreign body left in the wound, as when ligature is used; that primary and secondary hæmorrhage are not met with, the latter being not an unfrequent sequence of the operation of ligature; that it is cleanly, effective, attended by less pain, and usually with a shorter convalescence. The steps of the operation as carried out, either for hæmorrhoids or prolapsus of the rectum, are the following, according to Mr. Smith:—"The diseased portions being well brought down previously by an injection are separately seized by a vulsellum, and handed to an assistant. The part is then enclosed within the blades of the clamp, which are screwed home quickly and thoroughly. The prominent part of the pile or prolapsus is then cut away by a sharp pair of scissors; the cut surface is then dried by a piece of lint or sponge, and either the strong nitric acid or the

actual cautery, so shaped as to come into contact with the whole of the raw tissue, is applied. When this is effected, the blades are gently and slowly unscrewed, and if there is no bleeding the part is well oiled and allowed to return within the cavity of the gut; if, however, any bleeding point is seen the blades are quickly screwed together, and the cautery is applied until the vessel be thoroughly sealed up. The finger is then introduced well up into the rectum. This step serves the triple purpose of returning all the parts well, of compressing any part which might possibly bleed, and of exciting the sphincter to healthy action. I generally introduce at the same time a suppository of opium."

Mr. Smith proceeds to give a series of cases treated by this method, in which, as a rule, the convalescence after the operation is remarkably short, the patients frequently keeping their beds only three or four days, and in almost all of which rapid and satisfactory recoveries were obtained. In the third edition of his lectures, this passage occurs:—"I have now treated by this means altogether 120 cases, and being emboldened by my success I have operated upon some of the most severe instances which can occur, and where the parts were most vascular and supplied with large vessels; but I am happy to say I have not met with a single case where any bad or even unpleasant results have followed." Having seen in the hands of others unsatisfactory effects from the ligature, and having also experienced such when applying it myself, I determined, the first suitable case I met with, to have recourse to the clamp and cautery, for though the good points of the operation as dwelt on by Mr. Smith might, I thought, have been somewhat emphasised, still it did appear to me to hold out the most satisfactory operative method by which such disease could be dealt with.

In the autumn of 1876, I was consulted by J. B—, æt. 46, who had recently purchased a large glass and china warehouse. The attendance on his business required almost constant standing, besides a walk of four miles to and from his house daily. This his complaint rendered impossible.

He was almost unable to walk or stand at all, and when I saw him was on the point of taking to his bed and about to relinquish a business to which it was of the greatest importance he should attend personally. He had suffered from piles for more than eight years, during all which time they had bled steadily, but in small quantities. This had caused him to have a most blanched and anæmic appearance; he was exceedingly thin and weak bodily, but his mental condition was even worse, being so reduced as to cause him to cry like a child, and nervous (almost to be called hysterical) beyond anything I ever met with in a man before. He had been for some time under treatment, both allopathic and homœopathic, but without any permanent benefit. The case was a very severe one, as there were several very large vascular hæmorrhoids surrounded by a considerable prolapse of the rectum, the whole of which descended whenever the bowels were moved, causing the greatest suffering. For some time back there had only been an action once a week. Considerable vesical irritation also troubled him.

On September 3rd he was anæsthetised with bichloride of methylene, and I operated upon him with the clamp and actual cautery, removing four large and exceedingly vascular growths, two of which were two inches long and filled the jaws of the clamp from end to end. As the sections afterwards showed, arteries and venous trunks, having the calibre of a crow-quill, were divided, but no hæmorrhage occurred, as the stumps were well seared with the hot iron before the clamp was unscrewed, and only about one drachm of blood was lost throughout the operation. The prolapse was oiled and returned, and a T-bandage firmly applied. The consequent urinary irritation was met with *Acon.* and *Canth.* after the first evening, when the use of the catheter was necessary. No fever ever occurred. A small external pile, which inflamed and gave pain, quickly disappeared under *Æsculus* internally, and externally as a lotion.

On the 10th, a gruel injection caused the bowels to act, but no prolapse occurred, and he was allowed to get up for a little. His convalescence went on well. In three weeks

he was out of my hands. The bowels moved comfortably, and he soon put on flesh and became quite robust. At the present time, more than three years after the operation, he is well and healthy, quite equal to his business, doing two long walks daily, and entirely free from his old trouble.

Feeling encouraged by the progress and termination of this my first case with the clamp and cautery, I determined to repeat the method of operating on the next suitable case I should meet with.

In January, 1879, a lady consulted me. She stated that for thirty-four years she had suffered from internal hæmorrhoids, which in the early stages bled a good deal, but of late very little; instead of which they caused a profuse mucous discharge. Recently they had greatly troubled her, as they tended to protrude every time the bowels acted, and being large and hard, she experienced extreme difficulty in returning them within the sphincter. Constipation had never at any time been a feature of her case, but, and especially of late, relaxation of the bowels had been the rule. Like the former case, she had been under the treatment of a homœopathic practitioner without avail. There was great mental depression together with excessive nervous excitement; she was thin, weak, and very much reduced both in body and mind by the perpetual worry and drain of her malady.

I found, on examining her, three distinct growths, each about the size of a small walnut, which, when protruded, surrounded and completely concealed the opening of the bowel They were purple in colour, highly vascular, and bled at the slightest touch.

On the 29th of January, the patient having been rendered unconscious with the bichloride of methylene, I clamped the growths successively and excised them at their point of attachment to the bowel. They were extremely vascular, and owing to my too sparing use of the cautery before the clamp was unscrewed, in the case of one of the tumours, I had some difficulty in stopping the bleeding. This, however, only amounted to an oozing from some small points and was not of a serious character. The gut, which

was considerably prolapsed, was oiled and returned, the finger being well introduced so as to pass the parts thoroughly within the sphincter and obtain the complete contraction of the muscle. She suffered for some hours from shock, the effect of the operation, which had been long and severe. Symptoms of dysuria were promptly relieved by *Canth.*

Spasmodic action of the sphincter caused a good deal of pain to the sensitive sore resulting in the bowels from the operation. *Belladonna* relieved this.

On the sixth day the bowels acted after an enema of warm olive oil, no protrusion resulting. This was also the case when the parts were put to the severe test of a violent diarrhœa.

After this, things went on comfortably. The convalescence was naturally slow, owing to her weak and depressed condition prior to the operation. On the 7th February (ten days after the operation) she sat up out of bed a little. Her ability to take food for some time was extremely small, as indeed had always been the case, and this much delayed the recovery. Comfortable action of the bowels gradually came to occur every other day, which appeared in her case sufficiently often. The strength improved, and the power of walking—the deprivation of which she formerly felt greatly—returned. Her present condition is so much improved that, calling recently upon me, she remarked that she felt as if she "had taken out a fresh lease of life."

The lesson I learnt from this case was to cauterise the cut sections of the hæmorrhoids with great care and thoroughness before unscrewing the clamp, and to do this very gradually, so as to be able to at once tighten up again should the bleeding occur from the surface.

The cautery heated to a dull red—which seems to be the best heat for the purpose—should be repeatedly stroked over the cut surface while compressed within the jaws of the clamp, for by this means only can we hope to seal up the dilated veins and enlarged arteries with which such growths abound. If the cautery be at a white heat the tissues are too much burned, a cindery and brittle eschar is

formed on the surface, which as rapidly breaks away when it is touched or stretched afterwards. Once released from the clamp, the bleeding is difficult and may be very troublesome to deal with, for there is no firm part against which we may compress. The only way is to sear thoroughly and repeatedly while in the clamp, and then unscrew very gradually, at once tightening up and re-applying the cautery if any bleeding takes place. This point is at once the boast and the possible opprobium of the operation. Its *boast*, if properly carried out, enabling the surgeon to do without that troublesome foreign body, with its attendant irritation, the ligature; its *opprobium*, if inefficiently conducted, as then hæmorrhage will follow, justifying the axiom laid down by Erichsen, that internal piles should be tied, never cut, which is contradicted by the results of this operation, if the clamp and cautery procedure be efficiently carried out.

In the following case, which presented itself shortly afterwards, I was able to carry out this experience, greatly to my comfort and the patient's advantage.

J. E—, æt. 48, residing in the country, had begun to suffer very much from constipation of the bowels eight years ago, induced, as he believed, from poor and insufficient food, his circumstances having become suddenly and greatly reduced at that time. Piles began to protrude whenever the bowels acted, and for some years a certain amount of blood was thus lost regularly. About eighteen months ago he got much worse, and was obliged to wear constantly an ivory spring support, to prevent their coming down. They had lately become so bad that he could scarcely get about at all any distance from home, and the misery they caused may be judged of from his statement, that while digging in his garden the effort would force them down past the support three times, requiring him to go into the house to return them at each protrusion, and this before he had dug the length of one row of potatoes.

On April 13th he was placed under the bichloride of methylene by my brother, Dr. T. Cash, and the piles having been first well protruded, I clamped separately and excised

four or five vascular growths and pieces of mucous membrane, a ring of the latter surrounding the former.

The piles were quite sessile, being prominences of the mucous membrane rather than distinct pedunculated growths, and this prevented me from removing quite as much as I would otherwise have done, the ablation of the mucous membrane causing the parts to become so tense that I feared lest the seared surfaces should open again.

The sections were thoroughly cauterised, and very little blood was lost.

The bowel was then returned within the sphincter.

On the fourth day he was sitting up and walking about a little. Two days after, the bowels moved to an injection, and some protrusion occurred, which I returned. *Æscul.* internally and *Hamamel.* ointment externally were ordered, and this did not recur, and the pain soon abated.

A fortnight after the date of the operation I made this note: "Found him on a ladder in his orchard sawing branches. Feels no pain, and says he is far better than before operation. Has an action daily, without pain or using enema. There is slight protrusion, but he easily returns it after applying *Hamamel.* ointment, and he requires to wear no support. Feeling hearty and growing stronger daily." I have seen him recently. He was able to do a day's skating, and walk ten or twelve miles there and back comfortably, and is very well, being able to dispense with his ivory truss, which was formerly a painful necessity.

It will be observed that, in each of these cases, prolapsus of the bowels complicated and accompanied the malady. In the first two removal of the piles alone, and the consequent cicatrisation of the parts, sufficed to cure it. In the last case one could hardly distinguish in the parts removed what was hæmorrhoid and what simple mucous membrane; but the result was the same—the prolapse was cured, and this, I believe, will generally be the case, unless there is great distension and loss of tone in the bowel. In such cases it is well to remove some of the lax tissue externally in a direction radiating towards the anus, and when the parts have drawn together in the process of heal-

ing the bowel will generally be retained within the sphincter.

Mr. Smith remarks: "It is quite evident to all who have watched the course of cases equally severe—treated by the ligature and clamp—that there is not anything like that impression upon the nervous system after the *latter* proceeding which is produced as a result of the former, and which occasionally causes death." This I fully believe, for I have frequently watched the progress of cases treated in the hospital by the ligature, and of a milder type than those detailed previously, and have noted the amount of nerve distress and irritation which this particular kind of operation induces, and which seems mainly due to the presence and irritation of the ligature. A tedious and painful process of sloughing has to take place; the hard, black, strangulated tumours throw off a putrid discharge, which may cause septic thrombi in the veins, and spread pyæmia or septicæmia in the system, or by intense nerve irritation determine tetanus. And when the ligatures finally separate serious secondary hæmorrhage may occur, and painful sores, which refuse to heal, may remain at the site of the operation.

Mr. Smith, in his large experience, has met with no case of secondary hæmorrhage from the clamp operation. Pyæmia, in healthy subjects is almost impossible, as there is no foreign body in the wound, and also (which is another advantage) the sore heals more quickly, which, I believe, has been considered due to the stimulating effects of the cautery on the tissues. Altogether the operation of the clamp has so many advantages over that of the ligature for internal hæmorrhoids that I believe the surgeon who once performs it will not be likely to return to the old operation in cases which may occur to him subsequently. Homœopathy offers so large a number of medicines that surgical interference is not often necessary, and when it is, they greatly assist in the convalescence, and combat those symptoms which tend to retard it. *Hamamelis*, *Æsculus*, *Collinsonia Canadensis*, are frequently indicated; the two former internally administered, and used at the same time externally as

ointments, I have often found of great service, both in the treatment of ordinary cases and during the convalescence of those where an operation has been performed.

In conclusion, I would say that where, as occasionally will happen, we meet with cases of long-standing, solid hæmorrhoidal growths, where life becomes a burden from the terrible annoyance and irritation caused, and where medicines carefully chosen are not able unaided to remove the malady, we may without fear have recourse to the clamp operation, knowing that therein, if carefully performed, we have a radical remedy, applicable to the severest cases which exist, at once safe, efficient, and almost invariably satisfactory.

Discussion on Dr. Cash's paper.

Dr. Drury would recall to us some of the older homœopathic remedies for piles, which he thought unjustly neglected now-a-days; thus, *Arnica* ointment would relieve their smarting, *Muriatic acid* would do good when there was much burning after stool, *Carbo vegetabilis* when the piles were swollen and blue. *Phosphoric acid* was of much service in the piles which come on in women after delivery. He mentioned a form of the malady, described by Marshall Hall, in which the growth was small, exquisitely painful, the pain often coming on suddenly, and making the patient faint.

Dr. Hale was accustomed to defer operation as long as possible, until prolapsus occurred in standing or walking. He agreed in the abandonment of the ligature. He thought the clamp excellent when the piles had a pedicle, but admired the galvanic cautery still more, though admitting that the pain it causes is intense. He had seen the écraseur used with much success, but regarded it as inferior to the cautery. Abuse of purgatives was a cause of hæmorrhoids not mentioned by Dr. Cash.

Dr. Blake said that to prevent piles it was very important never to use paper after defæcation, but to bathe the parts instead. As an application to them he held an ointment of *Verbascum* in high esteem; it must be made without spirit. In the surgical treatment he had abandoned the clamp in favour of prodding them, and then introducing the cautery into the holes made. No contraction followed after this operation. He regarded Maisonneuve's forcible dilatation of the sphincter ani often useful for piles and proctalgia, a case of which latter affection of sixteen years' standing, immediately cured by it had come under his notice. He

thought emphysema a frequent indirect cause of piles. In women they were usually associated with hypertrophy of the cervix uteri.

Dr. HAWKES said that in hæmorrhoids he for the most part got on very well with internal medication. He found *Æsculus* useful in bleeding as well as in blind piles. In cases where the ordinary remedies failed him, he found great advantage from consulting the chapter "Stools and Rectum" in the *Cypher Repertory*.

Dr. T. CASH thought the galvanic cautery had a great future before it in the treatment of piles as in that of polypi.

Dr. COOPER cautioned against the peril of using glass specula for rectal examination. Ashton's dilating speculum was better. He spoke of the value of injecting into obstinate piles a solution of the *Muriate of iron*—one part of the tincture to from three to twenty of water. The growth disappears in four or five weeks. He often found *Belladonna* of service where much pain was present, and a lotion of *Scrophularia nodosa* was very soothing.

Dr. HEWAN said that having had much success from painting dilated veins with the Liq. Fer. Perchlor. Fort., he was led to apply fuming nitric acid in a similar manner to an internal pile. There was no pain, and next day the whole mass had disappeared. He had since adopted the same plan frequently, and with such perfect success that he did not think he would ever need to use the cautery.

Dr. JAGIELSKI, whilst at the Hôtel Dieu, saw several cases of bottles broken in the rectum. He recommended the waters of Marienbad as being of great value in hæmorrhoidal troubles.

Dr. DUDGEON said that he had never had to resort to operative procedure, his treatment with homœopathic remedies having been so thoroughly successful, so that he thought we should always try these assiduously before going any further; serious results, moreover, sometimes followed on the sudden removal of piles. He mentioned a case of abscess of the kidney which had given no trouble for some time, but which after operation, for hæmorrhoids manifested itself with greatly increased violence.

Dr. MIDGLEY CASH, in reply, said, with regard to the remarks made about internal medication, that his paper strictly limited itself to the surgical treatment of piles. He hardly thought that the ligature was as much disused as Dr. Hale supposed; when at Edinburgh he saw hardly anything else employed. The difficulty of clamping sessile growths he thought easily overcome, as they could be drawn out by a vulsellum. The severe pain of the galvanic cautery is a great objection to its use, as though an anæsthetic can be employed, this entails the trouble and expense of skilled assistance, to say nothing of possible danger. His experience had not been that of Dr. Hawkes. He had always used *Hamamelis* for bleeding piles *Æsculus* for blind ones. He agreed with Dr. Cooper, and with all deference differed from Dr.

Dudgeon as to there being certain cases of hæmorrhoids which do not yield to medicine and require operative procedure. Where kidney disease existed, however, he would be loth to operate. Dr. Jagielski's remarks on the value of mineral waters applied, he thought, only to mild cases. In such cases he had himself had very satisfactory results from *Nux vomica* and *Sulphur* on alternate days, with the application of an ointment of *Hamamelis*. In one case *Nitric acid* was of great use.

ON A CASE OF GANGRENE OF THE LUNG.

By A. D. Hale, M.D.

(Read June 3rd, 1880.)

Mr. President and Gentlemen,—The case to which I wish to call your attention, presenting as it does some remarkable features, some anomalous conditions, and unexpected results, will I trust claim for it an interest which otherwise perhaps it would not possess, except in so far that it is one not often met with. The characteristics of the case consisted in this, that in its early stage neither the premonitory constitutional symptoms, the condition of the patient, nor the physical signs, gave indications of what was going to happen as the attack proceeded. The history of the attack afforded no evidence of there having been rigors, or fever, or pain, hurried or embarrassed respiration. The only symptom complained of was a rather violent concussive cough, which appeared to be caused by a congested and irritable condition of the uvula, *velum palati*, and fauces generally. Upon auscultating the chest, the only sign of mischief discoverable at this stage was a limited amount of dulness of the lowest portion of the right lung, and moist crepitating râles in the dull portion, but not the fine râles of pneumonia. The other symptoms were entirely negative, no marked acceleration of pulse (which through the whole of the attack never exceeded 90), no rise of temperature, and were it not for the discovery of this small amount of local congestion, I might have dismissed my patient with the rash promise that he would be all right in a few days. I would like to mention, in passing, with regard to this kind of what I would term passive or latent local congestion of limited extent, that I have over and over again

found it to exist accompanying a vascular state of the fauces, swollen and elongated uvula, and gastro-hepatic derangement, and I think it most probable that it is an extension of the congested condition of the upper surface of the liver to the lowest portion of the right lung. For these symptoms I prescribed, little anticipating the very grave aspect the case presented in a few days.

On the 3rd of February, 1879, Mr. M—, æt. 45, a previously strong healthy man, came to my house with the before-named symptoms. On the 6th of February, visited at his own house; symptoms were much the same as on the 3rd, but on the 13th I found the whole of the *left* lung, from apex to base, in a similar state to that of the small portion of the right lung before described, but there was no extension of the disease in the portion of lung first affected. This appeared to me remarkable, as was the rapid consolidation of the entire left lung.

The course that inflammation of the lung usually takes is that the lower lobes first become involved, the inflammation extending gradually upwards, but here there was no such gradual extension of the inflammation, but first a consolidation and a rapid breaking up of lung tissue within a few days, and the formation of a pulmonic abscess of considerable size, producing the ordinary physical signs of a cavity, cavernous respiration, and well marked pectoriloquy. From this cavity was expectorated in large quantities a horribly fetid purulent sputum, which in a few days assumed the prune-juice character. I found I had now to deal with gangrene of the lung, and that if the destructive process was not soon arrested the case would end fatally. As you may suppose symptoms of general debility were now manifest, demanding a free administration of wine, in addition to the generous nutrients which were ordered from the commencement of the attack. With the exception of the general debility, as shown by a very compressible pulse, there were frequently recurring cough, accompanied with some pain in the left chest and with horrible fœtor of the expired air, and there was a somewhat anxious expression of countenance, but there was no dys-

pnœa, no hurried respiration, no fever, and no perspiration worth noticing.

The practical lesson this case teaches is, I take it, that even in this, a generally fatal disease, the constitutional symptoms in the early period of the attack were slight compared with the amount of structural mischief. It therefore formed a remarkable exception to the rule which applies in most cases of acute diseases, namely, that the constitutional disturbance, generally speaking, is symptomatic of the extent of organic lesion, and holds a certain, though not an invariable ratio to it. The case emphasises the great value of physical diagnosis, and also ought to put us on our guard against giving a hasty prognosis, because of the apparently slight character of the symptoms which first present themselves. Were it not for the detection of the very trifling amount of localised congestion in the lowest portion of the right lung, which caused me to give a cautious prognosis, and to advise the patient to keep to the house and to send for me in a day or two if he was not better, I might have dismissed him with the gratifying assurance that he would be all right in a few days, or had this patient come up to town for the day from some distant place in the country to seek advice, and had gone home without receiving the cautions which I felt bound to give, my reputation, as well as that of homœopathy, would have been jeopardised, not that homœopathy would have been in the least degree answerable for the negligence of its practitioner.

The latency of the disease in some cases is another feature which militates against the early discovery of the mischief, and necessarily renders treatment unavailing, owing to its generally fatal character. This latency was forcibly illustrated by a case described to the class when I was a student at the Meath Hospital by Dr. Stokes. It occurred in Dr. Stokes' private practice, and made a lasting impression on my mind, and which, as far as I can trust my memory after so many years, I will mention. A gentleman of middle age was sitting in a room with some friends, and was so unconscious of there being anything the matter with him, that when asked by some person present whether

he felt unwell, replied that he was feeling quite well; but it was noticed that whenever he coughed, a most horrible stench filled the room, causing a friend to put the question. He had gangrene of the lung, but I do not remember whether he succumbed to the disease or not. Dr. Stokes, in his book on *Diseases of the Chest*, mentions but four cases of this disease, the notes of which, I will, with your permission, read, in order to show the usually fatal issue of gangrene of the lung.

Case 1.—A middle-aged man was attacked with symptoms of pneumonia, in consequence of a contused injury of the right side; from these he partially recovered, when he was thrown from a car and received a second injury on the same side. Cough, with a dark coloured and offensive expectoration and occasional hæmoptysis set in. He was admitted into hospital in the seventh week of his illness, with extreme prostration, the countenance was of a leaden hue, the respiration 72 in the minute, breath fetid, the cough constant, with expectoration of a yellowish-white purulent matter. By the stethoscope a large cavity was detected in the right lung. The patient died the fourth day after admission.

Post-mortem inspection revealed a vast gangrenous abscess, which occupied the whole posterior part of the right lung; the cavity was eight inches in length, four inches in breadth, and two inches in depth; this contained a large moist and soft slough of extreme fœtor, and the upper part of the cavity was lined with a distinct layer of coagulable lymph. This cavity had an extensive communication with the bronchial tubes.

Case 2.—A man, æt. 28, of full habit, laboured for a year under palpitation, cough, and pains of the sides. He was admitted into hospital, stating that on the day before he had had rigors, with great increase of pain. He had frequent cough, with dark coloured expectoration; the pulse was rapid; he lay on the right side; the breath had the characteristic fœtor of gangrene, and there was a cadaverous smell from the whole body; countenance of a leaden hue, lips livid; the right side sounded dull, and a cavity was

detected in the mammary region. In five days he was attacked with severe inflammation of the left lung, copious hæmoptysis followed, and he died on the ninth day after admission.

Post-mortem.—The right lung was solid and strongly adherent; the upper lobe presented the third and fourth stages of inflammation. At about four inches from the summit an anfractuous cavity existed, having three prolongations extending in different directions; most of this cavity was filled with a substance resembling putrid flax, of an exceedingly fetid odour. This cavity was evidently chronic, as its walls were firm and lined with a cartilaginous membrane. Many of the bronchial tubes were dilated. The lower half of the left lung was in a state of deliquescent sphacelus, the affected part being surrounded by a band of hepatisation, beyond which the tissue was healthy and crepitating.

The next case of Stokes' I shall notice resembles the one I bring before you to-night in one important point, to which I will refer presently, when I more fully describe the case which forms the subject of this paper.

"A labourer, æt. 32, habitually intoxicated, fell into a canal, and, after sitting for some time in his wet clothes, was seized with a rigor. On the next day he had a cough, pain in the left side, and difficulty of breathing, and was admitted into the Meath Hospital on the third day after the accident. He presented the usual symptoms of typhoid pneumonia, the anterior and lateral portions of the right side sounding dull, with absence of respiration. In the course of the day *the dulness extended over the whole of the right side without any preceding crepitus being observed.* On the next day the prostration was extreme, and the breath slightly fetid; the fœtor increased remarkably towards evening, and a copious expectoration of dark coloured sanious fluid took place. The fœtor was much increased after coughing; the countenance became sunk, but the peculiar leaden hue was never observed. On the next day the signs of a cavity were detected, and the patient died on the following evening.

"*Inspection.*—The right lung was generally adherent; externally it appeared solid, but there existed a large cavity in the anterior portion, extending backwards and downwards. This cavity occupied the lower lobe; it was not lined by any false membrane, but contained a quantity of sanious fluid, similar to what had been expectorated. Its walls were formed by the pulmonary tissue, which was solid, softened, and of a dirty reddish colour, but not presenting the granular appearance of ordinary pneumonia."

I beg you to keep in mind this latter important fact when I come to describe the case occurring in my own practice. I have not read all Stokes' cases, thinking that the three I have transcribed sufficiently illustrate the dangerous character of the disease and its usually fatal termination. All the four patients were habitual drunkards. In Dr. Hughes Bennett's *Principles and Practice of Medicine* you will find several cases of gangrene of the lungs described, enhanced by copious notes of the symptoms, physical signs, and the treatment employed, in all of which cases but one the patients had indulged in alcoholic stimulants. The one case, where the patient was a sober man, was curious, as having apparently for its exciting cause the presence of a piece of chicken-bone, which had been swallowed four and a half years previously. Only one of Dr. Bennett's cases of gangrene of the lung recovered. It occurred in a woman of 48, who had enjoyed good health until a month previous to her admission, when she is described as having chronic pneumonia (?), but as the sputa and breath are only described as having an offensive odour, a symptom not uncommon in cases of chronic bronchitis, and as there were no physical signs of a cavity or appearance of lung tissue on microscopic examination, I have reason to doubt that the case was gangrene.

Dr. Stokes' cases were published in 1836, Dr. Bennett's in 1858, yet in that interval the fatality of the disease had not been diminished, notwithstanding the boasted progress that medical science has made. I have only been able to find one case of gangrene of the lung treated homœopathically,

related by Dr. A. R. Wright, in *Transactions of the New York State Homœopathic Society*, vol. x, p. 123.

"Mr. B—, æt. 61, of nervous temperament and full habit, by exposure too soon after an attack of chills and general congestion, had a relapse, with symptoms of pleuro-pneumonia in the extreme lower anterior portion of the right lung. Respiration laboured and about sixty per minute; breath a little fetid; pulse 115; dry, hacking cough, and great nervous excitement.

"The administration of ordinary remedies indicated, for three or four days, relieved some symptoms, and modified others. The breath at times became quite fetid, and there came a distinctive cough in sudden paroxysms, at intervals of one to two hours; nervous, spasmodic, very explosive cough convulsing the whole body. At each such explosive effort, and at no other time, there issued from the lungs a volume of air of a most pungent, fetid odour, with an offensive taste in the mouth. Whenever such a coughing-spell occurred, the air of the room became so badly tainted that the daughter who attended the patient was obliged to leave the room. At other times the breath and eructations from the stomach gave out no fœtor. Expectoration of a dirty brown but not rusty colour. With each cough there was a catching pain in the region of the liver and lower portion of the right lung. Natural movement of the bowels every day.

"After giving for three days, several remedies which seemed well indicated, no relief was obtained from any except *Pulsatilla*, which partially relieved the catching pain.

"Such a cough was an entire novelty to me, and I sought diligently for a remedy to cover the symptoms. I found, under *Sulphur* 'fetid smell of the breath when coughing, but this would not answer the description nor relieve the cough. In no place could I find anything like such a cough described, except in some old unabridged *Symptomen Codex*. under *Capsicum annuum*, larynx and trachea symptoms. I there found, when coughing, the air from the lungs causes strange, offensive taste in the mouth. When coughing, a badly smelling breath rushes out of the lungs.' I gave the first dose of the *Capsicum* at an evening visit (one dose only

for the night), and the next morning was informed that there had been no paroxysm of the cough during the night, to the great joy and relief of the patient. The cough returned, however, at various intervals for a period of two weeks, when there was an entire recovery from it under the administration of *Capsicum.* Several times I omitted the *Capsicum* and gave other remedies that seemed indicated by the symptoms, and invariably noted that the fœtor and cough returned very soon after the effect of the *Capsicum* had passed off. I also noted that after each administration of *Capsicum* the effect lasted about twelve hours, and not more than fifteen. The only attenuation used was the two-hundreth."

But to return to the case which forms the special subject of my paper.

I have before described the condition in which I found the left lung on the 13th February, a condition in which, had the case been one of simple pneumonia, the inflammation would have been in the third stage, that of grey hepatization, involving the whole lung from apex to base. With such a pathological condition you would expect to find a pulse of at least 100 or 120, and probably a temperature of 103° or 104°, but this gentleman's pulse never exceeded 90, and his temperature only a degree or two above the normal. There was but slight acceleration of breathing, no dyspnœa, and only slight pain on coughing in the left infra-mammary region. There were frequent paroxyms of concussive cough, accompanied by the characteristic fœtor of the expired air, and abundant expectoration of muco-purulent, extremely fetid sputa, which, as the case proceeded, became rusty in colour, subsequently sanguineous, and mixed with what was evidently lung tissue; ultimately, the sputa resembled prune juice, mixed with the shreddy *débris* of the pulmonary structure. About the 20th of February, there were evident signs of a cavity, situated in the very centre of the upper lobe of the left lung. There were cavernous respiration and pectoriloquy, very distinctly heard about the angle of the scapula. Up to this point the case, as I have said, was remarkable for the absence of constitutional symptoms of

sufficient gravity to indicate the amount of actual mischief taking place, but now very well-marked and alarming symptoms of lowered vitality appeared—an anxious and distressed expression, a dusky glazed surface of the face, clammy perspiration, an extremely compressible pulse, and a sense of great exhaustion. Even during the early period of the attack, owing to the absence of fever and quickened circulation, I had allowed the patient supporting nourishment, in the shape of milk, with and without soda water, and beef tea, but when the symptoms indicating exhaustion occurred, I administered port wine freely every two or three hours in alternation with the food. For several days the condition of the patient was extremely critical, the cavity was enlarging, the expectoration increased in quantity, and consisted of broken-down tissue mixed with blood, and there was imminent danger of copious hæmorrhage should an artery of any size give way and bleed into the cavity, which was in direct communication with the bronchi; the blood had lost its ordinary coagulability, thus increasing the danger of a probably fatal hæmorrhage. Happily this did not occur, and under the treatment to be presently mentioned the more alarming symptoms steadily diminished, and by about the end of April the cavity had cicatrised, and by the end of May my patient was convalescent, and I sent him to Hastings for a change; and he has felt and looked perfectly well until upon almost the same date in February of this year symptoms resembling the previous attack came on, but were subdued in a few days by prompt treatment. This gentleman is now enjoying robust health. I have been quite unable to account for or explain the cause of this attack, or why a case of what at first appeared to be only a small patch of local congestion in one lung should have assumed the grave character which I have endeavoured to describe. There were no discoverable septic influences either in the house or its surroundings, the patient had not been lowered by any previous fatigue of mind or body, he had sustained no mechanical injury to the chest, his habits were temperate and regular, and he had never suffered from any chest affection previously. Had I read the particulars of

this case before a pathological society it would of course have been very satisfactory, had the case terminated otherwise than it did, to have verified the diagnosis and to have exhibited the cavity, or at least have given exact measurement and the morbid anatomy of the other portions of the affected lung, but I am extremely glad that am unable to satisfy this very laudable curiosity, feeling sure that in a society of Hahnemann's disciples no apology is needed for the omission of those details which are in other medical societies considered so interesting.

In these days of enlightened scepticism as regards the curative action of drugs and the philosophical folding of hands to allow the *vis medicatrix* to do its work, I wish to guard against any dogmatic assumption while describing the treatment of this case by drugs applied according to the law of similars; and, indeed, in this case the chief difficulty consisted in finding the exact *similimum* during that period in the progress of the attack when the integrity of the entire lung was in jeopardy from day to day. In the early period of the disease the symptoms differed materially from ordinary acute pneumonic inflammation, resembling rather those of secondary pneumonia, were yet sufficiently like the pathogenesis of *Phosphorus* to lead me to administer that drug in varying dilutions from 3x to 3 cent., and this I continued for some days, giving occasionally intercurrent doses of *Carbo. veg.* up to the time when increased fœtor of the expired air and of the expectoration, which became more and more sanguineous, and accompanied by symptoms of general exhaustion, forced me to seek for a medicine having a closer similitude to the totality of the symptoms, and the drug which seemed to me to answer to those conditions was *Arnica.* Without going too much into detail allow me to dwell upon those symptoms of *Arnica* which were the most salient in the case before us.

(1) The symptoms showing prostration of strength. Under generalities we find: "general weakness;" "loss of strength;" "general sinking of strength—he can scarcely move a limb;" "extreme malaise."

(2) The objective symptoms of *Arnica* which led to its selection were the following:

"Countenance much sunken."

"Fetid vapour coming out of the mouth during expiration."

"Sputa mixed with blood."

"Bloody expectoration from the chest."

"Hæmoptysis."

"Stitches in the left breast during an inspiration."

"Pulse feeble."

Now, although this is not a long catalogue of pathogenetic symptoms, when I considered the general pathogenesis of *Arnica*, taken as a whole, the effect of which on the organism being to cause a lowering of vitality, with well-marked symptoms of putridity and decomposition, not only of tissue, but of the blood and various secretions, and exudation of the circulating fluid through the coats of the arterioles, as shown by hæmorrhages of various kinds, especially from the lungs, I was, I think, justified in prescribing *Arnica*, the good effects of which were strikingly manifested after a very few doses of the 3x tincture. The bloody sputa were lessened in quantity, the fœtor of the expired air and of the expectoration steadily decreased, the strength rallied, there was evidently an arrest to the extension of the cavity produced, and in a few days I had the satisfaction of knowing that my patient's life was no longer in jeopardy, and he continued to improve steadily, the cough diminishing, the expectoration lost all traces of blood, but still retained its purulent character, and, lessening in quantity day by day, had nearly ceased by the end of May, when it was found that the cavity had cicatrised, all the physical signs of a cavity had disappeared, and health was completely restored, and this gentleman is now in the enjoyment of perfect health.

In conclusion, I beg to thank you for the kind attention you have given to my paper, the defects of which I trust you will kindly overlook.

Discussion upon Dr. Hale's paper.

Dr. Bayes recalled a similar case of recovery where an abscess of the liver made its way through the lung. It was of long duration, but under *Carbo animalis* and *vegetabilis* had a happy issue. *Conium* also was helpful. He had seen something of two other cases, and thought it worth mentioning that all three occurred in men who were hard drinkers, and that in all the right side was affected.

Dr. Galley Blackley inquired whether any concomitant constitutional disorder had been present which could account for the setting in of gangrene, whether the sputa had been examined microscopically for lung tissue, and what was the present condition of the affected side of the chest. He thought the choice of *Arnica* a happy one, seeing the frequent connection of gangrene of the lung with erysipelas, to which the drug was so thoroughly homœopathic.

Dr. Burnett had only seen one case of pulmonary gangrene. It occurred in a drunkard, and the man died. The disease was known in Germany as "phthisis potatorum." He had heard of a case treated successfully, in Liverpool, with *Chininum arsenicosum* 3^x, but could not give the particulars. He thought the relation of *Arnica* to putridity a clinical observation only, and not to be inferred from its pathogenetic effects.

Dr. Hughes also questioned the justice of the inference as to the homœopathicity of *Arnica* from the fact of some of its provers having a foul breath. Did Dr. Hale argue that gangrene of the lung, to however slight a degree, had begun in them? Dr. Hale had slighted the case reported as recovering under *Capsicum*, but he (Dr. Hughes) thought that the indications for that remedy were quite as good as, if not better than, those for *Arnica*. He related his only experience of the disease where gangrene of the lung had occurred secondarily to dilatation of the bronchi.

Dr. Dudgeon thought that *Secale* would have been the most appropriate remedy. However, the case recovered, and there could be no better evidence in favour of the *Arnica*.

Dr. Hale, in reply, said with regard to Dr. Blackley's questions:—(1) That the patient had had no previous illness. (2) That the sputa were not examined microscopically, the nature of the case being sufficiently evident without this. (3) That no falling-in was now noticeable on the affected side of the chest. His patient was a temperate man. He did not attach much importance to fetid breath as an indication for *Arnica*, but thought it suitable to the whole condition of the patient. He had brought the case forward mainly on account of its pathological interest, which was very great.

ADDRESS AT THE ANNUAL ASSEMBLY, JULY 1, 1880.

By Dr. Dudgeon, President.

The lamented death of the first President of this Society rendering the election of a new President necessary, you did me the honour to appoint me to the vacant office. I must trust to the forbearance of those among you who remember the admirable manner in which Dr. Quin presided over our meetings, to excuse my shortcomings. Our first President, "was a man, take him for all in all, we shall not look upon his like again." The pioneer of homœopathy in this country he long stood single-handed in the fight against the combined onslaught of the partisans of old physic, and he encountered an opposition and a persecution a less self-reliant and a feebler mind might have succumbed to. He left to others, who subsequently rallied to the standard of Hahnemann, the task of replying to the published attacks of the foes of homœopathy, and he contented himself with fighting for the good cause in the bosom of London society. Endowed with inexhaustible wit and good temper, he won over to the cause many of the most illustrious leaders of this Society, to which he was always admitted a welcome guest, and turned aside the often malicious thrusts of the allopathic doctors by repartee and good-humoured banter.

The conditions of our school are so much altered since the commencement of Dr. Quin's career that there is now less need for such a man as he was. The public has long ceased to wonder at homœopathy as a novelty, and regards the discussions of the rival schools with perfect indifference. The whole practice of medicine, thanks to homœopathy, has been revolutionised, and the practice of the *old* school (if that can be called *old* where old is *new*) now-a-days merits

the fiery denunciations of Hahnemann as little as it does the humorous satire of Molière. Homœopathy needs no longer to be recommended to the notice of a sceptical world. There are few people who have not been at one time or another under homœopathic treatment, and there are none who do not feel themselves qualified to pronounce an opinion on its merits or defects. But when Dr. Quin first began to practise it in London the name of homœopathy had hardly yet been heard. Quin had already by his Court appointments attained a footing in society, and he knew how to retain his influence there, by his wit and *savoir faire.* As a representative of homœopathy in the very exclusive society of London he did for it all that could be done in that sphere. The qualities that distinguished him in the larger society of the metropolis were equally advantageous in the foundation and maintenance of the smaller Society to which we belong, and we all must agree that he conducted our little body with skill and success through many trials that attended its early days. Whilst, on the one hand, by his example and precept he kept the Society from falling into a condition of lethargy, on the other hand, his suavity restrained those who would have urged on the Society to any unprofessional proceedings.

Any president who shall succeed Dr. Quin will almost inevitably suffer by comparison with him in the estimation of those who remember the genial, courteous, and earnest manner in which he presided over us. Fortunately for his successors (though unfortunately for our Society) it is so long since Dr. Quin's health allowed him to preside, that many members have no knowledge of his admirable manner, and the recollection of others may, perhaps, be enfeebled by the time that has elapsed since we had the advantage of his presence among us.

The past year may be said to have been on the whole a successful session. The meetings have been held regularly, and have had a fair average attendance of members. When I say a "fair average" attendance, I mean an attendance on the whole about equal to what we have been accustomed to see during the past few years, but I would

not for a moment be supposed to imply that the attendance at the Society's ordinary meetings is at all equal to what we might fairly expect, considering the number of our enrolled metropolitan members, the great majority of whom seem to be either overwhelmed with other business or pleasure, or else they take but a languid interest in the subjects that are discussed at our meetings. Nine new members have been elected, viz., two members and seven inceptive members. The large number of the latter seems to indicate that young practitioners are joining our ranks again in considerable numbers, and probably enough will join us to make up for our losses by death and departures, not to speak of defections, for homœopathy is now so well established, that it can point to its renegades.

Our renegrades call themselves *eclectics*, and they do seem to correspond to the description of that class of beings given by the poet who now represents America at the eourt of St. James's.

> "I'm an eclectic; es to choosin'
> 'Twixt this an' that, I'm plaguey lawth;
> I leave a side that looks like losin,'
> But, wile there's doubt, I stick to both."

Our private business was enlivened on two different evenings by a very animated discussion on a proposition of our Hon. Secretary that an annual oration in honour of Hahnemann should be delivered under the auspices of the Society.

The Society did not feel itself competent to settle this matter at an ordinary meeting, particularly as it was one involving to a certain extent financial considerations, therefore it was resolved to refer it to the Annual Assembly, which discussed it yesterday with the result you know, a result which speaks more for the caution of our members, or perhaps I might say their timidity, than for the energetic assiduity that I think ought to characterise the propagandists of a new truth fraught with such immense interest to humanity.

Our Hon. Secretary has proved himself a not less efficient persuader than was our late esteemed Hon. Secretary, Dr. Drury, and no meeting during the past session has been without an interesting and valuable paper.

It has been our Secretary's desire that the papers read before the Society should be furnished alternately by metropolitan and provincial members, and except on one occasion, when at the last moment he was disappointed in getting a promised paper from an esteemed provincial member by an unfortunate accident, he has been unsuccessful in carrying out this excellent plan.

In view of the inauguration of a new condition of things, the entrance, as it were, of the Society upon a new phase of its existence, when the old and tried perennial presidency of Dr. Quin, which had answered so admirably for so many years, was to be replaced by a new system of presidents elected as before, but not re-eligible after a certain definite service, our Honorary Secretary gave us, at our first meeting in October, an admirable history of the British Homœopathic Society, from its commencement in 1844 to the present time.

This paper was not merely interesting on account of its vivid and accurate account of the doings and sufferings of the Society in the past, but it was very suggestive as to what it might do in the future. The propositions for future usefulness were received with favour by those who took part in the discussion on the paper, and some of them were referred to the consideration of the Society during its private business. The proposal to hold an annual oration, I have just alluded to, was one of Dr. Hughes's schemes.

Dr. Edward Blake gave us in November an instructive paper on *Colic and the Conditions which Simulate it*, which, like everything that emanates from Dr. Blake's pen, teemed with original ideas, often quaintly expressed, that gave a new interest to his theme.

At our December meeting we were disappointed by the failure of a member to furnish a promised paper, the cause being the very forcible one of ill health, which converted our disappointment into sympathy with the sufferer. Under these circumstances Mr. Engall helpfully offered to read a paper on an important subject—viz. the *Foot and its Troubles*, which was replete with sound practical advice, much needed in these days of high-heeled, narrow-pointed boots.

In January an interesting and highly suggestive paper on *Alcohol in Disease* was contributed by Dr. Ker, of Cheltenham, who was elected only two months previously, and whose promptitude in responding to the Hon. Secretary's appeal for a paper is especially commendable.

Our February meeting will be well remembered by the lively passage of arms that took place between the author of the paper on *Fibroid Tumours of the Uterus* and one of the members, whose views had been attacked. The perfervidum ingenium of their race was amply illustrated by the disputants, but I believe that no trace of soreness remained when swords were sheathed for lack of argument. The subject was important, and much light was thrown on it in the discussion that ensued.

In March Dr. Eubulus Williams, like young Lochinvar, "came out of the west," and read us a discourse on *Scarlatina in its relation to the Sequelæ,* which for excellence and profundity was worthy of the sages who came out of the East.

In April an admirable paper on *Some Cases of Renal Disease* was read by Dr. Tuckey, the mature wisdom of which suggested to us the thought, "How much more elder art thou than thy looks!"

In May we enjoyed hearing Dr. Cash, of Torquay, read a paper on *Internal Hæmorrhoids and their Treatment,* which provoked an animated discussion and considerable opposition to the author's views, which, however, he defended with much ability.

Finally, in June, Dr. Hale treated us to an admirable paper on *Gangrene of the Lungs,* illustrated by a case of that very fatal disease he had treated successfully with *Arnica.* The discussion that ensued was full of interest and instruction.

Our late Honorary Secretary and present exemplary member, Dr. Drury, was commissioned by the Society to superintend the preparation of a third edition of the *British Homœopathic Pharmacopœia,* the second edition being already out of print, and I understand the work is in a forward state.

You were pleased, at the last Annual Assembly, to assist the Hahnemann Publishing Society in bringing out a translation of Hahnemann's *Materia Medica Pura* by a grant of £100. I am glad to be able to inform you that the first volume is at present at press, and will, I hope, be in the hands of members before our next meeting in October.

I have now given you a short outline of the history of the Society during the session just past, and though nothing very remarkable has occurred, the work that has been done is on the whole highly satisfactory, and will compare favourably with the proceedings of other sessions. The attendances have been pretty good, and the interest of the meetings has been often much enhanced by the presence of strangers, who have gratified and enlightened us by joining in our discussions.

Outside our Society the history of homœopathy in this country has not been very eventful.

The most important event to be recorded is the novel and original contribution to homœopathic therapeutics by one of our oldest and most esteemed members, Dr. Drysdale, on *Pyrexia* or *Pyrogen*, an account of which you will find in the April number of the *British Journal of Homœopathy*. This novel therapeutic agent has, I am told, excited much interest, not only in our own school, the venerable Dr. Hering, of Philadelphia, having written to our colleague to congratulate him on this new acquisition to therapeutics, but also among the partisans of orthodoxy, some distinguished members of the old school having likewise expressed a favourable opinion with regard to it.

Our friends the Hahnemannists, as they delight to call themselves—ultra-Hahnemannists, as I think they deserve to be called—have been distressing us by their energetic recommendations of medicinal and other substances, in such exalted dilutions that the mind is incapable of conceiving the exquisite subtlety of the potencies they recommend to us. These sublime attenuations, they tell us, are capable of curing all sorts of diseases of the most malignant and hitherto incurable character, and yet are so gentle and

easy in their action that they are absolutely incapable of inflicting those serious injuries on the health which, they assure us, are so often observed from the employment of the lower dilutions and crude preparations commonly used. In fact, they are just like Keating's insect powder, which, as the advertisements tell us, "kills bugs, fleas, moths, and beetles, but is quite harmless to animal life."

Though the authors of these refined attenuations gave out that they were the 10,000th, 100,000th, 1,000,000th, and even 10,000,000th and 20,000,000th dilutions, they have lately discovered that their reputed attenuations had nothing to do with the Hahnemannic scale, but that the actual attenuation was quite different from the figures representing it. One dashed good-natured friend, indeed, showed conclusively, by calculation and experiment, that their 1,000,000th dilution corresponded to the 10th of Hahnemann. One of their greatest coryphæi, himself a manufacturer of so-called "highest potencies," showed, in the journal he edits, that the attenuations of a distinguished Hahnemannist and co-editor were ever so many degrees less than he named them; but in a fly-sheet, sent round to the profession, he acknowledges having committed a "fatal error" in his calculations, and confesses that his co-editor's dilutions are really a good many degrees higher than he had stated, though still enormously lower than their number represents them to be. The co-editor attacked likewise circulates a fly-sheet, in which he confesses his dilutions are not what their numbers suggest, but, for all that, they are generally acknowledged by those who use them to be marvellously efficacious, aud his method is superior to any yet invented, and altogether unique and incomparable—rara avis in terris, nigroque simillima cygno.

When the question is about dilutions professing to be fractions with denominators represented by several millions of ciphers, the "mm." dilution would require 500 pages of this size, closely written, to display all its nothings—not to say all its nothingness—it is somewhat amusing to witness such awfully earnest wranglings about a few hundred ciphers, more or less. We are reminded of the story of the sportsman

who boasted that he had killed at one shot 199 ducks, and when some one remarked he might as well have said 200 at once, he replied, with much solemnity, "Do you think I would imperil my immortal soul by telling a lie for the sake of a miserable duck?"

Nothing particularly interesting, as far as homœopathy is concerned, has occurred among our friends the enemy of the dominant school during the past year, if we except, perhaps, the wonderful discovery by Dr. Murrell, communicated to the *Lancet*, that *Drosera* is a splendid remedy in very bad cases of hooping-cough, and that it acts much more efficaciously in extremely small than in large doses. It is curious that precisely the same discovery was made by a certain Dr. Samuel Hahnemann about sixty years ago, but this, of course, must not detract from the merit of Dr. Murrell's discovery, for it is most unlikely that he ever heard of that obscure German physician. Then there is the revived attempt of some members of the Irish College of Surgeons to induce the College to take means for effectually preventing the meeting of its fellows and licentiates with qualified gentlemen of our persuasion. It is strange that the erring members are not deterred by the ordinance of the said College, promulgated upwards of twenty years ago, whereby its fellows and licentiates are prohibited "from consulting with, meeting, advising, directing, or assisting any person engaged in practising the deception called homœopathy." Has this fulmination remained a mere *brutum fulmen*, full of sound and fury, signifying nothing, that new terrors are to be invented for its sacrilegious scorners.

I do not know if Dunstmeier's proposal to collect the passions and emotions in a material form, and administer them like drugs, promises any useful additions to our *Materia Medica*. Dunstmeier's proposal is not original, for, if Ovid is to be believed, the fair Erinnys (she who had a conglomeration of black snakes on her head in place of hair) was in the habit of using such things for toxical, or, at all events, pathogenetic, purposes. In the affecting story of Ino and Melicerta we read—

> "*Attulerat secum liquidi quoque monstra veneni,*
> *Oris Cerberei spumas, et virus Echidnæ,*
> *Erroresque vagas, cæcæque oblivia mentis,*
> *Et scelus et lacrimas, rabiemque et cædis amorem,*
> *Omnia trita simul*

in the good old allopathic style.

In the absence of anything particularly interesting in the history of homœopathy during the past year, to which I could direct your attention, I may perhaps be permitted to say a few words in reference to the ever burning question of our relations to general medicine. By "general medicine" I mean the whole faculty of medicine as represented by the colleges, schools, faculties, societies, and hospitals, with all their privileges, powers, appointments, rewards, and emoluments. At the present moment medicine is sharply divided into two parties, those who have and those who have not avowedly accepted the reforms of Hahnemann. Now those who avail themselves of all the improvements in their art, are the true representatives of that art, the progressive and advanced artists. Those who refuse to adopt improvements and reform in their art are representatives of a crude and imperfect state of the art, a portion only, and that an inferior portion, of the whole art as it actually is. The former are the true artists, the latter merely sectarians, as they practise only a section of their whole art.

We who have adopted the reform and improvements initiated by Hahnemann, and have gone on cultivating our art in the same spirit, are undoubtedly the representatives of the art of medicine, and those who have refused to adopt the improvements of their art are mere sectarians who refuse to avail themselves of the whole field of medicine.

Now, it so happens that the sectarian unprogressive party is at present in possession of all the outward and visible signs of medicine, and will not admit to the slightest share any one who belongs to the progressive unsectarian party. Being in an immense majority they have the power to exclude us, and they exercise this power to the utmost. They call *us* sectarians and heretics and insist upon it that they alone are the representatives of true rational physic.

We have proved to demonstration over and over again that it is *we* not *they* who are the true scientific therapeutists. Our squirming has been without effect, for they have the good things and they intend to keep them, and argument under these circumstances is as futile as it is proverbially with the master of thirty legions.

What are we to do in this state of affairs? Some would have us to quietly accept the position into which the present possessors of power have all along endeavoured to thrust us. They counsel us not to do anything to offend our brethren of the insolent majority, not to proclaim the merits of Hahnemann too loudly for fear we should offend their too sensitive ears. They advise us not to give lectures that might qualify students for the examinations of the colleges and universities, as that would be setting up a rivalry to existing medical schools, and might therefore be offensive to them. They even propose that we should set up colleges of our own where we could educate our students completely, and even give them homœopathic degrees and diplomas; and they assure us that the present usurpers of the high and low places of medicine would regard such a scheme with satisfaction. That I perfectly believe. The last thing the dominant clique desire is to see us dance at their ball or share their supper, but if we will get an obscure little room for ourselves, and a supper of our own, we may dance and eat as long and as much as we like. In short, if we will quietly accept the sectarian position they would thrust us into, and have our sectarian school and sectarian diploma-shop far away from any of their own establishments, so as not to appear as rivals; they will no more object than they do to the British College of Health in Euston Road.

Many years ago when the so-called regular practice differed in every particular from the reformed system of Hahnemann, when bleeding, blistering, and salivation were resorted to on almost every occasion, when drugs were only given to produce violent perturbing effects, when such a thing as specific medication was unknown, and when medicines were never prescribed except in complex combinations,

there seemed hardly a possibility for the adherents of the reformed system to avoid the appearance of being outside the pale of medicine. But even then we never abandoned our claim to be the real representatives of medicine, we insisted on our right to the privileges and advantages of general medicine, and we never thought of abandoning our claim to all the social and professional advantages of the established schools and colleges for fear of giving offence to the dominant clique.

But now, when the teaching and example of our reformed method has revolutionised the whole practice of medicine, within the very strongholds of the dominant sect, when we have seen them adopting our peculiar methods and appropriating wholesale our remedies, giving them on our own principle, and in our own doses, discovering the properties of drugs by our own mode of pathogenetic investigation, when we see them discarding all their own most cherished and time-honoured practices, and acknowledging their useless and injurious character; now, forsooth, we are told that we should retire into the obscurity of a separate sect, and cease to urge our rights to the enjoyment of the established institutions of our country, or to importune the authorities of these institutions for recognition of our rights, for fear of offending those who usurp the monopoly of what we have at least an equal title to. I for one would say,

> "I'd as lief not be, as live to be
> In awe of such a thing as I myself."

> "Shall I bend low, and in a bondman's key,
> With 'bated breath, and whispering humbleness,
> say this,—
> Fair sir, you spit on me on Wednesday last,
> You spurn'd me such a day; another time
> You call'd me—dog; and for these courtesies"

I will not annoy you by contending for those rights you have deprived me of.

It was not in this way that the great impression we have made on medical practice in the past has been effected. It was not so that Henderson, of Edinburgh, the greatest of the apostles of homœopathy this country has seen, acted.

He did not resign his chair in Edinburgh University because his presence there gave offence to the dignitaries of the dominant portion in the University. No, he stuck manfully to his post, feeling that so far from having forfeited his right to that chair by his hearty adoption of the reformed therapeutics, he was by that very act more than ever fitted for the position he filled, and more thoroughly in accord with the scientific spirit of medicine. It was not in this way that my predecessor in this seat bid defiance to the insolence of the London College of Physicians when they threatened to bring an action against him unless he subjected himself to their examination. It was not thus that our worthy member, Dr. Black, fought for his right to admission to the Edinburgh College of Physicians.

It was not by cringing and submission that we turned the tables on the enemy, and transformed the Medical Act, which was intended to crush us, into the charter of our liberties and the asserter of our rights to the established medical institutions of our country.

De l'audace, et encore de l'audace, et toujours de l'audace, is the proper spirit for the champions of a great truth. It is not the easiest nor the most comfortable way, but it is the only way in which a minority can make the truth prevail, and secure their rights. No doubt if we cease from troubling the possessors of place and power, withdraw within the ring fence of a sectarian position, and make no attempts to wrest from them their pleasant places, they will make things comfortable for us. The act of making a golden bridge for a flying enemy is well understood by them. They will leave us in peace if we do not attack them. I say with Lady Constance:

> "War, war, no peace! peace is to me a war,"

until we have broken down the trades unionism of the profession and secured our enjoyment of the Briton's birthright, freedom of opinion without a penalty attached to it. I should like very much to know how we can obtain this if in place of claiming our share in the grand old establishment we set up a ridiculous little dissenting shop, and announce in con-

spicuous letters, "No connexion with the concern opposite." We should hardly consider that "Peace with Honour" which was obtained by a secret convention confirming our adversaries in the undisturbed possession of all their usurped gains.

It was not so we fought for homœopathy "when this old wig was new." And though we attacked the enemy incessantly and at every opportunity, we were not less but, perhaps, all the more respected by him. A steady persistence in maintaining our rights as members of the profession will often do more towards securing these rights, than the more Christian plan of offering the left cheek to the smiter of the right.

I may be permitted to give you a couple of illustrations of this from my own experience.

Some thirty years ago Dr. Routh read a paper before the Medical Society of London on homœopathy, chiefly founded on his own observations in Fleischmann's hospital, which was afterwards published, with certain modifications, as the celebrated *Fallacies of Homœopathy*. I was taken to the meeting by a member, and when Dr. Routh had finished his reading, the president invited members to make their remarks; he likewise stated that as several strangers were present, the society would be happy to hear them. At this polite invitation I rose and said that as I too had observed Fleischmann's practice in Vienna, and had a considerable practical acquaintance with the subject of Dr. Routh's paper, I would, with the president's leave, avail myself of his invitation to strangers to make a few remarks. On this several members started to their feet and declared that the society would be degraded and dishonoured if they allowed a homœopath to speak, and a good deal to the same effect. On this I said I was in the hands of the society, but that it did not seem to me to be quite in accordance with the rules of fair play that they should hear one side of the question from one who had no practical experience of it, and refuse to hear the other side from one who had had several years' practical experience of it. The president on this remarked that he thought what I said was but reasonable, but as there

seemed to be a diversity of opinion as to whether I should be allowed to speak, he would put it to the vote. This he did, and the vast majority of those present decided that I should be heard. The dissentient minority to the number of certainly not more than half-a-dozen in a crowded meeting, got up from their seats and left their desecrated hall with much clattering of their feet and fierce mutterings expressive of their disgust. I may say that I was listened to most attentively and complimented by several of the speakers on my arguments in defence of the subject of Dr. Routh's attack.

I don't think my advocacy of homœopathy, or my persistence in claiming my right to be heard even in the bosom of a society of the self-styled orthodox on that occasion did any harm to our cause or tended to increase the contempt of the enemy for its professors.

It will be remembered that in August, 1872, an International Ophthalmological Congress was held in London. Some months previously a circular was sent out by the executive committee inviting medical men to become members and to contribute papers on ophthalmological subjects. As one of these circulars came to me, and as I had just at that time completed a series of experiments and observations to determine the mechanism of visual accommodation, and had arrived at conclusions on that point differing from the views usually held, I wrote to the secretary, the late Dr. Soelberg Wells, requesting to be enrolled as a member of the Congress, and offering to read a paper on the subject of my investigations. To this letter I received the following reply:

"16, Saville Row, W.

"Dear Sir,—In answer to your letter expressing a desire to become a member of the International Ophthalmological Congress and to read a paper at the August meeting, I have been directed by the Executive Committee to ask you if you would kindly inform them whether you practise homœopathy. Trusting that you will excuse my troubling you,

"I remain, yours very sincerely,

"June, 28/72. "Soelberg Wells."

To this I replied,

"53, MONTAGU SQUARE, JUNE 29, 1872.

"DEAR SIR,—I am in the receipt of your reply to my request to become a member of the International Ophthalmological Congress, and to be permitted to read a paper at the August meeting, in which you say you have been directed by the Executive Committee, to ask me to inform them whether I practise homœopathy.

"When I read the announcement of the proposed International Ophthalmological Congress I did not see it there stated that it was to be limited to gentlemen practising any particular system of therapeutics, but the extraordinary question you have been directed to address to me would seem to imply that the practising or abstaining from practising homœopathy is to be a condition precedent to being admitted a member of the International Ophthalmological Congress.

"Before replying to the question you have been directed to put to me, I would beg you kindly to inform me if it is proposed to make the International Ophthalmological Congress of the sectarian character that question would imply, and if an inquiry similar to that you have addressed to me is put to all British and Foreign applicants for admission to its membership, because, unless that is the case, I fail to see the justice of putting such a question to me exceptionally?

"If, in your reply to this, you would at the same time have the courtesy to inform me what an Ophthalmological Congress or its Executive Committee has to do with the therapeutic practice of its members, and how the value of a paper such as I proposed to read on the mechanism of visual accommodation can be affected by the circumstances of its author practising or not practising homœopathy, you would confer a favour on,

"Yours faithfully,
"R. E. DUDGEON."

Not having received any answer to this up to the 13th July, on that date I addressed to the Secretary a short

note intimating that I was waiting for a reply, to which on the 17th of the same month I got the following answer.

"16, Savile Row,

"Dear Sir,—You must excuse my not having answered your last two letters sooner, but we only last night had another meeting of the Executive Committee, and I beg to inform you that the Committee will be happy if you will become a member of the Congress and read a paper.

"Yours truly,

"July 17, 1872. "Soelberg Wells."

I read my paper at the Congress. It is published in their *Transactions*.

These two instances which I take from my own experience, not because other instances of the same kind are wanting in the experience of others, but because one is naturally more thoroughly assured of the accuracy of the details of events that occur to one's self than of those that occur to one's neighbours. These two instances, I say, prove that if one will stick up for our rights as members of the medical profession, and not be deterred by a little bluster, we can succeed in obtaining them without any sacrifice of self respect or principle. The allopathic bogey is not so formidable as is often represented. Grasp your nettle firmly and you will get no stings.

The opposition that we, the earliest pioneers of homœopathy in this country, have had to encounter, the persecution some of us have had to endure, will seem strange to the next generation—"die einsichtvöllere Nachwelt wird's kaum glauben," as Hahnemann says. The practice of the whole profession is gradually approximating to uniformity, and even now those who still repeat, by rote as it were, not having yet unlearned their infant babble, the stock denunciations of Hahnemann and all his works, often practise the homœopathy they denounce. Some men have the courage to declare their indebtedness to Hahnemann for the remedies they use, and the *Lancet* does not threaten them with extermination, nor do the societies eject them from their bosom. Homœopathy may be practised without severing the connexion with the institutions of established medicine.

There is now no fear that, by adopting the whole of Hahnemann's reform of therapeutics, a practitioner would be subjected to the martyrdom and persecution of the early partisans of homœopathy. For a young practitioner to call himself a homœopathist nowadays would be tantamount to inviting his professional brethren to make a pariah of him, for they would at once say he does so in order to attract patients in greater numbers than he could otherwise obtain. They would say so, but it would not be true; the avowal of homœopathy is now no royal road to a large practice. Patients get as much homœopathy as they desire from the ordinary practitioner, and they have forgotten that there ever was the enormous contrast between the practices of the two schools that existed a generation ago. They have no fear now, if they commit the care of their health to the undenominational doctor, that they will be bled, blistered, salivated, or purged to death. They see but little difference betwixt the two practices, so they don't now run after a man because he chooses to call himself a homœopath; on the contrary, many avoid him as a one-sided, narrow-minded man, so wedded to a system that he would not give them the chance of all the vaunted improvements in practice. They rather suspect him to be not quite conversant with the modern aids to diagnosis, and even if he uses the latest mechanical contrivances they plainly hint that these are inventions of the old school, and it is a confession of feebleness in us to use them, a slipping back into despised allopathy. Of course, these ideas and prejudices are contrary to fact and to common sense, but the patient world is not ruled by fact and common sense, but by prejudice and fashion.

It is, then, likely that we shall witness few more "conversions," as they are called, that is, few practitioners who desire to be called homœopathists. When, many years ago, those who inquired into and became convinced of the truth of Hahnemann's law, were called homœopathists and thrust out of the pale of the medical profession—as far, that is, as the non-believers could thrust them—the name conferred on them as a nickname and an appellation of

contempt they accepted, and rendered respectable and honourable, just as the names of *Whig* and *Tory*, originally appellations of scorn, became the honoured designations of great political parties. But now *tempora mutantur*, the practice of homœopathy does not entail professional ostracism, and he would be a fool who would ostracise himself from the honours and emoluments of the profession by assuming a sectarian title. This is the reason why modern converts to the truth of homœopathy do not openly separate themselves from the rest of the profession by assuming a badge which would deprive them of so many social and professional advantages.

The editor of the *Monthly Homœopathic Review*, in the June number of that lively periodical, thinks that the paucity of new avowed adherents to homœopathy is owing to another cause, and as the discovery of this cause is all his own, I think he is fully entitled to the credit of it. In his breathless eagerness to announce it, he takes unwarrantable liberties with that very respectable old gentleman, Mr. Lindley Murray; but that is of no consequence, for we are told: *mala grammatica non vitiat chartam.*

"We have heard," he says, "on authority which we cannot doubt, of a homœopathic physician urging a medical student, that if, at any time, he should look into homœopathy, not to acknowledge himself a homœopathist! When such advice as this is given . . . can we wonder that the number of avowed homœopathists does not largely increase?"

I don't know if I am the atrocious miscreant alluded to in this passage, but it is a common saying "if the cap fits you put it on," and this cap fits me, after a fashion, so I put it on. I plead guilty to the crime denounced by this super-grammatical *censor morum*, for I have advised students to study homœopathy and to practise it, without assuming a sectarian appellation. My reasons for this advice are, that in the present state of medical opinion, they can practise the reformed therapeutics without let or hindrance from their confrères of the dominant school, and that they would do much more towards the ultimate adop-

tion of these therapeutics by the general profession, by remaining in the ranks of the establishment practising homœopathy, and acknowledging their obligations to its founder, than by separating themselves from it by assuming a partisan designation.

If the editor would act otherwise I would answer him in his own words, contained in that very article, which he applies to the proposition to get up a special homœopathic college. This, he says, "would assuredly place us in that sectarian position we are even now said to occupy, would cut us off from the profession of medicine, would do more, perhaps, than anything else to arrest the progressive decay of those barriers which years ago were erected by ignorance, prejudice, and jealousy, to prevent our asserting our rightful professional position and taking our share of those honours and emoluments which are the heritage of the profession. It is one thing to be unjustly put in a false position, it is another deliberately to choose it."

Just so. Any one who now deliberately chooses to put himself in a false position by assuming a badge of sectarianism, which no one desires to impose on him, does so at his own peril, and has only himself to blame for his exclusion from "the honours and emoluments which are the heritage of the profession."

Homœopathy can be, and is, extensively practised, and the great reform of therapeutics is promoted in the very bosom of so-called orthodoxy, thanks to the revolution effected there by the efforts of the early pioneers of Hahnemann's system, which had to bear the ostracism and the persecution of an unreformed medicine, from which their successors of a later generation are happily exempt, or at all events which they need not undergo unless they choose.

So, in spite of the editor's righteous horror of my advice to students, expressed in the "did-you-ever, well-I-never" style, I do not regret having given it; and, unrepentant sinner that I am, I intend to give the same advice in the future as in the past, and what is more, I may tell the editor that if he advises students to cut their connexion with the old established national medical institutions by

assuming a sectarian appellation, he will, to use his own inimitable words, contribute "to arrest the progressive decay of the barriers erected by ignorance, prejudice, and jealousy.

One little passage in this slashing editorial makes me almost doubt if I am the heinous offender alluded to by the writer. He insinuates, for example, that the person who gives the advice to students he objects to does not "exhibit the courage of his opinions, and displays lukewarmness"—in the cause of homœopathy apparently. Somehow I don't seem to recognise myself in this description, but then one never knows what one looks like to others. "To see oursels as ithers see us," I suppose it is necessary to have the mirror held up to us by an able editor.

To be sure, I have shown something which might be euphemistically described as *lukewarmness*, but which might more correctly be termed *opposition* to a certain method of conducting the homœopathic campaign, which has the energetic advocacy of our monthly instructor. But I have this excuse, that I have, all my medical life, carried on the struggle on principles diametrically opposed to those advocated by the writer, and I do not see any good reason for abandoning them, particularly as they have met with considerable success, and, as I believe, it is owing to our having acted as we have hitherto done that homœopathy enjoys its present position in medicine. The principles I hold, and have ever held, are that we should never cease to contend for, and when possible establish, our claim to be the representatives of the truth in therapeutics, that we should insist upon our indefeasible right to all the privileges and advantages offered to us by our national establishments, that we should strive for recognition as teachers by the examining boards of this country, and that we should steadily refuse to be thrust out into the cold, as though we were something apart from general medicine, because we have adopted the reformed method of therapeutics.

It is true that in the past we have formed homœopathic societies, established homœopathic hospitals and dispensaries, published homœopathic periodicals, and opened homœopathic

schools—I myself, as you know, was a lecturer at a homœopathic school—but we did so always under protest, and because we were excluded from and saw no possibility of gaining admission to the societies and hospitals already existing; we were not allowed by the proprietors of established medical periodicals to write in their columns; we had no prospect of persuading existing licensing boards to rocognise our lectures. But we never looked on those special institutions and organs which we set up as of a permanent character, or as anything but makeshift expedients, until we could assume our proper position in medicine. Our medical parliament cannot for ever prevent duly qualified members of the profession, even though they may be avowed therapeutic freethinkers, from taking their legitimate place, especially since they have in their own bosom so many unavowed disbelievers in their antiquated shibboleth. But they will never admit us unless we continually demand our rights, and refuse to abandon them at the bidding of a bigoted and intolerant majority. So, never during all that dark period of exclusion did we abate one iota of our claims to be considered the representatives of scientific therapeutics, and we watched every opportunity for asserting our rights to the enjoyment of the advantages offered by the established medical institutions of our country. I will not, of course, assert that the time has yet come when we can dispense with our special apparatus for inculcating and displaying the superiority of the reformed therapeutics. But things have altered so much in the general practice of medicine that the time seems opportune for making a new departure in our plan of operations. The leaven of homœopathy has permeated the whole mass of therapeutics, and I think another chance is offered to us for obtaining a further instalment of our rights. And yet when we urge on our colleagues the propriety of seizing on this opportunity we are told that we are striking our flag, and endeavouring to curry favour with our opponents! When the prospect seems hopeful for obtaining our true position in general medicine we are solemnly advised to withdraw ourselves from the further assertion of our claims, to do nothing

that might offend the actual monopolisers of all the good things of established medicine, to set up our little sectarian shop, to assume deliberately the sectarian position and the appellation which was originally forced on us, but which has almost become obsolete, for the whole medical art is rapidly becoming homœopathic.

And if we refuse to be thus dragged away from our course when our victory over all the strongholds of intolerance seems imminent, if we object to intrench ourselves in an isolated field-work, which would be practically to give up the battle; if we decline to follow those without whose aid we won all the great victories in the past, are we to be told that we are the enemies of the good cause, the stirrers up of strife, the promoters of obstruction? I fancy that our colleagues, to whom our past actions are known, will hardly endorse this verdict.

If I have wearied you by my reminiscences of the past, and dwelt too long upon certain episodes of former achievements of homœopathy *quorum pars minima fui*, I must beg you to pardon me and ascribe my intrusiveness to the garrulity of old age, which ever tends to be a *laudator temporis acti*.

I trust we may all enjoy our holidays, and meet again for a profitable session in October. In the mean time, may we all, like the busy bee, improve the shining hour, so that at the end of the year we may be able to make the appropriate reflection for a doctor whose time has been well spent: *nulla dies sine guineâ*—or two.

Annals of the Hospital.

OPERATIONS AND AFTER TREATMENT.

By H. Thorold Wood, M.R.C.S.,
Surgeon to the Hospital.

It behoves members of the staff to contribute to the *Annals*, from time to time, notes and remarks on cases that come under their care at the hospital from which they themselves have derived alike experience and satisfaction, and I am glad of the opportunity afforded me of recording my testimony in favour of the very excellent results attending homœopathic treatment after operations, while at the same time bringing under notice salient points of the operations.

D. B—, admitted April 16, 1880, æt. 24, suffering from stricture of the urethra, situated in the membranous portion, which was first noticed four years ago, occasioning at that time great pain and inconvenience, and shortly followed by perineal abscess and orchitis. The stricture at that period was obviated by gradual dilatation at the hands of a well-known allopathic surgeon, and the wound in the peritoneum was soon closed. Instructions were of course given to the patient to prevent the contraction of the stricture by passing a bougie at stated intervals. And as long as this precaution was observed all went tolerably well, with the exception of occasional attacks of orchitis. About the beginning of this year, however, the necessary observance was unfortunately overlooked during too long an interval, and it was found that a No. 2 gum elastic catheter could only be passed with difficulty, and sometimes not at all. The symptoms now went on from bad to worse, and on the 16th of April the young man decided to place himself under

my charge. At this time there was not only considerable pain and difficulty in passing the catheter of the size above mentioned, but actual occlusion of the urethra appeared imminent, and there was an unhealthy purulent discharge aggravated each time the instrument was used. For several days nothing was done beyond keeping the patient in an easy and comfortable position, with injunctions that his diet should be light and plain, and stimulants forbidden. Prescribed *Cannabis s.* 3x gtt. j 4tis hor. The catheter to be used when necessary. After four days rest, a No. 3 gum elastic catheter was introduced, and tied *in sitû* for a couple of hours, with a view to gradual dilatation, but this procedure was attended by such extreme pain and caused so much irritation in the urethra for several days, that I did not feel justified in repeating it. Meanwhile it was clear that the stricture was rapidly contracting, and after consultation with my friend and colleague, Dr. Blackley, I decided to perform the operation of perineal section.

Accordingly on the 26th of April, Dr. Blackley having kindly undertaken to administer chloroform, a grooved staff was passed through the stricture and held in position. I then made the usual incision in the line of the raphé, the wound externally reaching from half an inch in front of the anus to just beyond the seat of stricture. Introducing the knife with its back towards the anus and pushing it onward till the point, guarded and guided by the index finger of the right hand, reached the groove in the staff, I then cut upward through the stricture till the point had glided along the groove to the shoulder of the staff. The staff now could be passed further onward towards the bladder, but it was evident that a constricting band still remained unsevered. On exploration I found that this was so near the prostate gland that I did not care to seek it with the knife. Dr. Blackley suggested that the obstructing band should be dilated by means of a Holt's dilator introduced through the wound in the urethra, and this completely freed the passage of the staff. A No. 8 gum elastic catheter proved very troublesome to pass, so a silver one of the same size was introduced and tied in. Both before the operation and

subsequent to it the patient was much distressed by vomiting. *Aconite* 1x and *Belladonna* 1x were ordered to be taken in drop doses alternately every hour at first. Milk diet. Ice.

To save time and space I will now quote the abbreviated notes registered on the chart by the house-surgeon, Dr. Byres Moir, adding here and there further details.

April 26th, vespere. Temp. 100°; pulse 106. Has passed water through the catheter. About 11 p.m., partly owing to the continued vomiting and the restlessness of the patient, the catheter slipped out, causing great pain, and a general contraction of the muscles. Patient was put under chloroform and the catheter reintroduced. Patient enduring great agony, said it was more than he could bear. *Suppos. morph.* gr. ¼.

27th, 8 a.m. Temp. 98·4°. Had a restless night. Passed water twice; complains of great pain in the wound, and seems exceedingly low spirited. Has vomited several times. *Acon.* 1x and *Bell.* 1x two hours alternately; vespere, temp. 99°.

28th, 8 a.m. Temp. 100°; pulse 100. Breath very offensive; cheeks flushed; countenance anxious. Tongue foul, dry, deep red, and shrivelled. Catheter not causing any irritation. It was removed this morning; wound syringed with carbolized water; looking well. Rep. *Acon.* and *Bell.*

Vesp. Had a rigor at 12·30 a.m. Skin hot and dry, folfowed by a profuse perspiration shortly afterwards; temp. 101·2°. Rep. *Acon.*

29th, 8 a.m. Temp. 99·8°; pulse 96. The first part of the night was easier, but he complained very much of headache. Urine passing through the wound, and a few drops through the urethra. At 1·30 a.m. had a severe rigor, lasting nearly thirty minutes, followed by free perspiration. Slept at intervals, the longest time being three hours. No pain this morning except a slight headache. Taking nourishment very well, such as beef-tea, jelly, and soda water and milk. Wound looking healthy; tongue coated and pointed; breath exceedingly offensive; very depressed in spirits; had an enema yesterday which only brought away a small stool;

has vomited several times. Supervention of pyæmia feared. No albumen in the urine. To take *Arn.* 3x gtt. j 4tis hor. Rep. *Acon.*

2 p.m. Temp. 100·4°. Has slept better this morning and feels refreshed.

Vesp. Temp. 100·4°.

30th. Passed a very good night, but at 7 this morning another severe rigor came on and lasted till 7·30; skin was dry and hot. Temp. at 8 a.m. was 103·4°. About 9 a.m. free perspiration set in causing much relief; urine passing freely through the wound, but causing a little more pain. Pulse 96. Suppuration commenced in the wound. To take champagne, three wineglassfuls a day.

May 1st. Temp. at 8 last night was 101°. Passed a restless night, complained very much of headache, and perspiring a good deal. Face still flushed and looking very haggard. Prescribed *Arsen.* 3x gtt. j 4tis hor. Rep. *Acon.*

8 a.m. Temp. 98·4°; pulse 74. Had an enema yesterday evening which relieved him, and afterwards the bowels were again moved. Tongue dry, brown, and pointed; seems heavy, drowsy, and very low-spirited. His strength ebbing rapidly. Rep. *Arsen.* 3x gtt. j 4tis hor. Brandy and milk every two hours.

2nd. Temp. last night 100°. Was very restless at 11 p.m. The left testis began to be extremely painful. This morning the temp. is 99·4°. Pain in testis still severe, but it has been somewhat relieved by fomentations. The gland is much enlarged and exceedingly tender to the touch; supported on a soft pad. Wound looks better; discharge of healthy pus. To take *Merc. c.* 3x gtt. j 2 dis hor. Appetite improving. Diet—chicken, chicken jelly, raw meat, and koumiss.

3rd. Temp. last night 102·8°; pulse 96. Towards 6 p.m. the pain in the testis became excruciating. Patient tossed and moaned, and was greatly distressed. Received a suppository of morphia, and at 10 p.m., the pain being still unbearable, half a grain of morphia was injected hypodermically, which gave him a very good night, except that at 4 a.m. vomiting supervened. At 8 this morning the pain

had abated. Tongue moist and not so pointed. Temp. 101·4°. Continue *Merc. c.* Fomentations. Wound dressed with *Calendula* and oil.

4th. Has passed a comfortable night, owing to the injection of half a grain of morphia. Temp. last night 102°, and this morning 99·6°. Pain less. Tongue cleaner. Fomentations. Rep. *Merc. c.*

Vesp. Very excited and tossing restlessly; great pain in the testis. Temp. for about an hour up to 105°. Injection of half a grain of morphia. Shortly after temp. fell two degrees. *Acon.* 3x gtt. j 4tis hor.

5th. Pain in testis increasing. Slept only at short intervals during the night. Temp. 101·2°. Fomentations. Rep. *Merc. c.*

6th. Not had a good night, only an hour's sleep. At 9 last evening temp. 101·6°. Patient in dreadful pain. Testis increasing in size. He could not bear the weight of the fomentations. Mr. Wood punctured the lower part of the gland with a narrow-bladed knife, affording immediate relief, so that the fomentation could be continued. This morning the pain is abated, although the swelling is not perceptibly diminished. Temp. 101°. Appetite bad. Can only take milk and beef tea. Temp. 102·2° at 8 last night. Rep. *Acon.* and *Merc. c.*

7th. Temp. 100·4°. Pulse 90. Mr. Wood punctured the upper part of the testis last night; a free oozing of blood followed, and linseed poultices were applied. Injection of morphia. This morning patient is easier. Testis not nearly so painful nor so tense. Tongue cleaner. Temp. at 8 last night 101·4°. Rep. *Merc. c.* Countenance looking more placid. Wound healthy and diminishing in size. Bowels relieved by enem last night. Temp. at 8 last evening 101·4°. Rep. *Acon. Merc. c.*

9th. Temp. 101·4°. Pulse 96. Tongue brown and dry. Had a good night till 4 a.m., when there was much pain in the abdomen, not relieved till after the use of an enema, which brought away a large stool. Testis still less painful, but swelling increased if anything. Temp. at 8 last evening 102·4°. To take *Arsen.* 3x gtt. j 2dis hor.

10th. Temp. 98·4°. Had a very good night, sleeping for four hours at a time without morphia. The bowels have been disturbed ten times in twenty-four hours. Testis causing much less pain and still less tense. Rep. *Arsen.* 3x. Rice water, and isinglass in milk, milk puddings.

11th. Temp. 98·4°. Restless during the night, and bowels very frequently disturbed; moved twenty times in twenty-four hours. Testis causing very little pain, and the swelling decreasing. Pus oozes from the puncture. Poultices continued. Rep. *Arsen.*

12th. Temp. fell last night to 97·4°. Passed a good night nevertheless, with the exception of an attack of vomiting at 5 a.m., occasioned, no doubt, by the orchitis. Pus oozing freely from the testis. Temp. this morning 98°. Great prostration. To take *Verat. alb.* 3x gtt. j 3tiis hor.

13th. Temp. 98°. Had an attack of vomiting in the night, also disturbance of the bowels five times. This morning the abscess in the testis is not discharging nearly so much, and the wound in the perineum is nearly closed.

From this time the tide decidedly turned in the patient's favour. The morning and evening temperatures remained steadily normal, while the other symptoms continued to improve. Owing to the severity of the illness, however, I had been debarred from taking the necessary precaution of preventing the return of the stricture by the introduction of a large-sized catheter, and it was not till the 20th of the month that I ventured upon this. Still, on that day I had no difficulty in passing a No. 8 silver catheter, while chloroform was administered by the house surgeon. No ill effects resulted from this procedure beyond some troublesome retching occasioned by the chloroform. Every day the evacuation of the bladder by the natural passage became easier and more complete.

On the 7th of June the patient was discharged cured, a No. 8 catheter passing with ease.

Reviewing the course of treatment adopted in this case, I am desirous of drawing further attention to one or two

points that have already been alluded to. When the orchitis became so severe and protracted as to indicate that an abscess was in all probability forming, while the pain increased to an extent quite unendurable, and the temperature actually rose to 105°, it was evident that something more must be done besides the application of fomentations and poultices, support of the gland, and the administration of *Merc. c.* *Belladonna,* it will be observed, had been taken for a considerable time, but, owing to the exciting cause, the wound in the perineum, and the syphilitic condition of the patient, the inflammation continued. A narcotic was urgently needed, as the excited state of the patient became dangerous, and tetanus was feared. Injections of morphia were, therefore, used to gain even temporary relief. It was clear, however, that the tension in the testis must be removed, or the patient would sink, exhausted by the pain. To do this I made a deep incision into the gland. The pain was instantly reduced, while by ensuring the escape of the pus, which shortly followed the first flow of blood, the abscess was made to close up by granulation, with the satisfactory result recorded. I have, at the risk of repetition, attempted to state this part of the case as fully as space will allow, since incisions in extreme cases of orchitis are lauded by some surgeons, by others, on the contrary, the practice is considered to be productive of little or no good. For my own part, I have no hesitation in recommending it as a last resource, not to be hastily adopted, nor too long delayed, when other measures have failed. Finally, the action of the *Veratrum album* in arresting the alarming diarrhœa, which set in at a time when the vital powers were already all but spent, was such as would have convinced the most sceptical as to the marvellous efficacy of infinitesimal doses of medicine homœopathically prescribed.

Some excellent cases at present under my charge will, I hope, afford good material for a continuance of the subject in the next issue of the *Annals of the Hospital.*

ANNUAL REPORT OF THE HOSPITAL.

The Annual General Meeting of the Governors and Subscribers of the Hospital was held in the Board Room, on Tuesday afternoon, April 27th, 1880, at half-past two o'clock. The Lord Ebury presided, and was supported by the Treasurer (Captain William Vaughan Morgan), Dr. Hamilton, Dr. Bayes, Mr. Sydney Gedge, Mr. Rosher, Captain Gardner, Captain Davies, Mr. Alfred Rosher (Honorary Solicitor to the Hospital), Mr. Charles G. Walpole, Mr. Hinde Dr. Dudgeon, Dr. Black, Dr. Carfrae, Dr. Blackley, Dr. Dyce Brown, Dr. Matheson, Mr. Thorold Wood, Mr. Alfred R. Pite, Mr. Boodle, Dr. Marsden, Mr. H. R. Williams, Dr. Pope, Mr. Wyborn, Mr. Alan E. Chambre (Official Manager), and other friends of the Hospital.

After a few opening words from Lord Ebury.

The Rev. John Gough (Chaplain) opened the meeting with prayer.

The Secretary (Mr. G. A. Cross) read the notice convening the meeting, and the minutes of the last Annual General Meeting and of the Special General Meeting, both held on April 8th, 1879, which were formally approved and signed by the Chairman.

Mr. Alan E. Chambre (Official Manager) then read the following Annual Report:

Thirtieth Annual Report.

In the Annual Report presented to the Governors and Subscribers at the last General Meeting, held on the 8th April, 1879, it was intimated (paragraph 5) that, in future, the Hospital year of proceedings would (like the Government

Financial Year) embrace the period from 1st April in one year to the 31st March in the next, and that course is accordingly adopted in the following Annual Report. In doing so, moreover, the Board of Management are merely reverting to the practice followed for the first four years after the opening of the Hospital, and altered to suit the convenience of the auditors at that date.

2. A prominent feature of the last Report was the bequest of the late Dr. Quin. It was stated (paragraph 2) that the property was calculated to amount to not less than £17,000. The Board regret to announce that they are now informed by the solicitors of the executor that the total sum to be held in trust for the Hospital will only slightly exceed £11,000. The bulk of this amount has already been invested in Consols, and the Hospital now receives the income. A sum on account of income accruing from this bequest in 1879 has also been paid over to the Hospital.

3. The Board of Management are happy to be in a position to modify the regret which the announcement in the preceding paragraph will no doubt cause. A lady—Miss J. Durning Smith—has expressed her desire, through Dr. D. Dyce Brown, to maintain six beds at her sole cost for the purpose of accommodating cases which, according to the rules of the Hospital, would be refused as in-patients on account of the nature of the illness requiring treatment for a longer period than two months. It is, however, expressly stipulated that the Hospital will not be required to accept, under the foregoing condition, cases which the Medical Staff pronounce at the outset to be *incurable,* or which, after a sufficiently long trial, are found to be hopeless. The decision on these points is to rest with the physician in charge of the case.

4. Seeing that this offer involves no more than a modification of the rules, and that, in no case, will the Hospital be put to extra expense, the Board have readily and gratefully accepted this most generous offer. The first annual payment of £210 will be made by this lady on the 1st May next, and she has further intimated that, on being satisfied

that the experiment proves satisfactory, it is her intention to permanently endow six beds.

5. A resolution of thanks will be moved at the proper time, and the Board of Management has informed the generous donor that, so long as her benevolent action is in operation, her wish that these six beds shall be called the "Durning" Beds shall be carried out.

6. The Governors and Subscribers will no doubt fully approve the action taken by the Board in the matter.

7. At the Special General Meeting of the Governors and Subscribers held immediately after the last Annual Meeting authority was given (1) to the Trustees of the Hospital to appropriate for the use and service of the Hospital a portion of the reserve fund not exceeding £500 (for alterations and improvements referred to in the succeeding paragraph), and (2) to the Board of Management to admit paying patients into the Hospital as an experimental measure for one year; certain wards being set apart for that purpose.

8. The contemplated alterations and improvements in the basement included a new mortuary; a retiring room for the use of the lady dispenser; the enlargement of the dispensary; a large skylight for the back kitchen; new flooring in the consulting rooms; painting and papering throughout; an asphalte flooring for the back yard; a new dirty-linen room; and other matters of more or less importance. These have been provided for under the able directions of Mr. Pite, the Honorary Architect, and they have all been carried out in a most satisfactory manner. The cost has exceeded the authorised amount, £500, by the sum of £8 12*s.* 4*d.*, which has been taken out of the ordinary income.

9. The Governors and Subscribers are invited to inspect the alterations and improvements, which are of a substantial character, and were not undertaken until it was no longer possible to defer them.

10. As to the paying patients, it was not found practicable, for many reasons, to commence the experiment until July, 1879, when two wards—"Eve" for 4 female patients

and "Luke" for 3 male patients—were devoted to this object. Fittings of an inexpensive nature, held to be sufficient for the purpose, were provided; but no structural alterations were made in the wards. Two male and nine female patients have, up to the present date, availed themselves of this arrangement, and they have uniformly expressed themselves as quite satisfied with their treatment, and, generally, with the accommodation. Some, however, considered that the fittings should be of a more luxurious character, and that a separate room for each patient should be provided. The Board of Management are of opinion, however, that—looking to the moderate charge made—two guineas a week—the present arrangements are all that can reasonably be demanded, and to give up a whole ward to one patient is out of the question, unless, indeed, a commensurate payment be made.

11. No inconvenience has been found to arise from the introduction of paying patients, nor has the arrangement in any way interfered with the free patients, and although it cannot be claimed that the success attained has been very great, yet, under the circumstances, the Board of Management recommend that the trial shall be continued during another year, and a motion to that effect will be proposed. The receipts on account of paying patients during the nine months since the measure was inaugurated have been £76 13*s*. The cost for fittings and extra furniture about £30.

12. The improvement in the financial position of the Hospital indicated in the last report has been continued during the year now expired, and a substantial increase in the ordinary income has gone far to equalise the receipts and expenditure; while the expenses under many heads have been reduced and steps taken which will tend to further reductions in the current year. Taking the *gross* income of the Hospital, which includes a balance on account of the "Fine Art Distribution" of 1878; the profits of a dramatic performance; and the profits of a concert, it will be observed with satisfaction that, compared with the *gross* expenditure, there is a balance in favour of receipts of £81 13*s*. 6*d*.

13. In congratulating the Governors and Subscribers

upon this result, the Board of Management would remind them that spasmodic efforts, such as it has been found absolutely necessary to make of late years by means of "Special Appeals," cannot be indefinitely resorted to with success, and that it is chiefly to steady and increased support in the shape of Annual Subscriptions and Donations that all interested in the well-being of the Hospital must look in future for the successful carrying on of the good work performed by the hospital.

14. Other modes of acquiring additional funds for the institution—such as theatricals, concerts, readings, &c.—do not give rise to the same difficulties, and are not open to the same objections as "Special Appeals," and the Board of Management gratefully acknowledge the valuable contributions received in the course of the year (*vide* Balance Sheet, Appendix C), as the results of two performances on behalf of the hospital.

15. On the 9th May, 1879, a concert was organised by Herr Carli Zoeller, out of gratitude for benefits derived at the hospital, where he had been successfully treated for a broken arm. It took place at the Langham Hall, and several artists of note gave their services. The results, in a pecuniary sense, were not so good as had been anticipated, but all those who were present expressed themselves as very pleased with the entertainment.

16. The second entertainment took place on the 5th June, at St. George's Hall, when the "Thalian" Amateur Company performed *Forgiven*, and *A Model of a Wife*, before a very crowded and appreciative audience. The pecuniary results in this case exceeded the most sanguine expectations, as, after paying for the hire of the hall, and the printing and other numerous incidental and unavoidable expenses—amounting altogether to nearly £40—no less a sum than £80 has been handed over to the funds of the Hospital.

17. Indeed, the success attained was so encouraging that the "Thalian" A. C. have most kindly consented to give an annual performance, and they have engaged St. George's Hall for Thursday evening, the 27th May next, when the Board of Management venture to hope that a large number

of the Governors and Subscribers will be present with their friends, to enjoy the good things which they feel sure will be provided for their amusement by the ladies and gentlemen who so generously give their talents and time on behalf of the hospital.

Special notice of the plays to be performed and all other particulars will be given in due course.

18. The Board of Management, under the powers conferred upon them by Law V, have appointed Herr Carli Zoeller, and Captain and Mrs. Conyers-D'Arcy (Hon. Stage Manager and Directress, respectively, of the "Thalian" Amateur Company) Life Governors.

19. In the Balance Sheet attached to the last Annual Report (Appendix F) appeared the following—"Balance due to the Treasurer—£500." The Board of Management are happy to announce that one half of this debt has been redeemed out of the profits derived from the "Fine Art Distribution."

20. The Balance Sheet shows that the total *ordinary* income of the Hospital from the 1st April, 1879, to the 31st March, 1880, was £3971 10*s.* 5*d.*, as against £3272 14*s.* 2*d.* for the year 1878.* The items comprising *Ordinary* Income are:—Dividends on Stocks; Donations; Subscriptions; Registration Fees; Hospital Sunday and Saturday Funds; Rents; Nursing Fund; Paying Patients; and Dr. Quin's Annuity Fund. To this amount of £3971 10*s.* 5*d.* must be added £134 5*s.* 2*d.*, the Balance of the Fine Art Distribution; £17 19*s.* 6*d.*, the proceeds of the Concert (see paragraph 15); £80 the profit derived from the "Thalian" Dramatic Performance (paragraph 17); and Legacies £200; making a total of £4403 15*s.* 1*d.*

21. The expenditure on account of ordinary income from April, 1879, to the 31st March, 1880, has been £3897 19*s.* 6*d.*

22. The annual subscriptions actually received from the 1st April, 1879, to the 31st March, 1880, amounted to £1703 19*s.*, showing a *net* increase upon those for the year

* NOTE.—The Balance Sheet relating to the first three months of 1879 will be found in the last Annual Report—Appendix F.

1878 of £42 18*s*. 6*d*. A sum estimated at £70 represents subscriptions due but not yet paid.

23. The total donations from 1st April, 1879, to the 31st March, 1880, amounted to £383 18*s*.; an increase—as compared with the year 1878—of £79 3*s*. 6*d*.

24. The fees for the registration of out-patients are still on the increase, and amounted, for the twelve months to 31st March, 1880, to £310 3*s*., against £286 15*s*. in the year 1878.

25. The Nursing Fund receipts have also justified the anticipation formed at the outset and repeated in the last two reports. They amounted—in the period from the 1st April, 1879, to the 31st March, 1880—to £612, the largest amount yet realised under this head. In the twelve months immediately preceding the amount was £571 16*s*. In 1878 the total was £399 0*s*. 6*d*.

26. Most gratifying certificates testifying to the thorough efficiency and the good conduct of the nurses have been uniformly received during the year, and no effort will be spared in the future to maintain the same high standard of excellence. It should be recorded here that, in the course of the year, private patients forwarded donations of the hospital—amounting, in the aggregate, to £9 4*s*.—specially to mark their satisfaction with the manner in which the nurse, in each case, had performed her duties.

27. If the demand for trained nurses continues on the increase, it is the intention of the Board to add to the number now on the staff, so as to keep pace with the requirements of the medical profession.

28. The awards from the Hospital Sunday and Saturday Funds (see Appendix C) differed but little from those of the preceding year, and the difference was due only to causes beyond the control of the hospital.

29. The only legacy received in 1879-80 was a bequest of £200 by the late Honorable Mrs. Broadhurst.

30. The working expenditure of the hospital from the 1st April, 1879, to the 31st March, 1880, was £3897 19*s*. 6d. (See Appendix C.) This compares with £3843 13*s*. 9*d*., the expenditure in the year 1878, and shows an increase of

£54 5*s.* 9*d.* Some disappointment will, perhaps, be felt at this result as, in the last Annual Report, further saving of expenditure was foreshadowed; but the exceptionally very severe winter and succession of thick fogs caused an increase of £123 15*s.* 10*d.* in fuel and light; £69 13*s.* 1*d.*, on account of printing properly payable in 1878, is included in the Balance Sheet now presented; and extensive repairs to the roofing, outer cisterns, &c.—caused in a large measure by the severe frost and winter gales—had, unexpectedly, to be undertaken. This accounts for an increase under that head of £29 1*s.* 8*d.* There is also an increase under the head of "Furniture" on account of fittings required for the paying patients.

31. The strictest supervision, with a view to economy continues to be exercised, and it may be hoped that—unless any very unforeseen circumstances supervene—reductions will be effected in the course of 1880-81.

32. The invested funds of the hospital at the 31st March, 1880 (see Appendix C), exclusive of the hospital premises and furniture, and the freehold house, No. 1, Powis Place, consisted of

Consols	£2674	2	8
New Three per Cents. . .	4757	17	10
	£7432	0	6

showing a decrease of £427 5*s.* 6*d.* An amount sufficient to produce £500, the sum referred to in paragraph 8, was withdrawn; while £110 18*s.* has been added to the Reserve Fund in the course of the year.

33. The total number of in-patients treated in the hospital from the 1st April, 1879, to the 31st March, 1880, was 494, while in the twelve months immediately preceding the number was 497. The number in 1879-80 would have been greater but that two cases of fever occurred in one of the larger wards and it became necessary to restrict the number of cases during the time the ward was not used.

34. The number of out-patients shows an increase of 441. The numbers being, from the 1st April, 1879, to the 31st March, 1880, 6903, and in the corresponding preceding

twelve months 6462. The aggregate number of in- and out-patients treated since the opening of the hospital to the 31st March, 1880, amounts to 155,527.

35. The visiting of out-patients at their own homes continues to be attended with a fair amount of success.

36. In accordance with the laws of the hospital, the following members of the Board retire by rotation; but, being eligible, they offer themselves for re-election, viz.:—Mr. Boodle, Mr. Grampern, Captain Gardner, Mr. Gurney, Mr. Hinde, Mr. Prescott, and Mr. Walpole.

37. The following changes have taken place in the Medical Staff; Dr. F. G. Stanley Wilde and Dr. Richard Hughes have resigned their appointments as Medical Officers in charge of out-patients, and Mr. Byres Moir that of Assistant Resident Medical Officer. Dr. A. P. Torry Anderson, the Resident Medical Officer—who has performed his duties to the entire satisfaction of the Board—has also just retired. To one and all the regret and thanks of the Board have been conveyed.

38. To fill the two first vacancies the Board of Management, in one case, accepted the offer of Dr. C. Lloyd Tuckey—already a member of the staff—to undertake temporarily additional duty. In the other case they have appointed Dr. Burnett, subject to confirmation, as provided by Law XXXVI, by the Governors and Subscribers. A motion to this effect will be made to-day. In succession to Mr. Byres Moir, Mr. Cox was appointed by the Board of Management, on the recommendation of the Medical Staff. In succession to Dr. Anderson, they have appointed Mr. Byres Moir, also on the recommendation of the Medical Staff.

39. The Board of Management—under the exercise of their powers—have appointed Dr. Burnett a member of the Medical Council.

40. It is again the pleasing duty of the Board of Management to record that the warmest thanks are due to the Medical Staff of the hospital for their undeviating attention, kindness, and care to the patients committed to their charge.

41. Thanks are also due to the Lady Visitors, the

Honorary Architect—whose valuable time has been largely drawn upon in connection with the extensive alterations and repairs effected in the hospital during the past twelve months, —and to the Honorary Solicitor.

42. The Lady Superintendent of Nursing, the Lady Dispenser, Secretary, and others, have again merited the entire approbation of the Board.

43. The thanks of the Governors and Subscribers are also due to the following generous donors in money or kind, viz.:

The Misses Barton (toys and books for the children); Mrs. Staughton, per Captain Morgan (toys and underclothing for the children); Lord Ebury, Hon. Mrs. Holland, and Mrs. De Selincourt (flowers and evergreens); Miss Paget (grapes for the patients); Mrs. Clifton Brown (flowers and game); Miss Alexander (toys and clothing for the children); Miss Moberley (flannel jackets, toys, and books for the children); Miss Block (toys); Lady Bentinck (old linen); the Countess of Dunmore (flowers and a present of old linen); Mrs. J. J. Evans (invalid cushions); per Mrs. Vaughan Morgan (old linen and clothing); Mr. S. Sandbach Parker (grapes); Mrs. Jolliffe (20 volumes of the *Cornhill Magazine* and *Good Words*); Mrs. Gardner (scrap books for the children); and an award of copies of the *Little Folks Painting Book* (painted by children for the sick children in hospitals) from the Editor of *Little Folks;* Friends of Mrs. Cockburn (the Lady Dispenser) £15; Miss Capel, £31 10*s*. Mr. Julian Senior, £10 10*s*. Baroness Lionel de Rothschild (per Mr. Cameron), £30 Mr. Christopher Adams (per Dr. Bayes), £15; Mrs. Richard Roberts, £10; The Company of Fishmongers, £52 10*s*.; the Misses Smith, £30; Miss Lucy Cohen (per Mrs. Cameron) £10 10*s*.; "A Lady" who gave no address, £5; and Mr. James Spicer, £52 10*s*. Messrs. Butcher and Co., Blackheath, have presented a colossal Bust of Hahnemann for the central Hall, and a small Parian Bust for the Board Room; a Donor (per Dr. Harris) has presented 20 patent sanitary spiral spring bedsteads of a total value of about

£75; and eight easy chairs for the wards have been received from Mr. Everard, through Nurse Jessie.

44. Two inspections of the Hospital by members of the Medical Council have been held in the course of the past twelve months; the first by Drs. Burnett and Eugène Cronin, and the second by Drs. Hale and Markwick. Both reports are highly satisfactory, but would occupy too much space to print here.

45. The Official Manager attended, by invitation, the meeting of the Medical Congress held at Great Malvern on the 11th September last.

46. A Christmas-Tree Entertainment was, as usual, held for the amusement of the in-patients, and—through the kindness of members of the Board and Medical Staff—presents were distributed to the patients, nurses, and servants. The officials of the Hospital attended, and all passed off satisfactorily.

47. In bringing the Report to a close, the Board of Management ask the Governors and Subscribers to join with them in offering their grateful thanks to Almighty God for so many mercies vouchsafed during the past year, and for the bright prospects with which the new year opens upon the London Homœopathic Hospital.

The Lord Ebury, in moving the adoption of the Report, regretted that so few ladies were present, because he was inclined to gauge the prospects of an institution by the number of ladies who showed their interest in it by attending the Annual Meeting. All would join heartily in the last paragraph of the Report, which expresses grateful thanks for the many mercies vouchsafed to the Hospital during the year, and for the bright prospects with which the new year had opened. He congratulated all present on this Report, as being really about the most satisfactory since the commencement of the work of promoting and sustaining this Hospital. There was little to remark upon it but this, that, while all institutions of London holding their meetings last year deplored a want of adequate means because of the great depression in trade throughout the whole of this country, this Hospital had no complaint to make respecting our in-

come; indeed, it had pleased God to give to it more means of usefulness than it ever had before. (Applause.) Those discomforting and untoward circumstances which had in times past made the Board of Management so uneasy, had disappeared, and the hospital had attained a position of eminence before the homœopathic public, which, from the extreme importance of the institution, it certainly ought to have. The Report showed that everything was in good order in the Hospital; it had an admirable medical staff, comprising a great many very excellent medical men, who work together in great harmony, and there was every cause to be grateful to that staff; a kind and useful chaplain; lady visitors, who are diligent in performing their duties (and their services could hardly be too highly estimated); and, in addition, a teaching school in connection with the Hospital. A very favourable report was, no doubt, a delightful thing; but it did not suggest much rhetoric, and it would be very difficult to find exciting subjects for remark when a report is so very good as that read to the meeting to-day. His Lordship would, therefore, make no further observations save this, that the Report had reminded the Governors and Subscribers that the institution had been indebted to its Treasurer to the extent of £500; but of this £250 had already been repaid, and the balance of £250 would, in part at least, be obtained by a dramatic performance and other means. He alluded to experiment of taking "Paying Patients," and said that the Hospital must not rest satisfied with the success already attained. The present rate of advancement must be maintained, in order to increase the already valuable Hospital, and preserve the excellent state in which it stood. In conclusion, his Lordship expressed his belief that the meeting would willingly adopt the proposition about to be made by the Board of Management to carry out the wishes of the late Dr. Quin to bequeath £1000 to Miss E. Corry. The decision of the Board to carry out this wish must cause great gratification to all persons interested in that lady—a most intimate friend of Dr. Quin. "He being dead yet speaketh" in the existence of this Hospital, and his munificent bequest in its support.

Lord Ebury then formally moved the adoption of the Report. (Applause.)

Mr. Boodle seconded the motion, and the Report was adopted unanimously amidst applause.

Dr. Hamilton then said that all who visited the Hospital and observed the working of the institution must come to the conclusion that the greatest praise was due to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, for the admirable way in which the Hospital was carried on. He was sure that they had most excellent reason to be satisfied with the state of the Hospital. This state of things was due to the Board of Management and the other officials named, and for this the Governors and Subscribers could not sufficiently thank them. The speaker especially referred to the presence of Mr. H. R. Williams, whose connection with the Board of Management dated, he said, from the foundation of the Hospital, and who had always taken the deepest interest in its welfare. He had the greatest pleasure in asking the meeting to give them its best thanks.

Dr. Marsden said he had been asked to second the resolution, which nobody could differ from. He was delighted so to do. The proper regulation and management involved considerable labour, and such gentlemen as the members of the Board of Management had no such stimulus as medical men had in seeking to benefit their patients.

The motion was then put to the meeting, and was carried unanimously.

Captain Vaughan Morgan replied on behalf of the Board of Management. He said:—It had been for some years his duty and pleasure to respond to this vote, and he had very great pleasure in doing so on this occasion. He quite agreed with what Dr. Marsden had said as to the attention required to be given to the Hospital by the Board. All those who knew the previous history of the Hospital recognised the great improvement in its present position. Still, the Board had been obliged to restrict the number of patients in the house, and it was necessary to remind the Governors and Subscribers that such would not be the case if the Hospital

were in full working order. If the paying patients experiment proved successful, and funds allowed of a greater number of poor patients being received, the Board of Management would be obliged to take the next house (No. 1, Powis Place), which was the property of the Hospital, and would make use of it. No one could be disappointed at all with the progress made. A small debt, still owing to the Treasurer, could really be paid off by slightly deferring payments to tradesmen; and amost favourable item in the management was that some £200 or £300 a year was being saved on the purchases. The Board were exceedingly obliged to the members of the Medical Staff for their kind services in attending to the patients in the Hospital, and he thanked those present for acknowledging the services rendered by the Board and officials included in the resolution.

Dr. Blackley observed that Dr. Hamilton and Dr. Marsden had already said all that he had purposed saying with regard to the good management and courtesy of the Board. He could not do better than simply move the resolution he had risen to propose, namely, "The re-election of the following members of the Board of Management:—Mr. Boodle, Mr. Crampern, Captain Gardner, Mr. Gurney, Mr. Hinde, Mr. Prescott, and Mr. Walpole.

The motion being seconded by Dr. Matheson, was carried unanimously.

Dr. Dudgeon rose to propose the confirmation of the election of two members of the Medical Staff, and said that certain gentlemen having been elected to fill medical offices, it was customary that their appointments be confirmed at the Annual General Meeting. Dr. Burnett had been elected to the External Medical Staff, and Mr. Thorold Wood, who at the last Annual Meeting had been appointed temporarily to fill the post of Surgeon to the Hospital, was now recommended for permanent appointment to that post at this Annual Meeting. He had no doubt that the meeting would see the desirability of securing the services of those gentlemen, and he had to propose that their appointments be confirmed.

The resolution was seconded by Mr. ROSHER, and carried.

Mr. H. R. WILLIAMS said that the resolution which had been put into his hands was that a vote of thanks be given to the Medical Staff. (Applause.) Much had been said with respect to the Board of Management, the House Committee, and the Treasurers. No doubt without them this institution could not proceed in a satisfactory manner, because the duties they had to perform were such as the doctors could not readily undertake. It was well to have such a great support as the Medical Staff of this Hospital, and it was highly gratifying to know that the patients were treated by so excellent a staff, whose care and attendance on the sick gave extreme satisfaction. The speaker referred to some interesting cases successfully treated, and which reflected high credit on the Medical Staff of the Hospital. (Applause.) Dr. Hamilton had spoken of his (the speaker's) long connection with the Hospital and its Board of Management. He had seen little of homœopathy at the time the Hospital was first established in Golden Square. But shortly after the cholera broke out, and that neighbourhood was rife with deaths. He wrote to Mr. Buchan, then Honorary Secretary, saying that the outbreak of that plague afforded a fine opportunity for demonstrating what homœopathy could do. The cases then in were sent out, and the wards thrown open for none but cholera cases. The Report of the Government Official Inspector on the result of the treatment of those cases—most of them in the last stage—was greatly to the credit of homœopathy and the Medical Staff of this Hospital.

The motion was seconded by Captain DAVIES.

The CHAIRMAN then remarked that he entirely sympathised with all the observations made as to the excellence and value of the Medical Staff and with the votes so eminently due to them for their services. His Lordship said: I would like to ask Dr. Hamilton whether we shall have an additional memoir of Dr. Quin. The one he has written I have read with the greatest interest. I think I knew Dr. Quin as well as any one in his work to promote the cause of homœopathy—his courage, his activity, and his self-sacri-

fice—and I am sure that all friends of Dr. Quin would be gratified to have a more ample account of his life. (Applause.)

Dr. HAMILTON said that the entire correspondence at present in his hands comprised between four and five thousand letters, some of the most extraordinary interest possible. There could be no doubt that the life and times of Dr. Quin would form a valuable history of a man who was comparatively little known, and who was one of the most benevolent and kind of men. (Applause.)

The vote of thanks to the Medical Staff was then formally put to the meeting and carried unanimously.

Dr. DYCE BROWN briefly responded on behalf of the Medical Staff.

Captain GARDNER rose to move a resolution that a further trial be made of the experiment of receiving paying patients. For want of proper time, and owing to the necessity of temporarily closing one ward, a proper trial of the scheme had not yet been made.

Dr. POPE, in seconding the resolution, said that he was present when the original resolution authorising the experiment was proposed. Twelve months seemed to him a very short time for such an experiment, and he had no doubt that the cases admitted had enabled the authorities to judge of the desirability of continuing the experiment, although some delay occurred in beginning to make arrangements for receiving paying patients. While in the United States he noticed that in two hospitals a very large portion of each was devoted to the reception of patients able to pay. But in both institutions they found the difficulty of being unable to use patients for clinical teaching. Another difficulty was that the people admitted for payment were often of an exacting character—expecting to get for five dollars what they could not get elsewhere for thirty. The arrangements in them were under a committee of ladies. He did not know what the experience of the Medical Staff of our own Hospital had been, but he thought it would be well to make an additional experiment for another year, and thus to utilise the experience that had been gained.

The motion was carried unanimously.

Dr. Dyce Brown said he did not rise for the purpose of saying anything in opposition to the motion as to paying patients. He would be very sorry to oppose the motion, but he should like to state his experience. The arrangement had been admirable, there being nothing to find fault with. But from what he had seen the experiment would not—he thought—be satisfactory to the Hospital, for we have had no *acute* cases. Such cases would be a short time in the Hospital and leave cured, being thankful for the treatment received, and speaking well of the Hospital. But other cases, chronic cases, for the most part, ladies who have been accustomed for a long period to the luxuries and special comforts of *home,* find that a hospital is *not* home. He, therefore, fully appreciated the difficulties mentioned by Dr. Pope. Ladies who have been accustomed to the care of home, to have everything done for them, find hospital life unsatisfactory, and he had to hear complaints, not openly expressed, but rather in the way of quiet inuendo. The conclusion he came to from watching these and other cases was that chronic cases are not satisfactory to the medical staff nor of advantage to the Hospital. He did not, he repeated, oppose the motion, but he thought it right to state these experiences. He then proceeded to move a vote of thanks to the Lady Visitors, the Honorary Solicitor, and the Honorary Architect, and said he was sure they would all join in hearty thanks to the ladies who were of such great assistance in institutions of this kind by visiting the patients in the wards. It must be a great comfort and satisfaction to the patients to find ladies coming to visit the wards, and caring for their comfort and welfare; and it must be a satisfaction to those ladies themselves to be thus instrumental in ameliorating the condition of the sick. With regard to the Honorary Solicitor, Mr. Alfred Rosher, we could not forget the services his father (applause) rendered to the Hospital, and he has himself since taken a very active and very valuable part in the various legal affairs of the Hospital. Then as to Mr. Pite (applause), he has amply proved his great interest in the Hospital. For the great care and attention

he bestows on our comfort he merits our very warmest thanks. Every one who will look at the recent alterations in the out-patient department alone will agree as to the eminently satisfactory nature of his plans.

Mr. WALTER ALAN HINDE said he had very great pleasure in seconding the vote of thanks to the officers named; and the motion being put, was carried unanimously.

Mr. ALFRED ROSHER, in briefly replying, thanked the Governors and Subscribers for their cordial vote of thanks.

Mr. ALFRED R. PITE, who was received with applause, in acknowledging the vote of thanks to himself, said that any attention he had bestowed upon the work of the Hospital had been fully requited by the honour they had done him. He would simply say that anything he could do he would always be most glad to do for the welfare of the Homœopathic Hospital. He thought the Hospital was to be congratulated on the savings which had been effected in such items of expenditure as butchers' meat, coals, provisions, and medical requirements. It was a source of pleasure to find their medical friends so thoroughly appreciate the lay services rendered to the Hospital, just as it gave him satisfaction year by year to notice the progress of the institution. The unwearied exertions of our medical staff and our Official Manager have brought the Hospital to a great point of success and efficient working, and it only remains to appeal to the public for increased support. Many people who believe in homœopathic principles have not given support to the Hospital; the fact being that while homœopathy is largely on the increase in society, the progress made in this particular institution is quite out of proportion. When one hears, as we have done from Dr. Pope, of the wonderful institutions existing on the other side of the water, we feel that we are far behind. We have always given Brother Jonathan credit for an acute sense of right in medical matters, and the way in which he carries on his medical schools and hospitals, without truckling to any party, must command our admiration.

Captain VAUGHAN MORGAN said that before he spoke upon the subject on which he had risen, he would like to call

attention to a very grave dereliction of duty on the part of the Official Manager. It occurred in the wording of the vote of thanks to the official officers of the Hospital. Before, however, proceeding to deal with this dereliction of duty and the offender, he could not help saying how very sorry he felt, in common, no doubt, with all present, at not seeing Mr. Crampern at the meeting. (Hear, hear). That gentleman being absent for, he should say, the first time in the history of the Hospital. It was a matter of very sincere regret to him to come to the hospital and not to see Mr. Crampern's familiar face. Now as to the shortcoming of the Official Manager. It has been usual to have his name in connection with the vote of thanks to the Treasurers, Board of Management, and House Committee, and this year it has been omitted. He did not propose any very serious penance for this omission, at least nothing more serious than that a vote of thanks be accorded to the Official Manager now. He does his work of general supervision well; he is full of new ideas; and to the spirit he infuses into all the officers we owe very largely the success attained. (Applause). Well, now as to the subject on which he had risen, viz. to propose a vote of thanks to the chairman, Lord Ebury. (Loud applause). He would only remark how truly well his lordship had supported the institution, being a most efficient chairman, and always ready to come when his services were required.

Mr. H. R. Williams seconded the resolution, which being put to the meeting by the treasurer was carried with acclamation.

Lord Ebury expressed his sense of the most cordial manner in which his name had been received and his services recognised. He entirely concurred with all the remarks made as to the Official Manager. He personally felt almost ashamed to receive a vote of thanks when he saw that gentleman sitting there, and knew the extraordinary value of his services. He did not like to speak in too strong language of that gentleman's services, but he always went away from the Hospital with the feeling that he ought to say "Good-bye, Mr. Chambre, for Heaven's sake, take care of

yourself." His lordship concluded by thanking the meeting for their appreciative vote in recognition of his own services.

This concluded the ordinary business, and the meeting was then constituted (according to the notice issued to the Governors and Subscribers) a

Special General Meeting of the Governors and Subscribers.

The Special General Meeting was opened by the Chairman calling upon the Secretary to read the circular convening it, which was read as follows:—

"At the close of the Annual General Meeting, a Special General Meeting of the Governors and Subscribers will be held to consider the following resolution:

"To empower the Board of Management and the Trustees to pay out of income accruing to the London Homœopathic Hospital, so long as the said Hospital shall receive the benefit of the trust created in its favour by the will of the late Dr. Frederick Hervey Foster Quin, such annuity in yearly sum to Miss E. Corry as the Board of Management shall consider or be advised is equivalent to a sum of £1000 intended to have been given to her by Dr. Quin by an addition informally made by him to his will, and whereof probate was refused by the Probate Division of the High Court of Justice, such annuity to be paid at such times and in such manner and for such period as the said Board may deem best."

The following is the original resolution of the Board of Management when the question of the granting an annuity to Miss E. Corry out of the bequest of the late Dr. Quin was brought before them by Messrs. Gedge, Kirby, Millett, and Morse on behalf of the executor, Dr. Hamilton.

"The Board of Management, in expressing their deep sense of the munificent bequest to the Hospital by Dr. Quin—its founder and oldest friend—Resolved:—That a

letter be addressed to Dr. Hamilton—as the executor of Dr. Quin—acknowledging the communication made to the Board by Mr. Sydney Gedge, and stating that the solicitor to the Board will be instructed to arrange with Mr. Gedge the best method of carrying out the intentions of Dr Quin, as expressed in the codicil to his will, having respect to a full interpretation of his wishes, and that Mr. Rosher be officially put in communication with Mr. Gedge."

The grounds for making the application were set forth in a memorandum from Messrs. Gedge, Kirby, Millet, and Morse, and were—briefly—as follows:

By an undated codicil to a will dated 30th October, 1859 (which codicil appears to have been written very shortly after the date of the will), Dr. Quin gave and bequeathed £1000 to be paid to Miss E. Corry, free of all legacy duty. That codicil was not admitted to probate.

By a will dated the 14th day of October, 1866 (signed by Dr. Quin, but not attested by witnesses, and therefore not admitted to probate), Dr. Quin gave a similar legacy to Miss Corry, in the same words.

The residuary account of the late Dr. Quin's estate has now been made out, and after the payment of all debts, expenses, and legacies, it amounts to a little over £12,000, from which legacy duty at the rate of 10 per cent. will have to be deducted. So that the net amount to be invested on behalf of the London Homœopathic Hospital may be taken at £11,000, or perhaps a little less. This sum if invested in the funds will produce an income of about £340, or if invested on mortgage at 4 per cent., about £440 a year.

If Miss Corry were in good health and of sound constitution, 1000 would purchase for her (on the 4 per cent. tables) an annuity for life of £60.

Lord Ebury said that as those present were—he understood—conversant with the circumstances of the case, he would only move that the resolution stated on the circular convening the meeting be adopted.

Dr. Hamilton said he cordially seconded the resolution proposed by the Chairman, and he hoped the meeting

would enable the Board of Management to carry out their proposed act of great kindness and great justice to Miss Corry, who was expecting some token of Dr. Quin's remembrance, and who would have had a right to this money but for the legal informality in Dr. Quin's will. At present she was in very bad health, and the annuity proposed would be a great boon to her. Dr. Hamilton proceeded to state that he was hoping, with the assistance of Dr. Gedge, the solicitor to Dr. Quin's estate, to place the money bequeathed for the advantage of the Hospital at a better rate of interest. Meanwhile the Board might be assured that the way in which they had received this proposal to carry out Dr. Quin's intention with regard to Miss Corry, had given the greatest gratification to all the friends of the late Dr. Quin.

The resolution was then formally put and carried unanimously.

Mr. Sydney Gedge (of the firm of Messrs. Gedge, Kirby, Millett, and Morse) said it would afford him the greatest pleasure to report the result of the meeting to Miss Corry. He had already received a most grateful letter from that lady, written on her learning the willingness and desire of the Board to give her the advantage of Dr. Quin's wishes. And he was sure that every one who knows Miss Corry would say that such a bequest was never more worthily bestowed.

The Special General Meeting then terminated.

APPENDIX A.

REPORT OF IN-PATIENTS UNDER TREATMENT DURING THE YEAR ENDING MARCH 31ST, 1880.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
GENERAL DISEASES :—								
A.—Febricula	3	...	...	...	...	...	...	3
Scarlatina	3	...	...	...	1	1	...	5
Typhoid	3	...	...	...	1	...	...	4
Pertussis	2	...	...	...	...	...	...	2
Erysipelas	2	...	...	...	...	...	...	2
Septicæmia	...	...	...	...	2	...	...	2
B.—Rheumatism—								
Acute	10	...	...	...	...	2	...	12
Sub-acute	7	5	1	...	...	...	...	13
Muscular	...	...	1	...	...	...	...	1
Chronic	...	2	2	6	...	...	1	11
Gonorrhœal	...	...	...	1	...	...	...	1
Rheumatic gout	...	2	...	...	...	1	...	3
Syphilis	...	...	4	2	...	...	...	6
Cancer of Stomach	...	...	...	...	1	...	...	1
Pancreas	...	...	...	...	1	...	...	1
Liver	...	...	...	1	...	...	...	1
Rectum	...	...	1	...	1	...	...	2
Mamma	...	...	...	1	...	...	...	1
Uterus	...	...	1	3	...	1	...	5
Myeloid tumor of hip	...	...	...	1	...	...	...	1
Scrofula	...	3	7	3	...	...	1	14
Acute miliary tuberculosis	...	..	1	...	...	...	...	1
Phthisis pulmonalis	...	2	4	7	2	1	...	16
Rickets	...	...	...	1	...	...	...	1
Morbus coxæ	...	...	4	1	...	1	...	6
Chlorosis and anæmia	...	6	...	1	...	1	...	8
Diabetes mellitus	...	...	...	1	...	...	1	2
Debility	1	2	3	...	...	...	...	6

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or removed.	Total.
LOCAL DISEASES:—								
a. Nervous System—								
Brain and its membranes—								
Meningitis	...	...	...	1	...	...	...	1
Chronic hydrocephalus	...	...	...	1	1	...	...	2
Cerebral congestion	...	1	2	...	...	...	...	3
Apoplexy	1	...	...	...	1	...	...	2
Spinal cord and its membranes—								
Spinal irritation	1	2	...	1	...	...	...	4
Paralysis	...	...	...	...	...	...	1	1
Functional diseases—								
Epilepsy	...	1	...	2	...	...	1	4
Chorea	3	1	1	2	...	...	...	7
Hysteria	2	2	5	2	...	1	1	13
Neuralgia	1	1	2	...	...	1	1	6
Sciatica	...	2	1	1	...	...	...	4
b. Disorders of Intellect—								
Dementia	...	...	...	2	...	...	1	3
c. Diseases of Eye—								
Conjunctivitis	1	1	...	...	...	...	...	2
Strumous ophthalmia	2	3	2	...	...	...	...	7
Ulceration of cornea	...	...	...	2	...	...	...	2
Rheumatic iritis	...	2	1	1	...	...	...	4
Glaucoma	...	...	...	1	...	...	...	1
Optic neuritis	...	2	...	...	...	...	...	2
d. Circulatory System—								
Heart and its membranes—								
Pericarditis	...	...	2	...	...	...	...	2
Valvular disease	...	1	4	1	...	1	2	9
Hypertrophy	...	...	...	...	1	...	...	1
Arteries and veins—								
Aneurism	...	...	1	1	1	...	...	3
Varicosis	1	1	...	...	...	1	...	3
e. Absorbent System—								
Obstructed lymphatics	...	1	...	...	...	...	...	1
f. Respiratory System—								
Laryngitis, chronic	...	1	...	...	...	1	...	2
Bronchitis, acute	7	...	...	...	...	...	...	7
" chronic	...	7	4	1	...	...	...	12
Asthma	...	2	...	1	...	1	...	4
Pneumonia, acute	13	...	...	...	...	...	...	13
" chronic	2	2	6	...	...	3	1	14
Congestion of lung	3	1	1	...	...	1	1	7
Pleurisy	2	1	...	...	...	...	...	3
Empyema	1	1	...	...	...	...	...	2
Hæmoptysis	1	...	...	...	...	...	...	1

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
g. Digestive System—								
Tonsillitis	5	1	...	...	...	...	...	6
Gastritis, sub-acute	3	2	...	...	...	...	...	5
" chronic	...	...	...	1	...	...	1	2
Dyspepsia	2	3	4	...	...	...	1	10
Hæmatemesis	1	...	...	...	...	...	...	1
Intestines—								
Enteritis	1	...	...	...	1	...	...	2
Chronic dysentry	...	...	...	1	...	...	...	1
Diarrhœa	1	...	...	...	...	...	...	1
Obstinate constipation	1	...	...	...	...	...	...	1
Fistula in ano	...	...	1	...	...	...	...	1
Fissure of rectum	1	1	...	...	...	...	...	2
Prolapse of rectum	...	1	...	...	...	...	...	1
Umbilical hernia	...	...	...	...	...	...	1	1
Liver—								
Cirrhosis	...	...	...	...	2	...	...	2
Hydatid cysts	...	...	...	...	1	...	...	1
Ascites	...	1	...	...	...	...	...	1
h. Urinary System—								
Bright's disease, acute	1	...	...	...	...	...	...	1
" " chronic	...	1	...	...	...	...	...	1
Tuberculosis of kidney	...	...	...	...	1	...	...	1
Enuresis	...	2	...	...	...	...	...	2
Post scarlatinal nephritis	1	...	...	...	...	...	...	1
Enlarged prostate	...	1	1	...	...	...	1	3
Cystic disease of kidney	...	...	...	1	...	...	...	1
Uræmia	...	...	...	...	2	...	...	2
Urethral caruncle	...	1	...	...	...	1	...	2
i. Generative System—								
Males: Orchitis	2	...	...	...	...	1	...	3
Hydrocele	1	...	...	...	...	...	...	1
Phymosis	2	...	...	...	...	...	2	4
Females: Ovarian cyst	...	...	...	1	1	...	...	2
" irritation	...	3	1	2	...	1	...	7
Cystocele	...	1	...	...	...	...	...	1
Uterus, inflammation	...	2	5	1	...	...	...	8
Ulceration	...	1	...	4	...	3	...	8
Fibroid	1	1	1	1	...	2	1	7
Polypus	2	...	...	...	...	...	...	2
Anteflexion	1	1	2	...	...	...	...	4
Retroflexion	1	1	2	...	...	...	...	4
Prolapse	...	1	...	...	...	...	1	2
Dysmenorrhœa	1	...	3	...	...	...	...	4
Menorrhagia	3	1	1	...	...	...	...	5
Effects of miscarriage	1	...	...	...	...	...	...	1

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
k. Organs of Locomotion—								
Necrosis	...	...	1	1	...	...	...	2
Synovitis, acute	2	...	...	...	...	...	...	2
" chronic	...	1	...	...	...	...	...	1
Abscess of joint	...	...	1	1	...	...	...	2
Bursitis	4	...	...	...	...	...	1	5
Spinal curvature	...	...	2	...	...	...	...	2
l. Cutaneous System—								
Herpes zoster	1	...	...	...	...	...	...	1
Eczema	5	3	2	1	...	...	...	11
Impetigo	...	...	1	...	...	...	...	1
Ecthyma	1	...	...	...	...	...	...	1
Erythema nodosum	1	...	...	...	...	...	...	1
Intertrigo	...	...	1	...	...	...	...	1
Pemphigus	...	1	...	...	...	...	...	1
Psoriasis	...	...	1	1	...	...	...	2
Lichen	...	...	...	...	...	...	...	1
Seborrhœa	...	...	...	1	...	...	...	1
Abscess	8	1	...	1	...	...	...	10
Carbuncle	5	...	...	...	...	...	...	5
Ulcer	2	...	...	...	...	1	...	3
m. Poisons—								
Metallic	...	...	...	...	...	1	...	1
Opium, chronic	1	...	...	...	...	...	...	1
n. Injuries—								
Compound fracture of skull	...	...	...	...	...	1	...	1
Simple " jaw	1	...	...	...	...	...	...	1
" " neck of femur.	1	...	...	...	...	...	...	1
" " tibia	2	...	...	...	...	...	...	2
" " ribs	2	...	...	...	...	...	...	2
" " coccyx	1	1	...	...	...	...	...	2
Burns and scalds	1	...	1	...	...	...	...	2
Contusions	7	1	...	...	...	1	...	9
Sprains	2	...	...	...	...	...	...	2
Wounds, lacerated	2	...	1	...	...	...	...	3
" incised	2	...	...	...	...	...	1	3
o. Operations—								
Amputation of leg	1	...	...	...	...	...	...	1
" great toe	1	...	...	...	...	...	...	1
" finger	1	...	...	...	...	...	...	1
Extirpation of eyeball	2	...	...	...	...	...	...	2
Excision of mamma	1	...	...	...	...	...	...	1
" necrosed tibia.	1	...	...	...	...	...	...	1
" lipoma	3	...	...	...	...	...	...	3
" epulis	1	...	...	...	...	...	...	1
Fistula in ano	2	...	...	...	...	...	...	2
	168	93	93	67	21	30	22	494

APPENDIX B.

Classified Summary of the Results of Treatment of 494 *In-patients during the Year ended March* 31*st*, 1880.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or removed.	Total.
General Diseases—								
Section A	13	...	...	...	4	1	...	18
Section B	18	22	29	29	5	7	3	113
Local Diseases—								
a. Nervous System	8	10	11	10	2	2	4	47
b. Disorders of Intellect	...	...	...	2	...	...	1	3
c. Diseases of Eye	3	8	3	4	...	...	...	18
d. „ Circulatory System	1	2	7	2	2	2	2	18
e. Absorbent	...	1	...	...	...	...	...	1
f. Respiratory	29	15	11	2	...	6	2	65
g. Digestive	15	9	5	2	4	...	3	38
h. Urinary	2	5	1	1	3	1	1	14
i. Generative	15	12	15	9	1	7	4	63
k. Locomotor	6	1	4	2	...	...	1	14
l. Cutaneous System	23	6	5	4	...	1	...	39
m. Poisons	1	...	...	...	...	1	...	2
n. Injuries	21	2	2	2	...	2	1	28
o. Operations	13	...	...	...	...	...	...	13
Total	168	93	93	67	21	30	22	494

Total Number of Patients during 1879.

In-patients	494
Out-patients	6903
Total	7397

Return of Dental Cases from Marsh 3*st*1, 1879, *to April* 1*st*, 1880.

Extractions—Adults	179
Do., Children under 14	62
Irregularities of the Teeth treated surgically and mechanically	5
Advice Cases	28
Total Number of Patients seen	274

NOTICE.

The Library Committee are very desirous of making up the Society's set of the principal homœopathic journals. This they would be able to do, were they furnished with the numbers mentioned below. They bring the list of deficiencies before the members accordingly, in the hope that many of them may be supplied from their stores. The Honorary Secretary will be glad to receive any, and to pay their carriage, if sent to him at 52, Great Ormond Street.

The Committee would also mention that a great number of duplicate numbers and volumes of Journals are lying in the Society's room at the Hospital, and are at the disposal of any members who care to have them. If not removed within three months from this time, they will be disposed of.

British Journal of Homœopathy.

Vol. XV.
„ XVI, No. 63.
„ XVIII, No. 73.
Vol. XXVIII, Nos. 111, 112, 113.
„ XXXI.
„ XXXII, No. 128.

Monthly Homœopathic Review.

Vol. I, Nos. 5, 8, 9, 10.
„ II, Nos. 1, 2, 3.
„ III, Nos. 4—9.
„ XIV, Nos. 3, 6, 7, 9, 11, 12.
„ XV, Nos. 1, 4, 5, 7—11.
„ XVI, Nos. 4, 5, 9, 10.
Vol. XVII, Nos. 4, 5, 12.
„ XVIII, Nos. 1, 2, 7, 11.
„ XX, Nos. 1—8,
„ XXI, Nos. 2, 3, 4, 8.
„ XXII, Nos. 1, 2.

North Amer. Journ. of Homœopathy.

Vol. IV, No. 6.
„ X.
Vol. XI, Nos. 41, 42
„ XII, Nos. 46, 47, 48.

Nos. 49—64.
Nos. 66, 67, 69, 70, 75, 83, 85, 89.

Bulletin de la Soc. Med. Hom. de France.

Vol. VII, No. 12. Vol. XVII, No. 4. Vol. XVIII, No. 1.

Homœopathische Vierteljahrschrift.

Vol. II, No. 4.
„ III.
„ IV.
Vol. V, No. 2.
„ X.

Hahnemannian Monthly.

Vol. I, Nos, 1, 3.
„ V, Nos. 10—12.
Vol. VI, all but 8.
„ VII, Nos. 2, 4, 5, 6.

Vol. VIII, Nos. 4, 5, 7.

Annals of the Society.

THREE ANOMALOUS CASES OF ACUTE RHEUMATISM.

By John H. Clarke, M.D., C.M.

(Read November 4th, 1880.)

Mr. President and Gentlemen,—When first the newly-fledged disciple of Æsculapius is cast upon the world of disease to grapple with the enemy in his own strength, apart from the overshadowing counsel of preceptors, there are few things that strike him as more remarkable than the wonderful dearth of typical cases he finds in his own particular practice. At first, when he sees his cases following courses, and developing features not marked out in the text-books, he experiences the kind of pleasure he has felt when unearthing some anatomical curiosity in the dissecting-room; —he is pleased with himself and his fortunate discovery. By-and-bye the anomaly becomes the rule, and the text-book type the exception. Now, he is at a loss by which of half-a-dozen names he ought to designate a malady before him. A loss of confidence in text-books in general is the most probable result—a confidence which is only restored when it is perceived that their descriptions of disease refer more properly to an *average* than to any *normal* type. The limits of a text-book's size and of a student's time preclude the possibility of a fuller treatment. At the same time it might save some disappointment if pains were taken to impress upon the minds of students the fact that when they have acquired the power of writing down descriptions of diseases to the satisfaction of examiners, their lesson is

only half learned; that they have to learn the other and greater half from their patients, comparing the ideas they have gleaned from books and lectures with the facts as they come before them. The discrepancies are often as instructive as they are puzzling, provided one is anxious to learn and not merely satisfied with being puzzled.

And after all it is the untypical, anomalous cases that exhibit in relief the true nature of diseases which, but for them, might lie concealed beneath a dead level of uniformity. An exception not only proves a rule sometimes, it also not unfrequently reveals its nature. A "fault" in a geological stratum tells more of the formation of a district than all the rest of the landscape.

The cases I have the honour to bring before you to-night were all anomalous, and had they occurred at the outset of my professional career might have puzzled me more and instructed me less than they did. In the light of the teachings of past experience I was enabled to give some satisfactory account of them to myself and read their lessons. One showed markedly how a tendency to the disease may arise, and how it may be fostered by errors in diet, thus throwing light on the essential nature of the disease. The second case shows how the specific irritant may affect, not the joints and serous membranes only, but also the skin. The third shows principally the effects of injudicious treatment in the early stages, though to what extent the unusual features in the case are to be regarded as part of the disease, and to what extent as part of the treatment, is a matter I shall leave learned members to decide. This was the only one of the three that did not yield readily to homœopathically-indicated remedies.

The most satisfactory theory of rheumatism, using the word in a somewhat limited sense, is that which regards it as essentially a faulty nutrition of a peculiar nature, resulting in the production from the food and the tissues in the process of digestion, primary and secondary, of an irritative material (lactic acid), which specifically irritates certain tissues of the body, the degree of affinity varying in different individuals, and induces general pyrexia.

The tendency to this fault of nutrition exists in all, in some more than in others. It may be strong hereditarily, and it is possible to increase it and foster it by careless manner of living. By far the most common cause both of increased liability to the disease and of the disease itself, is chilling of the skin, more especially if the chilling be accompanied by wetting at the same time. The first case I shall narrate shows clearly the way in which this dyscrasia may be developed and fostered, and it shows also the importance of strict regulation of diet in the disease, which is intimately connected with disordered digestion.

I have appended to this paper a full report of the three cases, almost as they stand in my journal, for the study of those who may be desirous of so doing afterwards, as I do not propose to do more than lay before you a digest of them at present. I am quite aware that there is very little true scientific advance to be made in medicine apart from accurately reported cases, and that there are few more instructive studies than the records of cases so reported. At the same time it must be confessed that in a paper such as this, the daily record of a carefully-reported case is the dullest of reading, and as I have no intentions of spoiling your night's rest by compelling you to take part of it here, I must ask you to take my sketches on credit and compare them with the detailed pictures appended at your leisure.

On the 6th of December, 1879, I was called to see Mrs. M—, æt. 28, dark, spare, medium size, wife of grocer in small way of business, having the principal care of the shop herself, her husband being employed all day at a wholesale warehouse. Married four years; she had never been pregnant. Of excellent family history; she had enjoyed very good health until her twenty-second year, when she took charge of a house for friends whilst they were away, the house being very damp. Ever since that time she had been subject to rheumatic pains, but had never had acute rheumatism. She had also been much troubled with flatulent dyspepsia and bilious attacks, with diarrhœa on taking cold. Since her marriage, owing chiefly to her husband's

uncertain hours of return, she had lived largely on cold meat taken with bread and without vegetables, rarely eating puddings of any kind, and taking her meals at very irregular intervals. She was very fond of cheese, and altogether the nitrogenous part of her dietary far exceeded its due proportion. It will be understood that I did not elicit the whole of this history on my first visit, but that it came out by degrees during my attendance.

When I first saw her she had been ailing a fortnight with cold, which she had apparently quite recovered from, when she was seized with pain in the back and abdomen, with diarrhœa and vomiting, and when I saw her she presented all the symptoms of a sharp attack of peritonitis with gastro-enteric disorder, irritation of the bladder, and slight fever. The pulse was irregular, but I found nothing wrong with the heart or lung sounds. I regulated her diet, and I put her on *Bry.* 1, *Merc. cor.* 6, one drop of each in water, every alternate hour. Before she had taken the third dose, to her great astonishment and delight, the pain had gone. The following morning I found her quite free from pain in the body, and generally improved, but complaining of pain in the muscles of the neck and chest, which were tender, and with a temperature slightly higher. Pulse quicker, 120, but more regular. The tongue white laterally, with a baked central strip, as in typhoid. I was at a loss to account for the rise in the temperature when the inflammatory symptoms had subsided. (With regard to the temperatures, I would here remark that they were almost all morning temperatures, as the patients were only seen once a day as a rule.) Repeat medicine.

8th.—The third day of my attendance she was much the same generally. The muscular pains were more severe; pulse 92, regular, stronger; tongue moister, cleaner; much thirst. Considering that the peritonitis was at an end, and that the fever was somewhat of the typhoid type, I substituted *Baptisia* ϕ for *Merc. cor.* I gave the former in alternation with *Bryonia* as before.

9th.—Had a much better night. Muscular pains nearly all disappeared, but facial neuralgia of the left side has come

on, relieved by cold drinks. She has been subject to this since she lived in the damp house. Pulse 88, tensive, not dicrotic; temp. 100·2°; much thirst. Rep.

10th.—On the fifth day the nature of the fever became manifest. She had felt *faint* the previous evening. Though she slept fairly she was very hot and perspired excessively. She is almost free from pain except in the lower dorsal region. Temp. 99·4°, pulse 82, soft. On examining the heart, which on my first visit I had found perfectly healthy, I found a soft systolic bruit of greatest intensity in the pulmonary area, heard also, but faintly, in the aortic area. The heart-sounds generally feeble, but otherwise presenting no further abnormality.

I had now no hesitation in pronouncing the fever to be rheumatic in its nature, attacking the peritoneum, muscles, nerve sheath, the heart substance (as indicated by the faintness), and its lining membrane on the pulmonary valve, and sparing its usually favourite site—the joints.

I now replaced *Baptisia* by *Aconite*. This was followed by general improvement; the faintness did not return; the heart's action was improved in strength.

12th (seventh day).—Pulse 88, regular, fair strength; temp. 99·2°; resp. 18. At 7 last evening sharp pain came on in the lower ribs of the right side. A short dry cough had come on. The pain was very sharp when she drew a long breath or coughed. Poultices gave relief, but the pain continued severe until 10 p.m., and had not disappeared at the time of my visit. On the right side, anteriorly and laterally, there was a measure of dulness corresponding to the lower half of the right lung. At one spot in the axillary line, corresponding to the position of the lower edge of the right lung, over an area no larger than a shilling, fine crepitation was audible. There was no friction sound, and all other physical signs were negative. There was great tenderness at this spot, and the pain passed from it to the back. The heart sounds were stronger, and the bruit had disappeared.

The inference I drew was that a fibrinous plug had been carried from the pulmonary valve into the right lung, and

plugged a vessel supplying the lower border, giving rise to the condition I found there. There was no evidence of pleurisy or effusion, the dulness not being complete enough for that.

The bowels were moved the previous afternoon, the first time since she was first seen. I did not consider the disappearance of the bruit evidence sufficient that all endocardial mischief was at an end, though fibrinous deposit had been removed. I consequently gave her *Spigelia* 1, and with a view to the lung disorder *Phos.* 2, as being the remedy indicated.

14th.—Pulse 80; temp. 98·5°, practically normal. Much better generally, though she has slight pain in her right arm and shoulder. Second sound of heart reduplicated sometimes. Crepitation could no longer be heard, though dulness remained throughout her illness, and the bruit returned.

She continued to improve, and was allowed to leave her bed on the 19th (fourteenth day of attendance). The medicines she received after the fever had gone were *Kali iod.* 1 and *Nux vom.* 1 chiefly. She was not careful about her diet, and suffered from flatulence and constipation.

But the cure was not perfect. On the 7th of January—a month after my first visit—she began to suffer from catarrh. The catamenia came on two days before, accompanied as usual by griping pains in the iliac regions. Skin dry and hot. No palpitation. Bruit audible. *Secale* 1, *Nux vom.* 1, alt. That night she thought she would like for her supper *bread and cheese with mustard and vinegar*, and she took it. At 4 a.m. on the 8th she awoke with severe pain in the back, on the left side, where it began at first, passing round the body and up the side of the chest. Diarrhœa and sickness came on at the same time. The husband came and roused me up, and I sent *Bryonia* 1 by him. After she got it she became easier, and went to sleep.

At 11 a.m. in the morning I saw her. The pain was then constant, sharp, worse by motion. The back and abdomen were tender. Thirst; vomiting; catamenia ceased.

Pulse 86, full; temp. 100·4°. No cardiac pain. *Bry.* 1, *Mer. cor.* 6, ½ h., alt.

10.30 p.m.—Slept during the day. Has had less pain since 5 p.m. Had pains in hands and knees.

At 7.30 the pain left hands and knees suddenly, and returned to back and body with renewed violence. Tongue white; thirsty; headache. Pulse 140—110, very irregular in force and rythm; temp. 103·9°.

This was the highest point of temperature taken all through the case, though too much importance must not be attached to this, as it was taken at night, the rest being taken mostly in the morning. Nevertheless, I considered my patient in a very critical state. I prescribed *Acon.* 1, *Bry.* 1, ½ h., alt.

9th.—The next morning the pulse was 108, regular and soft. The temperature was down to 101·6°. She had relief from pain after two doses of the medicine. Slept fairly. Diarrhœa and vomiting ceased. Slight pains in the knees; no pain in the back except on motion. No pain in abdomen, but tenderness in left side of it. Bruit fairly audible. Rep.

10th.—Pulse 104, regular; temp. 99·8°. Slept well yesterday. Improved generally. Much perspiration. Rep.

11th.—Pulse 92; temp. 100·2°. Went to sleep at 4 p.m. yesterday, and awoke in a fright. Fluttering at heart. Felt sick. Restless night, with some pain in the limbs and knees. Oysters relieved the sickness and faintness. Much perspiration. Rep.

She improved steadily till the evening of the 14th, when she had a return of the pain in the side. Linseed poultices were applied, and the pain moderated in the evening. She slept well, and awoke the following morning entirely free from pain.

On the 12th *Sulph.* 1 was substituted for *Acon.* On the 15th *N. vom.* and *Sulph.* were given, and continued till the 17th. Pulse and temperature normal. Physical signs of heart and lungs unchanged.

This ended the first relapse. Convalescence had now set in. I had discovered the crudity of her notions in matters

of the diet, but I had not sufficiently gauged her common sense. I limited the quantity of nitrogenous food she was to consume. I advised her to take light food frequently, to take puddings more than she had been accustomed to, naming rice pudding amongst others. I did not tell her to take it warm, never dreaming that she would take it any other way. However, she took it cold on the 15th and again on the 17th. On the latter day, in the afternoon, immediately after taking it, cold chills began to creep all over her from the region of the stomach. Feeling worse she went to bed. The pain in the side came on with nausea and griping. *Acon.* 1, *Bry.* 1.

18th.—Pulse 84; temp. 100°. Better after 1 a.m. Slept a little. No sweat. Still tenderness. No pain except in right thigh; bowels not moved. Rep.

The next day the temperature was 100°, and for the next two days 99°. On the 21st I gave *N. v.* 1, and *Kali i.* 1, in alternation.

She gradually gained strength, suffering at times from pain in the shoulders and pains flying about the limbs. She was occasionally troubled with flatulence, but the bowels returned to the normal, and on the 26th my attendance ceased, ten days after the second relapse, forty-one days after the first relapse, seventy-two days after the onset of the illness.

I called on her a few weeks ago and found she had remained excellently well since I had ceased to attend her, having obeyed strictly the rules of diet I had laid down, and having developed a liking for potatoes. She was much stouter and better every way than she had been for years. The bruit was faintly audible, but the right lung was quite normal, and she had had no cardiac or pulmonary trouble of any kind since.

This case I can look upon in no other light than as one of acute rheumatism, though of an unusual kind. The ordinary joint affection was almost completely absent, but the perspiration, the muscular pains, the affections of the serous membranes and nerves, the fever, the carditis and endocarditis, and the rapid metastasis of the pain from one part to another, all bore witness to the essential character

of the disease. The development of the dyscrasia was of great interest, as bearing upon the view of the disease as essentially a disorder of nutrition—primary and secondary. Cold and damp had to do with its production. Irregularities of diet fostered it. The attack of the disease was brought on by cold in the first instance, though it is not improbable that indigestible suppers had an equal share in bringing on the "bilious attack" that ushered it in. The two relapses were each of them traceable to improper feeding, and though the disease responded readily to the medicines prescribed, it was not fully removed until the dietetic errors had been corrected, and the patient's ideas set right on the point.

In this connection I may mention that Chambers, in his treatise on diets, states on theoretical grounds that milk and beef tea are to be avoided in acute rheumatism and gruel preferred, thus going back to the old Hippocratic diet for fevers. I have followed the suggestion as far as I could, and found it of service, though one is often at the mercy of a patient's tastes and the temper of his stomach in these matters. Milk-and-soda water I have often found more acceptable to patients than milk alone, and more beneficial. In reference to the relation between excessive meat-eating and rheumatism I may say I have found the tendency strong in another marked case; and in New Zealand, where the disease is very common, the cause is commonly said to be due to the large quantity of meat eaten. It is taken at every meal.

The development of the bruit was also a point of great interest, indicating inflammation and deposit of fibrin on the pulmonary valves. The affection of the right base seemed to point to loosening of fibrinous deposit and infarction of the lung. For the extent of dulness at the base, beyond the spot where crepitation was heard, I have been able to find no adequate solution.

Case 2.—The second case to which I wish to draw your attention is remarkable for a peculiar affection of the skin. In acute rheumatism, as every one knows, the skin plays an

important part. Excessive perspiration is one of the leading features of the disease, and this case was no exception in that respect. But in addition to excessive secretion the skin in this instance was, in various parts, affected with genuine inflammation, apparently of the rheumatic type. There was intense injection, exudation into the substance of the skin, distension and excessive tenderness of the spots affected.

Senator (in *Ziemssen's Cyclop.*, vol. xvi, p. 40) mentions sudamina, miliaria rubra, urticaria, and herpes labialis as not infrequent, but says nothing of such an affection as occurred in this case.

I will just sketch the course of the case apart from the skin affection, and then give an account of the development and progress of the latter.

Mary L—, æt. 31, fair, stout, broad, rather short, strong-looking, mother of one child four years old, always strong, subject to bilious attacks and sore throats; never had rheumatic fever. Before I was called in to see her she had been treated by a homœopathic chemist for a week for pains in the limbs, &c., and the evening before I saw her I sent her *Acon.* 1 and *Bryon.* 1, to be taken in alternation.

The next morning, March 30th, 1880, she gave me the following history of her attack. A month before she felt her throat getting sore; she took a dose of castor oil thinking that might "carry it off." That evening she let her fire go out before she intended and felt chilly. In the night she had occasion to rise several times and the chills were renewed. After that she suffered from pains and aches about her, and occasionally sharp flying pains. On the 17th of the month she did some washing for her sister, and thinks she got additional cold then, for the throat from that time became bad. She coughed up much phlegm and some blood. The throat is still bad, but much better than it was; as it got better the legs became bad. On the 25th they became very bad, and have been steadily getting worse.

The tongue was dirty, brown-coated. She was feeling very faint and sick, all nourishment causing sickness. Both feet I found affected with very severe rheumatic inflamma-

tion of the normal type, also the left knee. The heart was not affected, and remained unimpaired throughout. She had had no sleep the previous night. I ordered her to be put into flannels and blankets, and a cradle to be put over her legs and feet. To have oatmeal gruel only for nourishment, and for medicine *Bryon.* 1, gtt. i, h.

31st.—The day after the pulse was 100, full; temp. 102·4°. She had had a bad night; nourishment still made her sick. In other respects the same. To have milk-and-soda water, and *Acon.* 1 and *Bry.* 1, i, h., alt.

April 1st.—Pulse 102, stronger; temperature down to 100·6°. Better night; legs easier; much sweat; much thirst. Rep.

2nd.—Temperature up four points; pains in legs less. Right hand attacked, and the left as well, slightly. Likes milk-and-soda water and can retain it. Rep.

The hands grew worse as the pain left the legs. Profuse perspiration came on on the 4th; on the 5th the temperature went down to 98·8°, and she was improved generally. Free from pain in the legs, and almost free in the arms. On the 12th (fourteenth day of treatment) the temperature was normal, and she was better in all respects. On the 14th she was allowed to get up, and the medicine was changed to *Nux vom.* 1, quarter die. On the 17th she received *Sulph.* 1, and on the 20th the attendance ceased.

Thus much for the course of the disease as far as the ordinary symptoms are concerned.

On my first visit I noticed in the middle of the left leg, over the tibia, a raised, red, tender spot, the size of a shilling. The left limb suffered more severely than the right from the joint affection.

On the day after, on each side of the throat corresponding to the site of the tonsils, where she had applied poultices, an elevated patch appeared, red and papillated, as if about to develope into herpes; excessively tender to touch.

On the sixth day the spot on the leg had become purplish, less elevated, and less tender. The patches on the neck had spread, several spots round the original patches having run together and joined, each patch being now as

large as the palm of the hand, the border elevated and serpiginous, the centre for the most part flat and approaching the normal colour of the skin. These spots gradually faded away and with them the tenderness.

On the seventh day, three days after the pain attacked the hands and arms, on the front of the right wrist a red spot appeared exactly similar to the one on the left shin, and on the back of the left forearm, in its upper third, one like it but not quite so intense in colour or painfulness. The patches on the neck had by this time become almost level with the normal skin and approaching the normal colour. From these patches the epidermis was peeling off, an occurrence not observed in any of the other spots.

The next day (the eighth) the condition of the right wrist was the same, whilst the spot on the left arm was becoming purple and free from tenderness, and on the ninth day a small urticarious spot had developed on the back of the left hand.

From this time, as health improved and the fever disappeared, the spots on the arm disappeared rapidly. The spots on the legs, which were the first to come, were the last to go, and they remained tender as long as their colour remained. I examined the urine and found it free from albumen.

It is possible some may regard this as a case of acute rheumatism accompanied by erythema nodosum, the conjoint occurrence being accidental, but I am more inclined to look upon the skin affection as essentially of the same nature as the joint affection and due to the same cause—the presence of a specific irritant. I cannot say that the skin was markedly affected by the medicines I gave, and indeed I did not give any with that end specially in view. *Aconite* and *Bryonia* seemed to keep the disease well under control, and I did not deem the skin affection of sufficient moment to call for a change in the prescription.

Case 3.—The third case, and the last I have to bring before you to-night, was one of very intractable character, complicated with urinary difficulty of very aggravated nature,

albuminuria, and deep-seated abscesses, apparently reaching if not starting from bone and its membrane, and eventually in exfoliation of a small piece of bone from one thumb.

The subject was a sickly-looking youth of seventeen, under-porter at the East Suffolk Hospital, where he had been hard worked and coarsely fed. He had much meat and three glasses of beer a day, of inferior quality and often stale and flat. Family history very poor. He had never before had rheumatism.

The history of his illness that he gives was this:—Twelve days before I saw him, whilst in his usual health, except that he had been suffering from a cold for a week, as he was walking in the street he was seized with a pain in the right hip and all power seemed to go from the limb. He managed, however, to get back to the hospital and then went to bed. He was not put into a ward, but had to take his chance amongst the hospital servants, from whom he got what nursing he had. No change was made in his diet, He was seen by the house-surgeon, who gave him medicine which made him dreadfully sick and giddy, and gave him singing in the ears, but afforded no relief to his pains. From this I inferred that he had received pretty free doses of *Salicine* or one of its salts, and the subsequent course of the disease confirmed the suspicion.

His father, dissatisfied with the treatment and attention he was receiving, removed him two days before I saw him to his own home, where I attended him. When he was going away the house-surgeon told him that he would be all right and ready for work again in a few days.

I found him very weak and pasty looking, complaining chiefly of pain in the right hand, which was swollen to double its normal size, red, and tender. I noticed also an enlargement of the left sterno-clavicular joint, which I took to be a natural deformity. Tongue white and moist, bowels open, excessive thirst, profuse perspiration, delirium at night. Pulse 102; no sign of cardiac trouble throughout the attack; temp. 101·8°. *Aco.* 1, *Bry.* 1, alt.

February 10th.—The next morning the temperature was down a degree. The hand was less painful, but there had

been much pain in the right hip. His nose had bled very much. Rep.

11th.—The temperature had risen to 101·2°, and it kept at this for the next five days, varying but little. On the 17th it was 100°, and remained between 100° and 101° until the 22nd, when it again reached 101°. On the 9th of March it was below 100°, and quickly fell to normal. So much for the temperature. The pulse remained pretty constant at 102, reaching now and then 120. The quality varied considerably, being at one time soft and full, at another sharp and small.

It was on this morning (February 11th), the third day of my attendance, that one of the peculiarities of the case came to my notice. He told me that the previous evening a difficulty of micturition came on. (He had never had any trouble of the kind before, and had never suffered from venereal disease.) The water was a long time in coming when he attempted to pass it. The desire was preceded by a pressing pain in the hypogastrium, just above the pubes. There was much straining, and a feeling as if there were more to come when he had finished. No dulness of bladder distension. No pain in penis. No discharge.

The following day I examined the urine and found it to contain albumen to the extent of one third, showing under the microscope hyaline casts, with cells embedded, and mucous corpuscles.

Senator (*Ziemssen's Cyclopæd.*, vol. xvi, p. 53) says that small quantities of albumen may be found in the urine of rheumatic-fever patients, during one or more days, without the presence of any other sign of renal mischief. The phenomenon is probably due to an increase in the intensity of the pyrexia. More profound alterations are not usually met with unless in connection with blister treatment. Coule appears to have met with a case of true nephritis setting in at a later period, developing simultaneously with the disappearance of the articular inflammation. Hartmann has twice seen cases.

Cantharis was given in alternation with *Aconite,* and the following day there was great increase in the quantity of

urine, which was paler and free from albumen, but the pain was worse, showing great irritability of the urinary tract. The pain afterwards decreased, and on the 15th was gone. Hypogastric tenderness remained for long after, and the urine contained albumen. On the 22nd, the day the temperature rose to 101°, there was a return of the pain with great severity, but of a different character. Now it was cutting, and followed micturition. The urine gave an opalescence of albumen, and contained a quantity of pus-cells, and knife-rest crystals, and acicular bundles. The urine continued to give trouble until the middle of the following month, the pain growing less and less, and the quantity of pus-cells diminishing. The hypogastric tenderness disappeared about the end of March, and all trace of albumen had vanished by the 5th of April, after which he had no urinary trouble whatever.

On the same day (the 11th of February) that he first made complaint of his water troubling him the patient began to complain of severe pain in both hips, and a feeling "as if there was a gathering" in the right hip. There was slight swelling below the trochanter, and fluctuation and much pain on moving the joint. This was where the pain struck him at first. The right hand had become much better in the meantime.

The hips, and especially the right hip, continued to be the chief seat of pain throughout the illness.

On the 14th, three days after this, he complained of a lump under his right arm—where his mother said she had noticed a lump fourteen days before. This proved to be a large deep-seated abscess, the size and shape of a double hen's-egg, burrowing at the extremities under the latissimus dorsi behind, and the pectoral muscles in front.

I incised on the 16th, and half a pint of creamy pus came away. I dressed with carbolic oil, and the healing was rapid and complete. A nodule, the size of a walnut, was felt in the sac after the pus had escaped, probably a clot; it gradually disappeared.

All this time the swelling of the right hip increased, and I became convinced that there was something more than

serum in the tumour, which extended upwards, covering a large portion of the iliac bone. It was difficult to determine whether the hip-joint were involved or not in the swelling, but I judged that it was not, and on the 23rd made an incision, and three quarters of a pint of creamy pus came away with some clots. This was dressed with carbolic oil like the other, and a tube inserted. The next morning I found the dressing I had put on and the bedclothes flooded, the discharge had been so great, and it continued to be so profuse as to need dressing twice a day. The cavity was very large, and the probe passed freely in all directions, and on one occasion it came upon bone, which gave me the impression of being bare bone. I never found it afterwards, and though I was looking for some exfoliated portion of bone before I expected healing, the bone never came. At one time there was profuse hæmorrhage into the cavity and from the opening, but closure of the opening stopped the bleeding, and eventually the wound healed perfectly.

At the time that my attendance ceased there was a swelling of the right thumb, which was worse at changes of the weather. Some time afterwards I saw him, and the thumb had healed, but before that happened a piece of bone worked itself out. He had never suffered from bone disease before.

The sterno-clavicular swelling that I noticed at my first visit later on increased in size greatly, but receded again without further trouble.

These, gentlemen, constitute the chief peculiarities in this case, and they ran along together side by side. The digestive organs were much disordered, thirst being great, and sickness frequent. Milk was his principal diet for he could take little else. He was in a low apathetic state throughout.

The medicines he received were *Acon.* and *Bry.* at first, *Canth.* replacing the latter when the urinary trouble commenced, and *Hepar* or *Silica* when the suppuration became pronounced. *Cantharis* and *Arsenicum* replaced *Acon.* later on, and then *China* and *Silica* were given in alternation

when the suppuration was excessive and the state of the patient almost hectic. When the hæmorrhage appeared *Ham.* was given, and *Lycopod.* to meet the constipation. Finally, *China* ϕ and *Hepar* 6 were the two medicines given.

In the end he completely regained health and spirits and the full use of his limbs, of which at one time I was very doubtful.

The question occurs—to what are the anomalous features in this case due? They can hardly be called pure symptoms of acute rheumatism. On the other hand, *Salicylic acid* and *Salicylate of soda,* given in large doses in this disorder, have been known to produce exfoliation of bone, and to that I attribute the loss of bone in this case, and also the deep abscesses, which I regard as periosteal in origin. If this conjecture is right it should afford us hints for its use in suppuration.

The urinary trouble is less easy to trace to its source, but I suspect if it were possible it would be found in the same agent. Possibly the bad beer may have had a share in it, but certainly the pyrexia cannot be credited with the nephritis in this case.

Now, gentlemen, I must bring this paper to a close. I ask your forbearance for the crudeness of the suggestions I have thrown out, and the crude way in which they have been put together. The cases interested me greatly at the time, and instructed me not a little, and it seemed to me if I could reproduce them before the Society their interest might lose nothing by their being brought to the light of the experience of many.

Case 1.—December 6th, 1879. Mrs M—, æt. 28, very dark, spare, medium size. Married two years; never pregnant. The wife of a grocer in small business, she having principal charge of the shop.

Family history.—Excellent.

Previous health had been very good up till *six years ago when she took charge of a house,* the occupants of which were away for a time, *the house being very damp.* Ever since

then she has been frequently troubled with pains about her of a rheumatic nature, which she had never had before. She had, however, no acute rheumatic attack, and has never suffered from palpitation. Since her marriage she has got much thinner than she used to be. Her diet has been highly nitrogenous. Her meals have been irregular consequent on her husband's hours of return being uncertain, and she has rarely cooked vegetables, taking bread with her meat. Meat and cheese and other nitrogenous food have constituted a large proportion of her diet. Before marriage, whilst at home, her diet was much more rational. She has suffered much from neuralgia (facial) since residing in the damp house, and four years ago had a long and severe attack which was only relieved by her going to the seaside. She has been subject to attacks of pain in the body with sickness and diarrhœa on taking cold, similar to the onset of the present illness, but nothing like so severe. She has never had rheumatic fever.

History of present attack.—A fortnight ago she took cold, had much sneezing, coryza, and slight cough. She also had pain in back and left flank. The cold appeared to be getting well, and yesterday she seemed quite in her usual health, and went to bed as usual. In the night she was wakened by pain in the hypogastric region, with violent sickness and purging, the stools being dark and watery. The sickness and purging ceased at 11 a.m., but not the pain. The pain extended upwards from the hypogastrium to the navel and round to the back and right hip. The abdominal pain is the most severe, it comes and goes. Urination gives great pain—this is quite new to her—and since 11 a.m. she has passed none. I was summoned in the evening.

I found her in bed lying on her side with legs partly drawn up. Anxious countenance, face sallow, flushing at times. At times she cried out with the pain. The skin was slightly moist. Temperature 99°. The lower part of the abdomen I found exceedingly sensitive to pressure, dull on percussion, but not rigid. There had been mustard poultices applied before my arrival, but as they had failed a

more heroic remedy was tried. At first in the poor light I had I could not make out what the red measley eruption was which I found on uncovering the body, but on palpation it turned out to be *cayenne pepper!* On the recommendation of a friend an application had been used consisting of brown paper sprinkled with cayenne pepper and wetted with vinegar!

The tongue is dirty yellowish-white. She has great thirst. She has much wind, which she is always troubled with. Catamenia every three weeks, scanty, painful. This is not the period. Respiration easy. Pulse 104, irregular, intermittent. Respiration sounds clear, heart's action excited, tumultuous, no bruit. She is not subject to palpitation, but has felt a fluttering to-day.

I diagnosed the case to be one of peritonitis with gastro-intestinal catarrh, and gave *Merc. cor.* 6 and *Bry.* 1, every hour in turns, beginning with *Bry.* Diet, barley-water *ad lib.*, milk boiled and allowed to cool, and arrowroot.

December 7th.—The next morning I found her quite free from pain in the abdomen. Her face was flushed but expressed no anxiety. The legs were partly drawn up, but that was on account of aching in them and not from abdominal distress. She got ease after the first dose of medicine (*Bry.*), and before she took the third the pain was gone. Pulse 120, feeble but more regular; temp. 99·4°. Tongue white at sides but with a baked red central stripe. Thirst great. Bowels not moved. Urine passed several times, at first giving much pain in right side of abdomen, afterwards without pain. The pain in the back has much abated. She complains of pain in chest-walls and muscles of neck which are tender. She has headache at vertex and across eyes. The abdomen is superficially tender from irritant applications, but there is no deep tenderness. There is resonance all over. Rep.

8th.—Restless all night. Pain in neck and shoulders severe. No return of pain in abdomen. Tongue cleaner, moister, central stripe gone. Much thirst. Bowels not moved. Pulse 92, regular, stronger. *Bry.* 1, *Bapt.* ϕ.

9th.—Much better night. Last evening neuralgia of

left side came on, relieved by cold drinks. It has left a pressive headache. Nearly all the muscular pains have disappeared. Pulse 88, full, steady, tensive, not dicrotic. Temp. 100·2°. Tongue white, dry. Very thirsty. Bowels not moved. Urination normal. No sickness. Rep.

10th.—Has felt *faint* since yesterday evening. Slept better; was very hot, *has perspired excessively,* sweat has faint smell. She feels better when she is perspiring. Tongue moist; clayey coat. Not nearly so thirsty. Face flushed; lips herpetic. No pain in abdomen or chest, only slight pain in left lower dorsal region where the pains came first. Temp. 99·4°; pulse 82, soft. No increase of cardiac dulness. No friction. No cough. No pain. Sounds at apex clear but feeble. Over the pulmonary artery is heard a soft bruit following immediately the first sound, heard also, but less distinctly, in the aortic area, and not at all in the carotids. The faintness, the perspirations, and the cardiac affection, together with points in the history now first elicited, revealed to me the true nature of the fever which had not a little puzzled me hitherto. *Acon.* 1, *Bry.* 1, every hour in turns.

11th.—Not so faint yesterday afternoon; slept better; had dreams. Temp. 99·4°; pulse 92, stronger, regular. Face flushed. Tongue clean. Bowels not moved, but seem inclined to. Sweat excessive. Not so thirsty. Heart's impulse stronger at apex. Bruit more faint at pulmonary area, quite audible over aorta. Rep.

12th.—Pulse 88, regular, fair strength. Temp. 99·2°. Resp. 18. Slept better; sweating very much at times. Tongue same; not so thirsty; bowels moved once yesterday naturally. Face flushed but not quite so much as it was. At 7 p.m. last evening a sharp pain came on in the lower ribs on the right side, very sharp for a time when she drew her breath or coughed—a short dry cough came on before the pain in the side. Had a linseed poultice which gave relief, but the pain was very sharp till 10 p.m., and has not altogether gone yet.

On the right side there is a degree of dulness corresponding with the lower half of the right lung anteriorly

and laterally, but not posteriorly. Change of position makes no difference in this respect. There is diminished motion of that part of the chest in respiration. No friction, no increase of vocal resonance or fremitus.

At one spot in the axillary line, corresponding with the natural position of the lower border of the right lung, there is fine crepitation heard over an area not larger than a shilling. No friction heard there. This is the tenderest spot, pain starting from there to the back. Heart sounds stronger, second reduplicated; bruit in pulmonary area quite disappeared. Head clear, free from pain. Continue poultices, *Bry.* 1, *Phos.* 2, 1 h., alt.

13th.—Pulse 80, fair strength. Temp. 99·6°. Respiration quiet. Very good night, scarcely any pain. Cough not so troublesome. Much perspiration. Face flushed. Took a sole yesterday and enjoyed it. Heart, second not reduplicated. Bruit heard in pulmonary area, scarcely audible aortic. Lung, dulness same. Crepitation disappeared. Auscultatory signs all negative. *Spig.* 1, *Phos.* 2.

14th.—Pulse 80. Temp. 98·5°. Slept very well; no dreams. Scarce any sweat. Pain in side quite gone; went very gradually yesterday. Tongue clean. Bowels not moved. No pain on micturition. Has slight pain in the right arm from the shoulder to elbow. She often has this when she is well. The cough is troublesome. No expectoration. It is worse in the evening and in the morning when she wakes. Heart and lung sounds much the same as yesterday. Second reduplicated sometimes. Rep.

15th.—Pulse 72. Tongue clean. Bowels open. Is keeping very much better. No bruit in pulmonary area. Very soft over aortic. Rep.

16th.—Pulse 68, steady. Cardiac sounds:—bruit heard occasionally in pulmonary area; not at all aortic. Respiratory sounds very feeble still at right base. No pain anywhere. Cough very slight indeed, scarcely any. Skin cool; scarcely any perspiration. Rep.

17th.—Very good night. No sweat at all. Tongue whitish. Bowels not moved. Still dulness at right base.

Faint bruit still heard in pulmonary area alone. *Spig.* 1, *Hep. s.* 6.

18th.—Pulse 64, good. Temp. 98. Slept well. No sweat. Tongue clean. Bowels moved comfortably. Had slight headache on waking but it has gone off. Heart and lungs same. *Kali. iod.* 1, *Nux vom.* 1. Allowed to get up.

19th.—Was up yesterday, felt giddy at first. Did not feel cold or faint. Had slight pain shooting down left lower limb. Slept very well. Tongue whitish in centre. Bruit still persists. Rep.

20th.—No pain yesterday. Stronger when up. Slept well. Let her bedroom fire go out, and woke in the night sneezing. Heart and lungs as before. Rep.

22nd.—Very much better. No pains of any kind. Appetite good. Has eaten tinned lobster, no ill effects. Tongue clean. Bowels open. No sweat. Rep.

24th.—Improving. Rep.

27th.—Keeping better. Has good deal of flatulence. Suffers from this generally, principally in right side (cæcum and colon); bowels rather confined. It lasts for a few days and then goes off. Is rather more clear of it than usual now. Rep.

30th.—Still improving. Flatulence troublesome. Bowels open. *Kali. iod.* 1, *Lyc.* 6.

January 3rd.—She has been three days without medicine as it was thrown away in mistake. Feels no weaker than when she left it off. Has had slight return of pain in the back but it did not last long. Feels better to-day. Appetite good. Tongue clean. Bowels regular. Flatulence troublesome, especially in the evening. Bruit still persists. It follows the systolic click, faint at first, and growing louder. No regurgitation murmur. *Kali. iod.* 1, *Nux vom.* 1.

This may be said to end the first part of the case. The patient was able to get about her house with care, and felt herself almost as well as usual excepting the weakness. However, it will be seen that the disease was only put to sleep and not driven out, if the figure may be allowed.

7th.—Felt better after getting the medicines. Has

taken cold. Pain in head, eyes, and nose. Catarrh. Catamenia came on on 5th, and with it, as usual, griping pain in iliac region. The pain is rather better to-day. Skin hot and dry. Appetite good. Bowels regular. Wind much better. Bruit same. No palpitation. *Secale* 1, *N. vom* 1.

8th.—Felt rather better yesterday. Pains left her. *Fancied for supper bread, cheese, mustard, and vinegar,* and took them. Awoke at 4 a.m. with severe pain in back, in the left side, where it began before, going round to the body and up to the side of the chest. Diarrhœa and sickness came on at the same time. She took *Bry.* 1, which I sent, and pain became easier and she dozed.

11 a.m.—Pain constant, sharp, worse when she moves. Back and abdomen tender, legs not drawn up. Tongue very brown in centre. Is very thirsty. Has vomited bilious matter. Face dusky pale. Catamenia have ceased. Pulse 86, full. Temp. 100·4°. There is no cardiac pain. Bruit heard on close listening. *Bry.* 1, *M. cor.* 6, ½ h. alt.

10.30 p.m.—Slept during the day. Had less pain from 5 p.m. Had pains in knees and hands. At 7.30 the pains left knees and hands all at once, and returned to the back and body with renewed violence. Tongue white. No more sickness or diarrhœa. Very thirsty. Has taken barley-water and toast and water. Not much sweat. She has headache. She is constantly moaning with pain and starts with it at times. Pulse 140—110, varies; very irregular in force and rhythm; intermits. Respiration short. Temp. 103·9°. *Acon.* 1, *Bry.* 1, ½ h., alt.

9th.—Pulse 108, soft, regular. Temp. 101·6°. She had relief from pain after two doses of the medicine. Slept pretty well. No vomiting. Bowels not moved. Tongue moist, brown in centre, gets dry quickly. Not much sweat. Face flushed. Slight pain in knees. There is no pain in the back except when she moves, nor in the abdomen, but the left half of the latter is very tender. Heart sounds clear except for bruit which is scarcely audible. Rep.

10th.—Pulse 104, regular. Temp. 99·8°. Slept well yesterday. Very little pain. Soreness in back and side

much better. No pain in knees now. The pain was not affected by moving the knees; it was all round the joints and up the front of the thighs. Has had pain and stiffness in the back of the neck. Has a good deal of phlegm in the throat which makes her feel sick. It is white. Tongue white. No brown centre. Bowels not open. No appetite. Has perspired very much, awoke bathed in it. Bruit inaudible. Right side of chest below fourth rib still dull. Breath sounds feebler generally right side than left. Rep.

11th.—Pulse 92. Temp. 100·2°. Felt well yesterday, went to sleep at 4.30 p.m. and awoke at 6 p.m. in a fright. Fluttering at heart. Felt sick. Had restless night with some pain in limbs, knees, and ankles. Oysters relieved the sickness and the faintness. Tongue dirty in centre. Bowels not moved. Has perspired excessively. Back and body still sore. Neck stiff. Heart sounds clear. She feels a little better this morning. Has eaten a little mutton. Rep.

12th.—Pulse 84. Temp. 99·8°. Had slight fluttering yesterday afternoon. Restless night. Sweat. No more pain. Tongue coated. Bowels not relieved. Flatulence. Constantly feels faint and hungry. There is still tenderness in the flank. No cough. Bruit audible. Of late years she has got much thinner. She has become subject to "acid risings." Has eaten a large proportion of nitrogenous food little of vegetables, no potatoes, not much pudding. *Bry.* 1, *Sul.* 1, 1 h., alt.

13th.—Pulse 80. Temp. 99·2°. Tongue dirty in centre. Sweat excessive. No pain. Sleep good. Bowels moved naturally. No faintness. Oysters agree well. Soreness is better but still exists in right loin. She has had no pain with micturition in this attack. She is very nervous. Bruit inaudible. Rep.

14th.—Pulse 76. Temp. 98·8°. Very little sweat. Slight pain in left flank. She thinks it is due to wind, as she gets relief when wind passes. Tongue cleaner, still dirty at back. No thirst. Not so much faintness. Bowels open. No cough. No palpitation. Rep.

15th.—Pulse 80. Temp. 98·2°. Yesterday the side gradually got worse and the pain was not relieved by the passage of wind. Pain moved to the other side. Linseed poultices were applied. She was so stiff that she could not move. Chills kept running all over her after dinner. The pain moderated gradually about 6 p.m. She slept well, and this morning awoke *without the slightest pain or tenderness.* Muscles not sore at all. Whilst the pain was on she felt sick and drowsy. Tongue dirty. Bowels not moved. Sweat very slight. Bruit absent. Dulness right side same. No abnormal respiratory sound. No pain. No cough. *Nux vom.* 1, *Sul.* 1.

16th.—Pulse 76. Temp. 98·4°. Slept well. Not the slightest return of pain. No sweat. Tongue dirty at back. Bowels not open. There is still occasional reduplication of the second sound. The bruit is only faintly heard during expiration, and not at all in inspiration. Rep.

17.—Very much better generally. Bowels moved. Rep.

This may be regarded as the close of the second part of the illness. Convalescence had to all appearances commenced, all active symptoms having disappeared. I had warned her not to go long without food, and to take something light, *e.g.* rice pudding, between the time of her ordinary meals. This she did, and as I had not thought of saying that she should take it warm, she took it cold. She took it on the 16th, and again on the 17th. On the latter day she took it in the afternoon, and almost immediately after cold chills began to creep all over her. She felt worse and went to bed. The side began to ache. Pain increased; it was in the same place as before. In the evening she could scarcely speak for it. Nausea and griping. *Aco.* 1, *Bry.* 1.

18th.—Pulse 84. Temp. 100°. Better after 1 a.m. Slept a little. No sweat. Still tenderness. No pain except in right thigh. Tongue brown in centre. Bowels not moved. Rep.

19th.—Pulse 88. Temp. 100·1°. Slept well. Slight perspiration. Ate *fried mutton for breakfast*—contrary to

orders! No pain, no tenderness. Tongue dirty. Bowels not moved. Not thirsty. Bruit inaudible. Rep.

20th.—Pulse 76. Temp. 99°. Slept well. Slight pain in shoulder. Tongue dirty brown. No appetite. Bowels not moved. Rep.

21st.—Pulse 76, soft. Temp. 99°. Tongue dirty. Bowels moved. No more pain. Has slight cough. No expectoration. No appetite. *Nux vom.* 1, *Kal. iod.* 1.

22nd.—Pulse 76. Temp. 98·4°. Slept well. Not so much sweat. Tongue much cleaner. Chest sounds clear. Breathing soft both sides. Fifth interspace somewhat dull, quite dull below. Inspiration feeble. No abnormal sounds. Rep.

23rd.—Improving generally. Rep.

24th.—Still improving. Tongue clean. Bowels open. Does not feel so tired when up. Rep.

26th.—Keeping better. Has had slight pain in left side. Rep. *Bry.* 1, p. r. n.

28th.—Keeping better. Is downstairs. Is very hungry. Tongue clean. Bowels open. Has pain shooting in arms, and flying about, but not in the side. *Bry.* relieves it, she says. *Bry.* 1, *Kal. iod.* 1.

31st.—Keeping a good deal better. Found her sitting close over a large fire, complaining of feeling faint. Wished to know if I thought *Stout* would relieve it. I advised her not to try it, but to keep a less fire, and take suitable food frequently. Slight pain in left side yesterday and to-day. *Kal. iod.* 1, *Nux vom.*, alt, *Bry* 1, p. r. n.

Feb. 5th.—Keeping much stronger. Feels stronger than she did before taken ill first. Towards evening has pain in left side (*Bry.* relieves it). Bowels much confined. *Kal. iod.* 1, *Lyc.* 6, *Bry.* p. r. n.

11th.—Is well. Is doing work about her house, and feels and looks much better. Has pains in her limbs when tired, as she used to have, but nothing more. Tongue clean. Bowels regular. Appetite very good. Sleeps well. Has a little flatulence at times. *Bry.* 1, *Lyc.* 6, p. r. n.

26th.—Pain came on in left side this morning. Has

been quite well up to this time. *Acon.* 1, *Bry.* 1, 2, h. alt.

July 10th.—I met her in the street. She told me she had kept my rules of diet strictly, and had kept excellently well—better than she had been for a very long time.

It is of no use trusting to the common sense of people; our prescriptions of diet and nursing details must be full and explicit. After the experience of the first and second relapses, each due, in part at least, to dietetic errors, I was very particular in the rules I laid down. I ordered her to take meat only once a day, and then sparingly, taking it with plenty of potatoes and no bread, and to accustom herself to eating pudding, to take her meals regularly, to take for supper a cup of gruel or something of that kind, nothing heavier, and none of the elaborate suppers she used to take. Living in a provision shop, and having the run of many kinds of food, she had indulged herself to her hurt.

September 28th.—I saw her again. She is much stouter and stronger. Her digestion is much healthier. The bruit still persists, but is so soft as to be hardly noticeable. The right lung is quite clear. She has had no inconvenience either with lungs or heart.

Case 2.—Mary L—, æt. 31, fair, stout, broad, rather short, strong-looking, mother of one child four years old; always strong, subject to bilious attacks, sore throats; never had rheumatic fever.

Before I was called in to see her, she had been treated by a homœopathic chemist for a week for pains in the limbs &c., and the evening before I saw her I sent her *Acon.* 1 and *Bry.* 1, to be taken in alternation.

March 30th.—She gave the following history of her attack:—A month previously she felt her throat becoming sore. She took a dose of castor oil, thinking that might "carry it off." That evening she let her fire go out before she intended, and felt chilly. In the night she had to be up several times, and the chills were renewed. After that suffered from pains and aches about her, and occasionally

sharp flying pains. On the 17th of the month she did some washing for her sister, and thinks she got extra cold then, for her throat from that time became bad. She coughed up much phlegm and some blood. The throat is still bad, but much better than it was. As it got better the legs became bad. On the 25th they became very bad and have been steadily getting worse. Tongue dirty, has brown coat. Bowels moved last night, rather hard. Catamenia regular. Has felt very faint and sick. All nourishment, milk especially, makes her feel sick. She has no pain except in lower limbs. This is so great that she cries out with every movement. Both feet much swollen, tense, and tender. Erythematous blush over dorsum of feet and around ankles. In the middle of the left leg, over the tibia, is a raised, red, tender spot, the size of a shilling. Left knee swollen and tender. No pain in the chest. Heart-sounds feeble. First sound prolonged, no bruit, no friction. Had no sleep at all last night for the pain.

Treatment.—To be put in flannels and blankets; the weight of clothes to be kept off limbs by a cradle. To have gruel only as nourishment. *Tinct. Bry.* 1 gtt., 1 h.

March 31st.—Pulse 100°, very feeble. Temperature 102·4°. Yesterday, in the afternoon, was easier, and slept a little. In the evening pain became very bad and made her sick. No rest all night. Cannot take any nourishment, everything makes her sick and faint. Tongue coated. Bowels moved a little. Urine very high coloured. She has coughed up a good deal of phlegm. The right leg easier, left still very bad. On each side of the throat, corresponding to the site of the tonsils, where she poulticed her throat when it was bad, an elevated patch, red, papillated, as if going to develop into herpes, extremely tender to touch. Heart sounds same. To have milk-and-soda water. *Acon.* 1, *Bry.* 1, ½ h., alt.

April 1st.—Pulse 102. Temperature 100·6°. Much better night. Was sick in the evening. Stronger. Was better after getting milk-and-soda water, which she retained and liked. Right leg better. Left shin much swollen. Tongue cleaner. Bowels moved, costive, Great thirst. Rep.

2nd.—Pulse 96. Temperature 101°. Not good night. Pains in legs less. Pain has attacked right hand, and slightly the left. Spots on shin same. Neck same. Tongue almost same. Was sick yesterday afternoon, brought up yellow matter. Still likes milk-and-soda water. Can take but little beef tea. Does not sweat much. Shins very tender, also knee-caps. No pain in præcordia. Heart sounds clear. Not so faint.

3rd.—Pulse 100. Temperature 100·2°. Pain in right arm became very bad yesterday; no sleep for it all night. Legs much better. Spots much less tender, still red. Tongue same. Was sick again. Bowels moved slightly. Not much sweat. Pain is less severe below cardiac region. Very sharp yesterday, in flashes. Rep.

4th.—Pulse 94. Temperature 100°. Had good night. Ancle much less painful, though it cannot be moved, and is still swollen. One red spot on it very tender. Legs not nearly so painful nor so swollen; she can move them. Spots darker, less elevated, still tender. On each side of the neck several spots have run together, forming a patch, the size of the palm of the hand, with a serpiginous elevated border, the greater part of the included area being flat and paler in colour. No vesication. Was not sick yesterday. Tongue cleaner, not so bad tasting. Bowels open. Feels much better generally. Perspires profusely in sleep. She is not so thirsty. No pain in left side. Cardiac sounds same. Urine cloudy; clear on boiling with nitric acid. No albumen. Rep.

5th.—Pulse 96. Temperature 98·8°. Has had no pain except aching in the legs when she awakes. Does not feel her arm except when she moves it, and then it gives pain. Has perspired profusely. Tongue cleaning. Was sick again yesterday afternoon. Is very thirsty. Took beef tea and mutton broth. Did not vomit after it. Thirsty after sleep. Swelling from legs nearly all gone. The spots are duller and nearly flat, but still tender. On the right arm, on the front of the wrist, is a red spot, the size of a shilling, elevated, excessively tender. On the back of the upper part of the left forearm is a similar spot. The

patches on the neck are nearly level with the normal skin. The proper colour is returning, and the epidermis peeling off. Rep.

6th.—Pulse 92. Temperature 99·65°. Feels much better. Had a good night. Legs ache much when she wakes (weight of clothes?). She can move them freely. Cannot move arms. Sweats much. Is very thirsty. Tongue clean. Bowels regular. Appetite returned. Catamenia came on very slight. Spots on legs drying, not so tender, purple. The right arm spot is bright red, elevated and tender; on the left arm the spot is purple and raised, but scarcely tender at all. Rep.

7th.—Pulse 82. Temperature 99°. Took weight of clothes off her legs, and did not have the aching in them on waking. Arm less swollen; can move it. Skin of neck nearly well. Spots on legs still discernible and tender. There is a spot on the back of the left hand like urticaria. Spot on wrist dying, not so tender. Swelling nearly all gone from right arm; still tender. Tongue slightly coated. Bowels regular. Sweated as before. Rep.

8th.—Pulse 84. Temperature 98·95°. Had good night. Very much sweat. Hand not so swollen; can move it. Legs feel well. Spots perceptibly tender. Appetite voracious. Rep.

10th.—Pulse 80. Temperature 99·3°. Getting on very well. No pain. Sleep very good. Not so much sweat. Cannot stand yet. Spots on legs still visible, and perceptibly tender; nearly gone from arms. Rep.

12th.—Pulse 72. Temperature 98·4°. Tongue clean. Appetite good. Bowels regular. Hands normal. Skin well. Does not sweat so much. Sleeps well. Aching in arms and legs on waking. Rep.

14th.—Pulse 64. No sweat. Very much better in all ways. Can stand, but is very shaky. *Nux. v.* 1, quarter die.

17th.—Much improved. Tongue clean. Bowels confined. Soles of feet feel as if cut with knives. She got np to-day soon after breakfast, and felt faint after it. *Sulph.* 1.

20th.—Feels well. Much better generally. No sweat. Restless at night. Rep.

Case 3.—February 9th, 1880. James H—, æt. 17, fair, sanguine, pale, medium size, not well made. Under porter at hospital. Parents not strong; mother has goitre, father was starved in childhood by a drunken stepfather; several of their children have died in infancy. During the third year of patient's life he suffered from a skin disorder, which, by the parents' description, appears to have been pemphigus. Since then has been subject to skin-troubles every spring.

Two years ago was in situation in London for twelve months. The place was very hard, and weakened him so that he has not been as strong since as he was before.

Latterly he has been under-porter at the East Suffolk Hospital, Ipswich, and has had very hard work. They have no hoist, and he has had to carry coals, &c., up to the wards. His diet has been coarse, though plentiful, largely composed of animal food, with three glasses of beer a day, not of the best quality, and often stale.

Twelve days ago, whilst in usual health except that he had been suffering from a cold for a week, as he was walking in the street he was seized with a pain in the right hip, and all power seemed to go from the limb. He managed to get back to the hospital and then went to bed. He was not warded but had to take his chance amongst the hospital servants, by whom he was nursed. No change was made in his diet. He was seen by the house-surgeon, who gave him medicine which made him dreadfully sick and giddy, and gave him singing in the ears, but gave no relief to his pain. His father being dissatisfied with the treatment and attention he was receiving, removed him to his own home two days before I was called in, and it was there I attended him. The house-surgeon told him when he was leaving that he would be all right and ready for work again in a day or two.

I found him very weak, complaining chiefly of pain in right hand, which was swollen to double its size, red, and

tender. Tongue white, moist. Bowels open. Excessive thirst. Profuse perspiration. He was delirious the previous night. Pulse 102. Temp. 101·8°. No increase of cardiac dulness. Heart sounds clear. Never had rheumatic fever before. *Aco.* 1, *Bry.* 1, 1 h., alt.

February 10th.—Pulse 102. Temp. 100·6°. Has had very much pain in the right hip. Hand not so painful. Nose bled much yesterday. Tongue white. Bowels not moved. No faintness. Not nearly so thirsty. Rep.

11th.—Pulse 102. Temp. 101·2°. Severe sharp pain came in both hips last night, but it went off and he slept well. Much sweat. He thinks there is something gathering in the right hip. There is a slight swelling below the trochanter and fluctuation. Much pain on moving the joint. This is where he had pain first. The right hand is much better, smaller, and free from pain.

Also last evening a difficulty of micturition came on. He had never had any such difficulty before, and had never suffered from venereal disease. The urine is a long time in coming when he attempts to pass it. Desire is preceded by a pressing pain in the hypogastrium, just above the pubes. There is much straining, and a feeling as if there was more to come when he has finished. There is no dulness of bladder-distension, no pain in the penis, no discharge. Tongue coated. Bowels not moved. Is very thirsty. A slight cough. Heart-beat can be felt all over the cardiac area; second sound impure, others normal. Rep.

12th.—Pulse 100. Temperature 101·2°. Had a bad night. Right hip much easier; can move the joint better. Tongue white. Bowels not moved. Not much sweat in the night. There is still the same difficulty with the urine.

Examination of urine.—Acid, one third albumen, contains hyaline casts, with cells imbedded, and mucus corpuscles. *Aco.* 1, *Canth.* 3x.

13th.—Pulse 102. Temperature 101·7°. Better night, not so much pain. Little delirium. Very much sweat. The pain, after micturating yesterday evening, was so bad that they could hardly keep him in bed. Since then it

has been easier. There is a much greater quantity (previously it had been scanty) and paler. *There is no albumen* Slight hypogastric tenderness. Pressure in the region brings on desire to micturate. Tongue cleaner at tip, white behind. Bowels not moved. Appetite fair. Rep.

14th.—Pulse 102, sharp, small. Temperature, 101·2°. Tongue coated. Bowels not moved. Appetite good; not nearly so thirsty. Has no pain now. Much sweat. Urine was scalding the fore part of the night. Easier since; not so long in passing. Still epigastric tenderness.

He complains of a lump under the right arm. Across the base of the right axilla is a swelling, passing under the pectoral muscles in front and the latissimus dorsi behind, covering the third and fourth ribs, about the size of two hen's eggs placed end to end; it fluctuates, is elastic, tender to touch. There is slight dulness below it and over it. Breath sounds are heard through it, but not distinctly; heard distinctly below it, but feeble; sounds quite normal above. There was no pain before he noticed it last night. It is not painful now unless touched. Never had a swelling of the kind before; cannot account for this. His father is subject to abscess of axillary glands. *Acon.* 1, *Bry.* 1.

15th.—Pulse 102, full. Temp. 100·9°. Restless night. Tongue coated. bowels not moved. Not much pain, no pain in tumour of side. It has increased, is nearer the surface, fluctuates, is tender to touch, skin distended over it; probably an abscess. Hips less painful. Right hip not smaller. There is a red spot on the left side of the chest. Cardiac sounds normal. Much headache. Has taken nourishment better. No pain on micturition. Still great hypogastric tenderness. Urine $\frac{1}{8}$th albumen. The microscope shows a quantity of young cells, and a few large multiple cells. *Aco.* 1, *Hep.* 6.

16th.—Pulse 108. Temp. 101°. Slept after part of the night. Is stiff. Has pain in hips when he moves. Not much pain in chest. Still passes much urine without difficulty. Still hypogastric tenderness. Urine gives an opalescence of albumen. Right side not painful, but very

tender to touch. His mother says she noticed a lump there fourteen days ago. An incision was made into the swelling, and about half a pint of creamy pus came away, leaving a lump of firm substance, about the size of a walnut, just external to the mamma. Tube inserted, carbolic-oil dressing applied. *Aco.*, *Canth.*

17th.—Pulse 102, feeble. Temp. 100°. Restless night. Has taken more nourishment. Tongue clean. Bowels not moved. Much pain in hips, bedsore on left hip; cannot lie on back. Not much sweat. No pain on micturition. Still tenderness in hypogastrium. On removing dressing about two ounces of bloody pus, with a few clots, came away, and some had escaped by the tube. Carbolic-oil dressing and pressure applied. Urine gave opalescence of albumen, and contained a few young cells, granular matter, and knife-rest crystals. *Acon.* 1, *Silic.* 6^x.

I had put him on bread-and-milk diet, with gruel and barley water, and now I gave him beef tea and milk.

18th.—Pulse 110. Temp. 100·2°. Very little discharge from abscess. No pain. Has lain much on right side. Hips painful, especially left. Leg drawn up. Still tenderness in hypogastrium. No difficulty with urine. Bowels not moved. Gruel made him sick. Rep.

19th.—Pulse 106, full. Temp. 100·5°. Feels better this morning. Bowels moved 3 a.m., at first difficult. Copious stool. Urine normal. Still tenderness in hypogastrium. No pain in abscess, only a few drops of serum. Slept better. Can move left hip freely. Right hip still stiff and painful. Below the great trochanter is the tender spot. Rep.

20th.—Pulse 120. Temp. 100·5°. Fair night. Pain in both hips. On the right haunch, close to the sacrum, is a fluctuating swelling, very tender; great tenderness also in the hollow of the thigh. Tongue white, indented with the teeth. Was sick this morning. No sweat. Bowels moved once. The right hand is well. Urine contains phosphates, no albumen. Blood-poisoning cannot be traced. Rep.

21st.—Pulse 110. Temp. 100·4°. Slept better. Took

more nourishment. Not much sweat. Not sick. Bowels not moved. Tongue cleaner. Not so much pain in hips. Can move right hip more easily. There is distinct fluctuation near the sacrum, none over head of femur, but pain there on pressure. There is still hypogastric tenderness. The chest has quite healed. The lump has diminished to the size of a small cherry. Rep.

22nd.—Pulse 120. Temp. 101°. Had very bad night. Very delirious. After urination last night was in such agony for half an hour that he hardly knew where he was. Has had pain ever since. Pain in the end of the penis, the urethral orifice red and irritable-looking. Urine cloudy, contains an opalescence of albumen, abundance of pus-cells, knife-rest crystals, and circular bundles. Tongue dirty. bowels moved. Appetite good. There has been much pain in sacral region. Fluctuation distinct. Head of femur tender. Can move right leg without pain, but not so freely as left. *Canth.* 3^x, *Hep. s.* 6.

23rd.—Pulse 118, soft. Temp. 100°. Bad night, no rest. Takes nourishment well. Not much pain in hip. Strains a good deal in passing water; there is forcing pain before it will come, and after it has passed sharp cutting pain in the urethra. Was delirious in the night. Tongue clean. Bowels not moved. Has felt chilly at times. An incision was carried down into the swelling through the gluteal muscles parallel with the sacrum, and about three quarters of a pint of creamy bloody pus taken off and a few dark clots. Dressing as before. *Canth., Silic.*

24th.—Pulse 108. Temp. 100°. Restless night. Very much discharge flowed through the dressing, especially when he laid on that side; not much pain; very tender on dressing it. Has had cold chills. About two ounces of bloody pus came away in addition to what had escaped. Tube inserted and carbolic dressing applied. Tongue clean. Bowels not moved. Passed very little urine. Has not taken nourishment so well. He has been sick. Slept yesterday and this morning. *Ars., Silic.*

25th.—Pulse 120. Temp. 99·7°. Better night. Appetite bad. Tongue clean. Bowels not moved. Not sick

again. Has not shivered so much. Not much sweat. The lump has quite disappeared from the chest. There has been a good deal of discharge from the abscess on the hip during the night, but only a little, principally blood, came whilst dressing it. There is still hypogastric tenderness, and still some pain after micturition. *Arsen., Bry.*

26th.—Pulse 112. Temp. 100°. Very poor night. Urine scanty, gave much pain in passing. Smarting in urethra. No pain in epigastrium, which, however, is tender. Not so much discharge from abscess during the night. Tongue much coated. Bowels not moved. Appetite fair. *Silic., Canth.*

27th.—Pulse 124. Temp. 99·8°. Very bad night, no sleep. Urine very painful and thick, pain only during the passage. Dressing saturated with discharge. Excoriation round wound, bad smell. Syringed out. Rep.

Evening.—Much discharge during day; syringed out with carbolic solution; dressed with oakum. Appetite very good.

28th.—Pulse 112, full. Temp. 100°. Tongue same; had better night. Sharp pain across bottom of body. Urine still painful. Rep.

29th.—Pulse 116. Temp. 100°. Very bad night, no sleep, complained of being tender all over. Tongue same. Appetite good. Urine troublesome, not so much pain, but is a long time in passing it. Good deal of discharge. Is very weak. Bowels not moved for eight days. There is bare bone to be felt at the back of the ilium on probing the wound. *Chi., Silic.*

March 1st.—Pulse 112. Temp. 100·8°. Tongue white. Bowels not moved, better night, water troublesome. Sharp smarting pain across body. Passed water once without any pain. Not quite so much discharge. Probe passes freely in all directions. Rep.

2nd.—Pulse 108. Temp. 100·8°. Very bad night. Tongue same. Bowels not opened. Water very painful. Cannot shift himself on to his left side. Could not stay up so long yesterday. He has been sitting up in an arm-chair for a rest and change. Very much discharge. There

is a swelling over the manubrium sterni, which has been there since I saw him first, which I took to be a natural deformity, but which is now soft and increasing. Urine acid, abundant urates, uric acid, pus-cells. *Sulph.* 1.

3rd.—Pulse 116. Temp. 100·1°. Water not quite so painful. Better night. Rep. *Sulph.*

4th.—Pulse 117. Temp. 100·2°. Very bad night, water excessively painful, urine high-coloured. Not much sleep. Tongue clean. Bowels not moved. Appetite very good. Very much less discharge. *Lyc.* 6 and one dose of *Castor oil.*

5th.—Pulse 108. Temp. 100·6°. Bowels acted. Water same. No discharge yesterday, good deal this afternoon. Tongue white, coated. Appetite bad. Claviculo-sternal swelling not so big. Left arm and side very weak, can hardly move them, and cannot bear to lie on them, though there is not much pain in them. *Aco., Lycop.*

6th.—Pulse 112. Temp. 100·4°. Rather better night, slept more. Water very troublesome; has passed rather more. Much discharge, the cavity is very large; cannot detect any bare bone. Likes soda water, which has been ordered him. Rep.

7th.—Pulse 108. Temp. 100°. Better night, water much easier, more of it, less deposit, much lighter colour, very little pain or difficulty. Appetite good. Much more discharge. Rep.

8th.—Pulse 118. Temp. 100°. Slept better. Tongue white. Bowels not moved. Water hardly any trouble at all. No hypogastric tenderness. Urine cloudy on boiling, contains pus-cells, $\frac{1}{10}$th albumen. Rep.

9th.—Pulse 112. Temp. 99·6°. Slept fairly. Bladder trouble keeps in abeyance. Bowels not moved. Very much discharge, like blood and water. No bare bone felt. Rep.

10th.—Pulse 92. Temp. 99·2°. Very good night. Tongue cleaner. There has been considerable bleeding from the wound, but no pus at all. Urine keeps better. Appetite good. Sterno-clavicular joint not so swollen, and very little tenderness. *Ham.* 1, *Lyc.* 6.

11th.—Pulse 108, smaller. Temp. 99°. Restless night. Pain in hip. Bedsore over trochanter. Bowels not moved. Chills sometimes. A good deal of blood came out of the wound yesterday. Bloody serum oozes out slowly, but little is to be pressed out. There is no pain. The urine shows a very faint cloud on boiling with nitric acid, very few pus-cells. Rep.

12th.—Pulse 120. Temp. 99·2°. There was a good deal of bloody discharge when he was sitting up. His father closed the orifice with sticking plaster, and since then there has been none. Tongue clean. Slept better. Not so faint. Urine better. Bowels not moved. Rep.

13th.—Pulse 124. Temp. 99·3°. Tongue clean. Bowels moved this morning. Slept fairly well. Sterno-clavicular joint smaller and less tender. There has been no bleeding. Rep.

15th.—Pulse 102. Temp. 99·6° No bleeding, slight mattery discharge. Tongue clean. Bowels not moved. Left side stronger. Rep.

17th.—Sitting up. Pulse 128. No bleeding; very little, discharge. Urine no trouble. Bowels open. *Chin.* ϕ, *Lycop.* 6.

19th.—Pulse 116, jumping. Very little discharge. Can stand. Urine no trouble. Bowels open. Sleeps well. Considerable quantity of pus-cells and mucus-corpuscles in urine; a cloud of albumen; no casts. Rep.

22nd.—Tongue clean. Bowels regular. Discharge very slight indeed. Sterno-clavicular joint still swollen, but not tender. Still sediment in urine. Appetite very good. *Hep.* 6, *Chin.* ϕ.

25th.—There is no discharge to speak of now. He can get his leg straighter; there is no tenderness about the hip-joint. Tongue clean. Appetite very good. Bowels regular. Pulse 104. Urine no trouble; still slight sediment. Rep.

29th.—Keeping much better. No discharge. Pulse 100. Skin cool. Still a sediment in the urine, but no hypogastric tenderness. Rep.

April 1st.—Doing very well. Water clear. Can move leg. Rep.

5th.—Pulse 96. Temp. 99°. Better generally. Sterno-clavicular joint still swollen; sometimes tender. Right thumb swollen; painful at changes of the weather. Has no trouble with his water now, it is quite clear. Hip almost healed; scarcely any discharge; can walk upstairs. Tongue pale, sodden-looking, indented, clean, except in the centre, which is brownish. Appetite is good. He is gaining flesh. He often sweats. No albumen in urine. Rep.

8th.—Almost healed. Improving generally. Rep.

Some weeks later he came to see me looking very much better and stronger, walking quite easily. All wounds and swellings were healed, but a few days after I left off attending him a piece of bone came out of the swelling of the right thumb, which then quickly healed up.

Discussion on John H. Clarke's paper.

Dr. Burnett said that his experience in the treatment of acute rheumatism was not very favourable, the proverbial six weeks being often reached. He thought that the periostitis of the third case might have been spontaneous; he had seen such an occurrence. The starvation cure of the disease promised well for it; milk he distinctly found bad.

Dr. Roth had suffered from rheumatic fever many years ago. He was treated according to the violent antiphlogistic practice of the time, and left with exfoliating bone and an anchylosed joint. He had seen much good from a bath prepared with *Hepar sulphuris* in a lingering rheumatism occurring in a child.

Dr. Edward Blake considered the idea that cold will cause acute rheumatism a mere prejudice. It was unknown in the Polar regions. He questioned also the *Lactic acid* theory of its materies morbi, saying that he found no evidence in the pathogenesis of the drug of any such causative power on its part. "Rheumatic fever" seemed to be a complex condition, numerous diseases having been included under its name by our fathers; its distinctive definition perhaps was "a synovitis occurring with hyperfibrinated and possibly subalkaline blood." It was rare in women, save during pregnancy. It might hereafter be still further subdivided. He thought that *Mercurius corrosivus* had been unduly neglected in its treatment, but laid most stress on perfect rest for the joints, such as might be obtained by plaster of Paris or silicated bandages.

Dr. Dudgeon thought that in London at least most cases of

rheumatic fever were "anomalous." He doubted whether Dr. Clarke's third case was one of rheumatic fever at all; it seemed to him rather some acute cachexia. He agreed with Dr. Blake that not chill but mal-assimilation is the main cause of the disorder, and could often trace its occurrence to the use of too much meat and stimulants.

Dr. TUCKEY was pleased to find that the standard medicines had been successful in Dr. Clarke's hands.

Dr. ANDERSON, from what he had seen of rheumatic fever in the wards of the hospital, thought better of milk than Dr. Burnett seemed to do.

Dr. HALE thought that Dr. Blake had not given sufficient weight to the evidence in favour of *Lactic acid* being the materies morbi of acute rheumatism. It might not be prevalent in the Arctic regions among people accustomed to the cold, but neither was bronchitis, and probably for the same reason. He thought damp cold always the *exciting* cause, whatever might be the *predisposing* cause. In Dr. Clarke's first case the tissues involved were mainly the muscular and the serous, and he thought that a steady persistence with *Bryonia* would have given better results. His objection to alternation grew as years went on. He always began the treatment of acute rheumatism with *Aconite* alone, and then went on with *Bryonia* alone. He thought the second case complicated with syphilis and perhaps also with mercurial influence, while the third patient was probably scrofulous.

Dr. HUGHES was surprised to hear Dr. Dudgeon ascribe rheumatism to excessive meat-eating. This might bring on gout, but rheumatism was something very different. Dr. Blake's objection to the *Lactic acid* theory was singularly unfortunate, as this substance had actually, when given to a patient for diabetes, on two occasions, produced in him polyarthritis with fever, and in animals had also developed cardiac inflammations.

Dr. YELDHAM remembered the days of bleeding for acute rheumatism. It was practical because the fibrin of the blood was found in excess, and this, though it did not justify such practices, explained why meat diet was so injurious. He had seen cases relapse frequently under beef tea, and always enjoined a farinaceous diet. In his experience it had not been uncommon to see rheumatic fever commence with a sore throat. He favoured close adherence in treatment to a few remedies, especially to *Aconite* and *Bryonia*, saying that the former alone often sufficed to remove the whole attack. He should have given *Belladonna* in Dr. Clarke's second case.

Mr. ENGALL and Mr. NOBLE also addressed the meeting.

Dr. CLARKE, in reply, said that he found no evidence of syphilis in his second case. It was excess of nitrogenous food of any kind, and not of meat exclusively, that favoured and kept up the disease.

ON CASES OF PULMONARY HÆMORRHAGIC INFARCTION.

By A. H. Buck, L.R.C.P., &c.

(Read December 9th, 1880.)

Mr. President and Gentlemen,—I shall have the pleasure of reading to you a few observations on Hæmorrhagic Infarction, and as the term is comparatively of recent date, I may be excused for explaining the sense in which I use it:

I take this term to mean an extravasation of blood, by capillary hæmorrhage, into the air cells, terminal bronchi, and interstices of elastic tissue, by which, the air cells of the lung are entwined. The blood is extravasated, partly within the cavity of the vesicles and terminal bronchi, and partly in the interstices of the lung, and it generally proceeds from the capillaries pertaining to a single twig of the pulmonary artery. The indurations may be *black, brown,* or *red,* and if scraped with a scalpel, half coagulated blood escapes, while the surrounding tissues are healthy or only more or less congested.

As a rule, the worst cases are generally seen to be connected with extensive disease of the heart, but the cases I shall bring before your notice this evening were in no way connected with heart disease, at any rate not with any primary affection of that organ.

The College of Physicians have recognised only two forms of occlusion:

A. From compression.

B. From impaction of coagula.

Under this latter, *two* lesions are particularly referred to:

1. Thrombosis (*local coagulation*), the formation of a clot *in situ*.

2. Embolism (coagula conveyed from a distance).

I must apologise for going into these preliminary and theoretical details. My object is to explain some points which I wish to bring under your notice.

My first case is that of a married man, aged 29 years, nearly six feet in height. I was told by the friends that he had, until within the last few years, been very healthy and robust, but owing to dissipation, late hours, and exposure to wet, he had become a perfect wreck.

I found him pale and sallow, emaciated, and so weak that he could hardly crawl about the room.

I saw him on March 25th. He told me that previous to my visit, after travelling by night from Scotland to London, he had been seized with severe pains in the right calf, which at the time of my visit he still complained of; the pain was situated just below the popliteal space, extending downwards to about the middle of the calf, and round to the front of the leg. Upon examining the part I was unable to detect any swelling or swollen veins, and I came to the conclusion it must be neuralgia. He had a short hacking cough, but no expectoration.

I could detect nothing abnormal in the lungs, except a want of power in the respiratory murmurs at the base. No dulness on percussion. Temp. normal. Pulse feeble and about 80. Appetite poor. He had had very little sleep for some time past, and he was troubled greatly with flatulence. I saw him again, three days after my first visit. The pain in the leg, he told me, was quite gone, but he was now suffering from intense pain, which had suddenly seized him at the lower part of the back of the left side of the chest, accompanied with difficulty of breathing. The painful part was found to be dull upon percussion, over a limited area. He complained of creeping chills (not amounting to rigors) about the back, and a tendency to sickness The pulse was now 120, very feeble. Temp. still normal.

Upon inquiry, I found that about the same time the chest pain set in he had an alarming attack of dyspnœa, accompanied by faintness and sickness; it was this, in fact, which frightened the friends and made them again send for me.

These symptoms, however, by the time I saw him had passed off. On the following day the sputa became tinged with blood, somewhat like pneumonic sputa, the area of lung dulness was more marked, cough short and hacking, pulse still 120, feeble, breathing hurried and easily distressed by movement (he was now confined to bed). I thought it must be a case of asthenic pneumonia, but as the temperature was normal I was puzzled and in doubt.

The next day he had, I found, spent a restless night; the blood had become more abundant in the sputa and of a bright colour, showly clearly that it was not an ordinary case of pneumonia; pulse 120. His symptoms became daily and hourly more and more alarming; constant cough, with expectoration, first tinged with bright blood, soon afterwards becoming darker coloured, and as the symptoms became worse, of a purple or liver, and even at times black, colour. He took nourishment vigorously, but in spite of all remedies he became weaker and weaker, nothing staying the hæmorrhage, although he was well nursed and watched by his wife.

Words cannot describe the miserable and dejected appearance that my patient presented. The symptoms had become gradually more and more alarming, and on the sixth day after my first visit his ankles commenced to swell, he was hardly able to move in bed, and his pulse was at times scarcely to be felt.

By this time the friends were so alarmed that naturally they wished to have further advice, and as I had come to the end of my powers to relieve him, and I had availed myself of the suggestions of my friend Mr. Engall, who kindly saw the case several times with me, with a like unsatisfactory result, therefore at the urgent request of the friends, an allopath was called in. Dr. D— saw him with me on April 13th. I had then been attending the patient eight days.

We found him too exhausted to answer many questions. He was so ill that I thought he would not have lived through the previous night. Bleeding from the lungs had now been continuing for eight days, the quantity during the past

twelve hours had been about half a pint of dark thick blood, with very little admixture of air or mucus. The patient was pallid and extremely exhausted, anxious and restless, so that scarcely any examination could be borne, but the dulness on percussion below the left blade-bone was confirmed, and beyond capillary crepitation in the dull part and larger râles in the bronchial tubes, there were no other signs of chest disease. The heart sounds were feeble and flapping, without bruit; pulse scarcely perceptible, 120, resp. 40.

He had sweated much during the past few days, and still complained of queer quivering creeping chills, but not of distinct rigors; temperature normal, 97·2°. During the past few days pain had been felt in the left leg and calf; both legs were tense, and white with œdema up to the abdomen, the walls of which were becoming œdematous, and the scrotum also.

The conclusion Dr. D— came to was that the neuralgic pain in the calf (in the commencement of the attack) was the pain caused by the formation of a thrombus, that a clot from this had slipped off and had become blocked in the lung, causing the attack of dyspnœa and faintness, followed by pain in the chest; and the quasi rusty sputa, which could not have been pneumonic, as the temperature was only 97·5°, indicated the first stage of hæmorrhagic infarction, which has since caused the profuse hæmoptysis.

The ordinary rule, that thrombosis of the left and embolism of the right lung are first to occur, was in this case reversed, but possibly the thrombosis had either occurred in the left leg also, or more probably in the iliac veins.

The treatment of this case was at first confined to the pain in the right calf and the cough. *Ipecac.* and *Bellad.*, with external application of *Belladonna* liniment relieved these symptoms. On my next visit three days afterwards, his symptoms being so much like those of pneumonia, I gave him *Phosp.* continuing the *Bellad.*, as he was still restless and unable to sleep at night. For two days I continued this treatment, when the sputa, instead of being simply rusty, had become so like pure blood that I found I had no longer a

case of asthenic pneumonia to deal with, but one of hæmoptysis and congestion of the lungs.

Taking the state of nervous exhaustion into consideration, I gave *Arsenicum* in alternation with *Arnica*, afterwards *Ipecac.*, which for some hours seemed to have a beneficial effect. He took this medicine for two days, with a free supply of ice, champagne, and nourishment; strict silence was enjoined. As he was still in a very unsatisfactory condition, I asked my friend Mr. Engall to see him with me. *China*, *Ferrum*, and *Ledum* were given. The last-named remedy, from the similarity of the symptoms, I hoped would have done something.

The hoarseness, violent cough, expectoration of bright red blood, double, sobbing, and painful inspirations, with œdema of the legs and feet, all of which symptoms under *Ledum* corresponded so to the patient's condition, but, like the other remedies, it had no effect upon the hæmorrhage.

Dr. D— ordered a mixture of *Secale*, *Gallic acid*, and *Sulphuric acid*. For a few hours it seemed somewhat to stay the hæmorrhage, but he gradually became weaker and weaker, the dropsy increased, and he died from exhaustion fourteen days after the first appearance of hæmorrhage from the lungs.

Professor Gerhardt, of Würtzburg, in his 'Clinical Lectures,' translated for the New Sydenham Society, has written a most complete and masterly essay on hæmorrhagic infarction, and as many of his observations will be interesting in connection with the foregoing case, I will quote from them.

He says that he has never himself seen pure blood (such as occurred in the case just recorded) in the hæmorrhage of infarction of the lung, but that Laennec had seen it in incredible quantities. He especially notices the fact of the expectoration being deceptively like that of pneumonia, as described in the first stage of this case. He goes on to observe that these infarctions are found in cases of disease of the heart mostly, where their appearance introduces the last phase of a long illness, and often leads to one of the darkest scenes of human suffering.

We may be tempted to look upon infarction as a *modus moriendi* of heart cases, just as certain forms of pneumonia regularly develop in cases of slow suffocative death.

There seems to be little doubt that most of the infarctions arise from the embolic closure of the supplying arteries.

The wedge-shaped piece of tissue, with its bases at the pleura, which the artery supplies, is, after closure of the artery, the seat of a hyperæmia, the blood flowing backwards from the veins and infiltrating the parts. The tissue is loosened in its structure and infiltrated with blood, which coagulates and converts the part into a swollen, granular, reddish-black mass, over which the pleura is generally coated with a large layer of fibrin.

You may divide the complete history of an infarction into:

1. The initiating thrombosis.
2. The act of embolism.
3. The infarction itself.

The seat of the thrombosis which gives off the embolism may, of course, be in any of the systemic veins, but not in the portal branches. The left lower extremity is more frequently involved, on account of the less favourable course of the iliac veins of this side.

In mitral and tricuspid disease it is not always the diseased valves or the dilatation of the cavities of the heart which furnish the *emboli,* but much more frequently it is distant, highly-dilated portions of the venous system.

The embolus generally passes to the lower lobe, directed thither by gravity of the stronger current. After the lower lobe the middle and upper may be affected; where there is no special circumstances directing it elsewhere, the embolus generally passes to the right, following the stronger impulse of the blood current.

The earliest and truest of the symptoms of hæmorrhagic infarction is spitting of blood. In fifteen cases it was observed thirteen times, and it occurred eight and a half and a second time twenty-four hours after the shivering which

marked the occurrence of the embolism. In other cases it was two or three days after the attack of dyspnœa.

In infarction all forms of hæmoptysis which you can distinguish MAY occur, none is excluded. For the existence of expectoration of pure blood we have not only the evidence of Lannec, who has seen almost incredible quantities of blood expectorated in infarction—ten pounds in twenty-four hours, thirty pounds in fourteen days—but we have besides the observations of Dittrich of moulded blood-clots in broken-up lung tissue of the infarction. I have myself, says Professor Gerhardt, never met with pure bloody sputa in this disease. I consider this occurrence even more exceptional than the masses of mucus merely beset with bloody points. The sign which is commonly but falsely set down by many as pathognomonic of the hæmorrhagic infarction is the sputa intimately mixed with blood. It may be *deceptively like pneumonic* sputa in colour and transparency, toughness, &c., but as a rule it is more bloody than this, and it contains no croupous coagula, certainly none of a light colour.

I have not often found that, contrary to expectation, a large infarction may produce no dulness; much more frequently is it the reverse, that at a place where there was extensive dulness an unexpectedly small infarction has been found.

In a third of the clinical cases, but much more frequently in persons who observe their own symptoms carefully, there is found a stitch in the side which corresponds to the seat of the infarction.

Regarding the diagnosis of infarction, the same authority says, "From these considerations it is easy to *make* in most cases, especially in cardiac disease and in cases of thrombosis of the crural veins or those of the calf."

In conclusion, he observes, "The diagnosis of the infarction from pneumonia should never rest on an individual symptom, yet you may definitely hold the infarction as determined if there obviously exists embolic material and an embolic attack, and where the diagnosis is confirmed by absence of fever, dulness in the lower lobe, lasting for some time, and hæmoptysis."

My next case is that of a female, æt. 27, married. She had been suffering for some months from a short hacking cough, with frothy expectoration, and, having become tired of taking nauseous doses of physic, she wished to try the effect of homœopathic medicine. I found her to be well nourished, of short stature, but pale and delicate looking.

In 1877, I was told, she had had her leg amputated for a disease of the knee-joint following one of her confinements, consequently she was unable to take active exercise. She avoided going out, as it produced shortness of breath and increased the violence of the cough.

Upon auscultating the chest I was unable to detect any abnormal sounds, with the exception of a few mucous râles at the base of the right lung and the apex of the left. Tongue coated, white, and flabby. Pulse 70, regular. Temp. normal. The uvula and pharynx were in an irritable and congested condition. Expectoration scanty, frothy, and occasionally tinged or spotted with blood. The principal symptom was the violent concussive cough, with a tickling sensation in the throat.

She was losing flesh, but not rapidly, had no night perspirations, and, from what I could learn, there was no history of consumption in the family, her mother, who nursed her through the whole illness, being a healthy and wiry-looking woman.

I was able to relieve considerably the violent fits of coughing, her appetite improved, she was able to rest at night, and she progressed very favourably until the beginning of this year, when I was again requested to see her.

During the severe foggy weather we had last January and February, she had coughed up a large quantity of bright blood, and her friends sent for the nearest medical man, and he had been attending her until within a few days of my visit, which was on February 17th of this year.

I found her looking much paler, her pulse small and rapid, breathing hurried upon the slightest movement, temperature normal, expectoration frothy, *cough violent and spasmodic.*

Upon auscultating the chest I detected small crepitation at the base of the right lung, slight dulness on percussion; she slept very little on account of the cough, and she was quite confined to her bed.

After a few days' treatment the crepitation gradually disappeared, but the cough and shortness of breath remained unabated.

She continued in a very unsatisfactory state until about four weeks after the attack of hæmoptysis, when she was suddenly seized (March 19th) with an acute pain at the lower posterior portion of the right lung, followed by great shortness of breath, blueness of the lips, and sensation of exhaustion.

Upon my arrival the shortness of breath had somewhat subsided; the cough was incessant, with a little frothy expectoration; the countenance was expressive of great distress and alarm; pulse weak, 120; temperature normal. Upon examining the chest faint respiratory murmurs could be detected at the painful part, which was situated at the lower middle of the posterior portion of the right lung above, and below could be heard small crepitation; slight dulness on percussion at the seat of pain; heart sounds normal.

I ordered a mustard leaf to be applied to the side, and afterwards a linseed-meal poultice, to be renewed every three hours. She passed a restless night, but the pain in the side the next morning was much better. She was unable to lie down, as it increased the cough and shortness of breath. Pulse 130, breathing 30. To take champagne, jelly, oysters, wine, and beef-essence. The respiratory murmur (at the previously painful part in the side) was less audible; crepitation still to be heard towards the upper portion of the lung and at the base; expectoration frothy and very scanty.

This state of things continued for several days, during which time, at intervals, she would be seized with pain in the region of the heart, the pulse running up to 170 and 180, at times I was unable to count it, and accompanied with a violent attack of dyspnœa, the finger-nails

becoming blue, the mouth and face turgid, the perspiration standing out upon her brow, and her symptoms so alarming that the friends thought she would die during one of the attacks. These symptoms were considerably aggravated and often brought on by the slightest exertion.

She was now in so unsatisfactory a condition that I asked Dr. Carfrae to see her with me on April 9th.

We found her pallid, with an anxious expression of countenance, unable to lie down in bed; the cough short, hacking, and convulsive; expectoration frothy; breathing about 40, pulse 140, temp. 97°. Was not in any pain except in the head occasionally. Upon auscultating the chest no respiratory murmur could be heard at the lower and middle portions of the posterior part of the right lung until you got to the upper third, where small crepitation could be detected. On the left side, the breathing was peurile, but no abnormal sounds could be heard. Heart sounds normal, but action feeble. No œdema of the feet. The urine plentiful and healthy. The catamenia had for some time been irregular and scanty, lasting only a few hours.

Dr. Carfrae ordered a linseed-meal poultice to be applied to the whole of the affected lung, and to be repeated every two or three hours, to inhale the fumes from burning nitre paper, and to continue the medicine which she was then taking—*Antim. tart.* and *Phos.*

The breathing was very much relieved by these remedies, and on the second day after Dr. Carfrae saw the patient with me she commenced to bring up a grumous, rusty-coloured sputa, at first in very small quantities, but after a few hours became more copious and darker in colour, soon almost assuming the colour and consistency of treacle, and of a most offensive, almost putrid odour.

This expectoration continued for about twenty-four hours, amounting to about half a teacupful; as it increased, so the breathing became more free, and the other symptoms less violent. Crepitation was again heard (*at first faintly*) in the affected portion. Small crepitation gradually permeated the whole of the lung, and extended to the left one

before they again became free. The paroxysms of dyspnœa and faintness did not recur after the expectoration just described commenced. The cough became less violent in character, the appetite improved, and she so far recovered as to be removed to another part of London.

The treatment in the commencement of the cases was principally with a view to relieve the cough. *Ipec.* and *Bryonia* did this very satifactorily, and *Nitric acid* was very beneficial to her. *Hyosc.* relieved the violent paroxysms, and *Emetic tartar* was also given from time to time.

When I was sent for on March 19th, I commenced the treatment again with *Ipecac.* and *Bryonia,* and (the pain in the side having been relieved) I gave *Arsenicum,* as she was suffering from so much prostration and exhausting perspirations. I afterwards changed, as the chest symptoms became more urgent, to *Antim. tart* .and *Phosp.* These medicines she was taking when Dr. Carfrae saw the patient with me, and as he considered them to be well suited, we decided to continue them.

A few hours before she commenced expectorating the sputa before described her symptoms became so urgent and distressing it occurred to me that *Lobelia* might prove useful. I gave her five drops of the 1^{x} every hour. How far the *Lobelia* assisted in the matter I cannot say, but after she had taken it about twelve hours the expectoration commenced, and continued as previously related.

When the expectoration had ceased, and the small crepitation took the place of the previous lung collapse, I gave her (as being allied to *Lobelia*) *Senega.* This last medicine relieved the cough considerably, and I think materially hastened her recovery.

The first case I look upon as being one of embolism (coagula conveyed from a distance), and although unfortunately I was unable to confirm the diagnosis by a post-mortem examination, I think that the testimonies of the authorities I have mentioned tend to strengthen the theory that the symptoms were due to the formation of a clot.

I should be glad to have the result of the experience of any member present as to the effect of *Ergot* in hæmorrhage

from the lungs, and whether it would be considered to act on the principal of similar in such cases?

The second case was one of thrombosis (local coagulation) or formation of a clot *in situ*. My idea is that after the attack of hæmoptysis in February a clot or thrombus formed, which gradually increased, infiltrated the surrounding tissues causing pressure upon the pleura, and resulting in the acute pain in the side followed by the attack of dyspnœa.

The cardiac symptoms and alarming attacks of prostration would, I take it, be accounted for by so much lung tissue being involved, and extra work being put upon an already enfeebled heart, thereby impeding the flow of blood through the right side of that organ.

I must now thank you, gentlemen, for the attention you have given me; at the same time I must ask your indulgence for any shortcomings that you may detect, reminding you that these observations have been written in the intervals of a busy General Practitioners life.

Discussion on Dr. A. H. Buck's Paper.

Dr. Hale recalled a case of profuse and fatal hæmorrhage from the lungs occurring in his practice some thirteen years ago. The subject was apparently a healthy and strong man, but at the post-mortem examination a pulmonary abscess was found. Dr. Buck's second case read to him more like one of broncho-pneumonia. He would like to know how the patient's subsequent death occurred.

Dr. Dudgeon thought that the inference made as to the nature of Dr. Buck's first case was very insecure. A very little thing would make such lung tissue as the patient had break down.

Dr. Clarke accepted the diagnosis of the first case, but doubted that of the second, as the heart was sound, and there seemed no other source of obstruction of vessels. He discussed the rationale of hæmorrhage occurring from capillaries in front of an obstructed artery, adopting Niemeyer's explanation as at least reasonable. He thought that crepitation might well be present in infarction. He could have wished that the cases had been more instructive as regards treatment.

Dr. Edward Blake commended the choice of *Secale* in the first case, and thought it quite right to give it in substantial

doses. He remembered having seen a case of this malady seventeen years ago, in which there was no hæmoptysis. The great value of the thermometer as an aid to diagnosis was shown by such cases those Dr. Buck had detailed.

Mr. Noble questioned the homœopathicity of *Secale* to hæmorrhagic conditions, and said that his own experience had been greatly to prefer *Hamamelis*.

Dr. Byres Moir expressed his surprise at the copiousness of the hæmorrhage in the first case, and agreed in questioning the diagnosis in the second.

Dr. Hughes fully concurred with Mr. Noble about *Secale*. A hæmorrhagic property was ascribed to it, on the strength of metrorrhagia having occurred under its use, but this was always in connection with abortion. It was a specific excitant of unstriped muscular fibre, and thus promoted uterine contraction and closed bleeding vessels.

Dr. Yeldham thought that Dr. Buck had diagnosed these cases as well as their obscurity permitted, and that we owed him thanks for bringing forward such rare forms of disease.

Dr. Buck, in reply, answered Dr. Hale that the similarities of the symptoms in the second case to those of the first, led him to the diagnosis he had made. He agreed with Dr. Clarke in accepting Niemeyer's explanation of the occurrence of hæmorrhage in front of embolic obstruction, but did not think crepitation usual at the seat of infarction.

TWO ANOMALOUS CASES OF CHRONIC ARSENICAL POISONING.

By Dr. Hughes.

(Read January 6th, 1881.)

I.

On July 9th last I received a telegram from a gentleman living at Dundee, with whom I was acquainted, requesting me to go down there to see a friend of his. On arriving next morning, I found that the patient was under the care of two medical men of the old school, who had, on the wishes of the family being communicated to them, made no objection to my seeing the patient, but declined to meet me. I therefore proceeded to his residence, and found a middle-aged man in bed, in a semi-comatose state, with his legs and trunk heavily waterlogged. On inquiring into the history of the case, I ascertained the following facts:

Mr. S— had always enjoyed excellent health. He was married; his only child was settled; and his business was prosperous. He had built and occupied some two years since the house in which I found him. For a good time past Mrs. S— had noticed a change in him: he was irritable and fretful, more sensitive to cold, and complained from time to time of vague pains. His actual illness, however, dated back only about ten weeks. It seemed traceable to a chill caught when driving at night in an open gig. "Congestion of the lungs" was said then to have occurred, and he was ill in bed for some little time. From this he was recovering, when his face and feet began to swell; and the doctor in attendance reported albumen present in the

urine. He now got steadily worse. Professor Sanders from Edinburgh and Professor Gairdner from Glasgow had both seen him at different times; and had pronounced—the former especially—a most unfavourable opinion as to his state, for which, moreover, they had expressed themselves somewhat puzzled to account.

All this I learned from the family, my only source of information. On examining the patient, I found—besides the semi-coma and anasarca already mentioned—a pulse of 108, a temperature of 102·5°, the tongue dry down the centre, the pupils contracted and fixed. The urine was scanty and cloudy. On sending for a test-tube and spirit-lamp, and boiling it, I found it to contain about one third its bulk of albumen. I had no microscope at hand, but was able to procure a urinometer, which showed a specific gravity of 1016.

I had of course no hesitation in pronouncing the case one of acute Bright's disease (large white kidney), nor in deciding on the measures proper to be pursued. I should determine to the skin with a hot-air bath, to relieve the oppressed brain of its perilous load of urea-charged blood; and I should give *Aconite* and *Terebinthina* in alternation to improve the state of the kidneys. From these measures I had every reason to hope that speedy and probably permanent amendment might result.

On communicating these view to the friends, the question of course arose as to what shonld be done. I had shortly to return home, five hundred miles away; and the case required constant watching. I proposed that I should write to the family medical attendant, stating my opinion and the treatment I proposed to adopt, and giving him the opportunity—if he would take it—of working with me. This I did; and, as my intended dosage was two drops of the 1st dilution of each medicine, there was nothing here to cause difficulty. My overtures, however, were courteously but decidedly rejected: information being at the same time given, in answer to an inquiry of mine, that the urine under the microscope had presented a number of fibrinous casts. I now felt quite free to advise that Mr. S— should be

placed under the care of a local homœopathic practitioner, who should consult from time to time with me; and, at the wish of the family, Dr. Howison was selected and sent for. At our meeting, he entirely concurred with the measures I had proposed; and we put them in practice at once. Before I left the patient next day, I had the pleasure of seeing the albumen somewhat diminished and the brain a little clearer.

The further progress of the case I will now relate in Dr. Howison's words, he having continued in charge of it (in correspondence with me) until its termination.

"After the first hot-air bath, in which he perspired pretty freely, and the administration of *Terebinthina* and *Aconite* alternately, the breathing and heart's action became rapidly less oppressed; and though the œdema continued great, the flesh felt softer and less doughy, and his appearance less cadaverous. As the rambling muttering comatose condition still continued, and there were symptoms of sore throat, I gave *Belladonna* instead of *Aconite*. His progress for some days was most satisfactory, temperature, pulse, and quantity of albumen showing great improvement. On July 13th there was a decided change for the better in the cerebral symptoms, the pupils were natural and impressible, all tendency to subsultus tendinum had disappeared, the face was less puffy, and the general œdema somewhat diminished. He took food well, in fact, whatever and whenever offered. The quantity of urine, under the influence of the medicines and the total suspension of stimulants"—which, I should mention, were being given *secundum artem* previously to my seeing the patient, but which I at once cut off—"had now become very abundant, about 82 oz. in twenty-four hours. Next day, after having slept more naturally, lying occasionally on his sides (formerly he was always on the back with the mouth open), he was now so far conscious as to recognise me and say—"If it's a fair question, what are *you* doing here?" When, however, he attempted a sentence of any length, he generally got lost and left it unfinished. Improvement continued to advance day by day, with an occasional *contretemps*—constipation and flatulence being

especially troublesome, the tympanitic distension sometimes so great as to seriously interfere with the heart's action, notwithstanding the administration of *Lycopodium* and frequent enemata of warm water. Although the albnmen continued to diminish day by day, there were still a few casts to be seen and a very great amount of uric acid crystals: the pulse also continued quick. On the 18th inst., I felt disposed to try the effect of *Arsenicum,* which I gave in drop-doses of Fowler's solution; but was much alarmed after only a few doses at the rapid setting in of fever with an eruption over the skin and great irritation of the mucous membranes, sore eyes and nose, and relaxed throat. This was followed by an attack of phlegmonous erysipelas of one side of the face. He had had this while under allopathic treatment; and now, as then, the characteristic heat, pain, and congestive redness were almost wanting. Under the influence of *Aconite* and *Belladonna* these symptoms, all excepting the rash, disappeared in a few days. General improvement again ensued, and on August 6th the record was—temperature normal, urine 71 ounces, albumen only a trace, uric acid much diminished. The pulse, however, continued to be quick—generally about 110. Up to the 10th the condition remained the same, save that the albumen quite disappeared, and on the other hand a troublesome cough supervened. The patient sat up, or rather reclined on the sofa, nearly all day; was generally dressed before breakfast; enjoyed his food immensely; was exceedingly cheerful; and being somewhat of a wit indulged in his usual practice of punning with plenty of point. Although the swelling of the body and legs had much diminished, the latter continued uncomfortably large: nevertheless he could walk about the room and lobby, and enjoyed watching his friends passing the house from his sitting-room window. During this time he took chiefly *Terebinthina,* but sometimes *Lycopodium* and sometimes *Apocynum.* There was every prospect of a rapid and satisfactory recovery, and of his being able to get out for a drive in a few days; and arrangements for his wintering in a better climate were contemplated, when congestion of the lower lobe of the

right lung set in with great severity. This was accompanied with a great accession of albumen, decrease in the quantity of urine, and increase of the swelling all over the body, including the face. Although the pulmonary mischief was soon relieved, the baths and medicines ceased to act in the satisfactory way they formerly did, and a second trial of *Arsenicum* was productive of the same mischievous results as on the former occasion. At that time I was strongly impressed with the suspicion that our patient was arsenically poisoned, and inquired both of Mrs. S— and of the house decorator as to the possibility of that drug being on the walls; but was assured that a dread of such a thing happening had induced them to take every possible care to prevent it. On the present occasion I had the bedroom paper examined by the town analyst, who found nothing deleterious; but as I still could not throw off my impression, I scraped off some green colouring which I found on the staircase wall, and in this the same chemist found a large quantity of arsenic. Unfortunately, the discovery was not made until the day of the victim's death, which occurred on the 22nd August, serous effusion having occurred generally, and coma and cardiac oppression closing the scene.

"It is well to bear in mind that this *sized* colouring covered a great surface of walling, the entrance hall, passage to kitchens, a large square lofty staircase, a roomy landing communicating with all the bed-rooms, and a passage and back staircase. The room our patient occupied during the day opened into the landing just mentioned, and he was very fond of having the doors open. I observed too that sneezing and sore throat were of frequent occurrence with him. The two nurses, and also Mrs. S— and the cook, suffered very much from sickness and diarrhœa &c., but that I accounted for in another way. One nurse was invalided, and had to return to the Infirmary whence she came; and there she was for some time dangerously ill from some kind of *incomprehensible* fever, the exact nature of which remained unknown."

So far Dr. Howison. I must leave to your judgment the

part played by arsenic in this tragedy. Mine is, that it at first operated as a predisposing cause, lowering the vital resistance of the organism in general and of the kidney in particular; and that then, albuminuric nephritis having once been set up by cold, it acted from time to time like an overdose or too long continuance of a specific medicine, aggravating and keeping up the very mischief it might in a more suitable form have subdued. In no other way than by its presence in the body can I account for the patient's utter intolerance of it as a medicine, when it appeared so precisely suitable to the condition for which it was prescribed.

II.

At the beginning of November last, I was consulted by letter relative to the case of an English nobleman, then wintering in Italy, suffering from pemphigus. The account given of it by the writer, Lady C—, is so full and minute that I cannot do better than quote her words:

"I must in the first place tell you that Lord C— has been suffering from this illness now between three and four months, and as far as I can judge as to the eruption itself, it seems almost as far from cure as it was at the beginning. The illness has been most severe and persevering, and the whole body without one single exception has been covered with it. At times it dies away in one part and is more severe in another, in fact it seems always to vary in severity from one part of the body to another. The redness which precedes the blisters is still *very* general all over the body; the blisters, however, I should say are less numerous than they used to be, though larger. There is much less irritation, much less or almost no heat, and the blisters do not fill over and over again as they did, but after being once or perhaps twice punctured they do not rise again, which is certainly an improvement." The letter then went on to describe the difficulty experienced in protecting those parts of the body exposed to chafing, so that new cuticle should form on the denuded surfaces—which, if let alone, it seemed ready enough to do. "One characteristic of this illness

of Lord C—'s has been that during the whole of the worst time there never was any fever; the pulse, though quick, had the quickness of irritation rather than fever, and the temperature—tested continually—was almost invariably normal. The appetite remained excellent, and the sleep—notwithstanding the extreme irritation during the earlier part of the illness—was wonderful. In fact the general health, notwithstanding that he was covered from the crown of the head to the sole of the foot with this terrible eruption, accompanied by the most distressing and painful œdema, so that the body was nearly twice the natural size, and the same with arms, legs, hands and feet, and even neck and head—notwithstanding all this, as I said before, the general health has been maintained throughout. The actions of the bowels were perfectly regular and perfectly healthy; the urine, tested by the most skilful chemists, pronounced on each occasion to be that of a person in perfect health. This swelling gradually diminished; the *China* and *Ferrum* given seemed to affect it, and the constant application of lotions of salicylate of soda, with lettuce decoction, or of solutions of quinine, has been most useful. They were ordered by the allopathic doctor C—, a very clever man, who has been attending him all along, and has allowed me to give the medicines prescribed by letter and telegraph by Dr. —, who had seen Lord C— before he left England, and knows his constitution. When the swelling diminished, there set in a most obstinate diarrhœa, which lasted without intermission for about two months, and at times was very troublesome. It never disturbed digestion, though the actions were at times perfectly liquid, and as frequent as fifteen or sixteen in the twenty-four hours. The appetite remained excellent, the strength wonderfully little diminished, no sickness nor taste in the mouth, the tongue though rather red at the tip never white. This diarrhœa in some respects seemed of a salutary nature, for the swelling rapidly diminished and then disappeared, leaving Lord C— very thin though not emaciated. No medicines seemed to have much effect upon it, but what did him most good was a change of air, bringing him from the

city to this place among the hills, which seems to have been very beneficial. He is now very decidedly better in all respects except the continual recurrence, or rather the non-cessation, of the eruption. The diarrhœa is gone, the strength much recovered, the appetite *most* excellent, in fact he cannot do without very frequent food and wine. We give him Bordeaux, and he who never drank wine at all now craves for it, and finds the greatest support in drinking it. He has about three bottles in two days."

The latter went on to state that Lord C— (with whom I was not personally acquainted, though I had attended his father and brothers) was sixty years of age, of regular and abstemious habits, and of a general health unvaryingly good; that he had passed the previous winter on the Nile, but with every wonted comfort about him, so there seemed no appreciable cause for such an attack. It further mentioned that the new skin was (as might be supposed) very soft and sensitive, and in a continual slight perspiration, which on any provocation became considerable.

Now the first thought aroused in my mind by this narrative was—how came this strange attack about? Pemphigus, in this acute and generalised form, is well-nigh unknown in adults; nor was there anything in the present patient to account for his proving an exception to the rule. In default of an adequate internal cause, I could but look for one of external origin; and thinking over the possibilities of the case, my suspicions were strongly directed to arsenic. It alone of all known poisons has sufficient action on the skin to account for the developement of such an eruption as pemphigus, and the œdema, diarrhœa and red-tipped tongue were all familiar arsenical symptoms. I wrote accordingly, expressing my views, and urging inquiry. At the same time, I counselled a radical change in the local treatment of the eruption. All wet applications were to be discontinued, and the whole body to be anointed daily with the best olive oil. The blisters were not to be punctured, but supported with rags smeared with spermaceti ointment, and their contents allowed to dry up. The nutrients and stimulants were to be continued, and a grain

of *Antimonium tartaricum* 1 to be taken thrice daily, to improve the nutrition of the skin.

A second letter, dated November 9th, at once confirmed the justice of my suspicions. "Your letter," it said, "has made me think that it is possible that the cause you speak of may explain what seems so inexplicable an illness." After mentioning facts about the Nile boat in which the winter, and the Italian villa in which the summer had been spent, which seemed to exclude the possibility of arsenic being present in either, it went on to state that for some considerable time Lord C— had had a slight but very irritable affection of the skin of the pit of the throat and the bend of the arms. There was little to be seen, but great itching. A homœopathic physician of Paris had prescribed *Arsenicum* for this,—ten grains of the first trituration to be dissolved in four spoonfuls of water, and one taken night and morning. "I had always noticed," the writer went on, "that Lord C— was very susceptible to *Arsenicum*, and I did not give the medicine for several months; but about three weeks or a month before coming to the end of our Nile voyage, finding that the irritation had been somewhat increased by the great heat, I determined to give it a fair trial; and accordingly most regularly gave him, for three weeks, twice a day, the powders that I had brought with me. At the end of that time Lord C— complained of his tongue being so dry and his thirst so great that it made him quite ill. This increased, and the tongue became hot and dry like a parrot's, and he had chilly fits, and got very pale, his face white and pinched, and his pulse weak and quick and at times very irregular and small, with extreme prostration. The eyelids were swelled and puffy, especially the right eye. I looked for the symptoms, and finding them in my *Jahr*, I said jokingly to my daughters, 'I do think I must be poisoning your father by small doses of *Arsenic*.' I at once stopped the medicine, and he got rapidly better. Most profuse perspiration for a few days seemed to relieve the system, and we thought no more about it, as he got quite well, and the irritation in the neck had certainly improved. About five weeks

later, when we had returned to Italy, the skin irritation began to return more distressingly, and over a larger surface, being rather down on the shoulders. I bethought me again of my *Arsenic*, and gave him the powders again; but in about a week the symptoms of dry mouth, chilliness, and swelled eyelids returned, and I again stopped; but about a fortnight after this the illness began, first attacking the feet and arms, and then the back, and then suddenly developing at once into a violent condition of crimson eruption, followed by thousands of small blisters and a red and shiny skin, as in erysipelas; and then came the dreadful swelling all over the body."

The mystery now seemed solved; and, though the dose of the drug was by no means excessive (equalling only about three minims of Fowler's solution), the sensitiveness to it previously noted was sufficient to account for the poisonous effects. That these occurred in the system at large under its use was undoubted, and the pemphigus appeared only the ultimate expression of the intoxication. The interest of the case was now mainly therapeutical. The next letter, dated November 24th, said, "I have been strictly following the treatment since I received your first letter, and I think with very marked success. We have entirely stopped all wet applications, and the skin is certainly gaining strength and firmness; we have also left off pricking all the larger blisters, and have done as you advised, supporting them with lint and a little sperm ointment. I think I may say this has been perfectly successful so far. We began the experiment on the legs, which have been very troublesome for some time, and have constantly formed large blisters which had to be pricked over and over again, and in many cases have continued unhealed and inclined to become sore for several weeks. They were just in the condition to make the experiment fairly, as there were several new large ones. One we pricked as usual, and two or three we left. Those that were not pricked the next day had increased in size, and also in number, and looked quite alarming to our eyes, not that the skin was red round about, but pale, and neither hot nor angry. The pricked one was hot and red,

as was usual. The number of large blisters increased in a very marked manner, but we left them alone, only supporting them, leaving a large hole in the middle, and by degrees they got softer, and most of them went down quite flat without any trouble in a couple of days. Some of course were a little longer. Some, when the loose skin came off of its own accord, were quite healed below it, but some have been a little longer in healing. . . . The legs are now getting distinctly better. He is oiled from head to foot after his bath, and when he goes to bed every night, and, as I said before, the skin looks much stronger and firmer. . . . A very curious thing is that all the nails are coming off, the new ones are in fact nearly half grown up; again I was looking at *Arsenic* symptoms, and find that this is one. . . . One thing still remains to be mentioned, and that is that he is inclined to sleep a great deal during the day, and when he wakes he is rather confused and takes a few minutes to gather himself up. He is also very liable to a sort of half vision, half dreaming, which bothers him, as it is between waking and sleeping, and it keeps him from good sound night's rest."

In a postscript, dated the next day, Lady C— mentioned two points that she had previously omitted. One was that the pulse was extremely intermittent: this had come on since he had begun to get better of the eruption. The other was that his mouth was very sore, and had been so for more than three months. "The tongue has many places in it like aphthæ, not white like that, but the form is the same. They begin like clear blisters, as on the body. The edges have a little blackish fringe around them, and the middle of the tongue has spots that are of a blackish colour. . . . One of these places was quite deep. Sometimes it is the tip and sometimes the sides that are sore, and sometimes the blisters even come on the palate and gums."* Her ladyship added that the heart had several times been examined with the stethoscope, and pronounced healthy and sound.

I advised *Borax* for the mouth; but said that both it

* Dr. Galley Blackley some time ago reported to the Society (*Annals*, ix,

and the intermittent pulse were parts of the arsenical malady. If the heart had not been examined quite lately, I added, I should recommend this being done.

I could have wished the story to have ended here; but it was destined to have a sadder close, and to show its evil agent, the arsenic, in yet another character. On December 9th Lady C— wrote:

"We have returned from the hills now, and a strong confirmation of the truth of your theory of the *Arsenic* has, I am sorry to say, shown itself since our return. For, having put Lord C— into the same room he occupied during all the first part of the time we were here before his illness declared itself, he has again experienced a very decided return of the eruption which was dying away so satisfactorily, and he has not been nearly so well the last week as he was. I thought that there might be some arsenic in the walls, though painted—as I think I told you —with fresco paint, and, as I supposed, at least fifty years old. But when I had a bit of the wall scraped and sent for analysis, I received the answer that it was full of arsenic! The only two rooms in the house in fact that are painted in this way are the rooms which he occupied. Of course, before I got the answer I had removed him to other rooms, but he slept four nights in this room, and it seems to have brought back the old suffering. I want very much for you to suggest something fresh for the sore mouth, which is very distressing to him. It is curious how the inside of his mouth looks as if he had been eating charcoal; and even the saliva has a black colour, as if mixed with charcoal, for it is not slimy, but clear, with little grains of black in it. The tongue looks sodden, and many of the papillæ are hard and blackish, the tip and edges are red and very sore, and he has a good deal of saliva at times, which the soreness of his mouth prevents his being able to manage. The blackness had quite gone, and only came back when we returned here. . . . He complains of

142) a case of acute pemphigus in which the mouth and throat were involved. The causation in his patient was very obscure: could Arsenic have been at work there?

feeling weak and shaky, and he certainly is very much less strong the last few days. . . . The inside of his mouth, I forgot to say, is so curiously cold. I put my finger in to feel the back of the tongue, and it was like a cold wet place, instead of warm like my own."

I received this letter on Sunday the 12th, and telegraphed immediately to give *Mercurius*. Since its despatch, however, Lord C— (as I subsequently learned), had taken cold. His medical attendants said that there was nothing alarming, as the catarrh did not extend below the throat. On Monday morning, however, he seemed to have difficulty in swallowing. The inspiration was comparatively free, but the expiration was difficult. As he was taking some soup, suddenly his eyes closed and his head drooped forward, a dark flush passed for one instant over the face, but there was not even a gasp. His death was instantaneous.

I fear I may have wearied you with this long narrative; but it seemed to me too instructive to be curtailed. I would again invite your judgment as to the arsenical factor in the case. I think there can be no doubt of its having been the one *causa mali* throughout; but the question is of the relative part taken by the internal administration and the external exposure to its influence. I should be inclined to say that, as in the former case, the presence of its emanations rendered the system intolerant of its medicinal use, so here saturation with it as a remedy made the patient an easy prey to it as a wall-paint, and that the pemphigus was due immediately to the latter. Any way, the history is of deep practical importance. It confirms the doctrine we have always maintained, that any good wrought by *Arsenic* as a remedy in cutaneous disease is an example of the working of the law of similars; and adds to the forms of skin-disorder it can cause one in which it is esteemed especially effective as a remedy. It further makes us the more alert in watching for the possible existence of this insidious poison in obscure cases of illness; and adds another argument in favour of legislative measures being taken to restrain or forbid the use of such a noxious agent for domestic ornamentation.

Discussion on Dr. Hughes' paper.

Dr. Bayes said that he had had considerable experience in cases of this kind. He mentioned one instance in which arsenic was present in the wall-paper in the proportion of fourteen grains to the square foot. Two children had died in the house from diphtheria, and another infant was suffering severely from diarrhœa, which speedily ceased on its removal to one of the only two rooms in the house from which the green paper was absent. He thought that the agency of arsenic was not so clear in Dr. Hughes' first case as in his second. He asked why, in the latter, the antidotal powers of *Quinine*, which he had found very effective, were not brought into play.

Dr. Clarke thought this an unduly neglected subject. In Ipswich, where he had lately practised, it was the exception for a house to be free from arsenical wall-paper. In one case of poisoning from this source his attention had first been called to the cause by the disagreement of *Arsenic* given as a medicine. From his experience he should say that both Dr. Hughes' cases were of arsenical origin. The Society of Arts and the Medical Society of London were now jointly considering the propriety of seeking legislative action on the subject, and it had been suggested to him by a prime mover in the project that the British Homœopathic Society should co-operate.

Dr. Roth strongly supported the desirableness of Parliamentary intervention, and thought that the Society would only do itself justice if it came forward to urge it. He had himself taken an active part in connection with the Ladies' Sanitary Association, in warning against the use of green dresses and flowers, which were nearly always arsenical. It ought to be made widely known that it was possible to produce a beautiful green colour without the aid of arsenic.

Dr. Jagielski had been present at the meeting of the Medical Society when Mr. Jabez Hogg read a paper on this subject, and it had elicited abundant experience like that brought forward to-night. It appeared that no colour was necessarily free from it, or any part of furniture or dress. A useful suggestion was made to the effect that all wall-papers should be varnished. Such action as had been proposed would support those firms who avowed their intention of dispensing with arsenic, and would increase their number. He asked if we have any means of eliminating the drug from the bodies it has pervaded, especially with reference to the action of electro-chemical baths.

Dr. Cooper said that it had been proved at one of the London hospitals that elimination of lead took place under electrical influence. He commented on the support given by such facts as now brought forward to the action of infinitesimals. There was

much in the phenomena not yet explained, as the apparent health of arsenic-eaters, and the lack of injurious influence exerted by the drug when used by manufacturers. Workers with anilin, so poisonous when ingested, showed a like inexplicable immunity.

Mr. ENGALL had seen great evil result from the making of dresses coloured green with arsenic. He himself had suffered from dimness of vision and pain in using the eyes, with a patch of psoriasis appearing on the left side of the nose; and had traced these troubles to the use of a green shade on a lamp by which he wrote, on discontinuing which all got well. He had now a case on hand beginning with conjunctivitis of the inner angles of the eyes, and followed by a succession of blebs on the face and limbs, and shedding of the nails. The patient lived and worked in a room painted green, but in oil. He questioned the sufficiency of varnishing as a security against poisonous emanations.

Dr. EDWARD BLAKE mentioned a case known to him in which arsenical wall-paper had caused asthma and death. A simple test of it was sweeping white paper along its surface, when the metal, if there, comes off. There is much analogy between the effects of sewer gas and of arsenical emanations; and, though the former alone can cause diphtheria, the latter may predispose to it,—the drug having a special influence upon the throat. Lead-poisoning had been observed as occurring from paint containing it: therefore (he thought) arsenical poisoning might be.

Dr. YELDHAM thought the cases very interesting, and unmistakable instances of arsenical poisoning. We need, however, to be cautioned against extremes in this matter, so that we should saddle arsenic with ill-doing not its own. The effects of wall-paper prepared with it showed that medicines could really act by olfaction, as Hahnemann maintained, and as he (Dr. Y—) had seen with *Belladonna* in infantile convulsions. He had had grave reasons to distrust the reality of the results purporting to be obtained by the electro-chemical bath.

Dr. HUGHES, in reply, agreed with Dr. Bayes that his first case was less arsenical than the second, and had said as much in his paper. He substantiated the value of *Quinine* as an antidote when the poison attacked the nervous system; but in his second case, when it came under his care, the skin was the seat of its influence, and *Antimony* its remedy according to the law of similars. Our previous knowledge on this point had of late received strong confirmation from the experiments of Drs. Ringer and Murrell, which showed *Arsenic* and *Antimony* (and these only among the poisons they had tested), causing a constant degeneration and desquamation of the skin in frogs. With Drs. Clarke and Roth, he warmly supported the proposal that the Society should take public action relative to this grave evil.

NOTES ON RICKETS AND RICKETY DEFORMITIES: THEIR PREVENTION AND TREATMENT; WITH A NOTICE OF A VISIT TO THE SCHOOLS FOR RICKETY CHILDREN IN TURIN AND MILAN.

By Mathias Roth, M.D.

(Read Feb. 3rd, 1881.)

In Norman-French the humpbacked and deformed used to be called *riquets*, the word derived from *rachis*, the spine; hence the English word *rickets*, a disease of infancy and childhood, specially characterised by various deformities of the bones. It is probable that the word *rickets* was first of all applied merely to the various contortions and deformities of the spine caused by the softening of the bones; afterwards, the deformities of the limbs produced by the same cause were said to be rickety, even when the spine was not deformed. On the Continent rickets are called the "English disease," "Morbus Anglicanus," "die englische Krankheit." I do not know whether this name is due to the prevalence of the disease near the River Thames in the sixteenth and seventeenth centuries, or, as Trousseau says, to the fact that the English tables of mortality of 1631 first mentioned the name, or whether it is due to the first description of the disease by a commission of eight members of the College of Physicians of London, a Latin report of which was edited and published by Dr. Glisson in his book *De Rachitide* (Lond., 1650).*

* A few years ago, when the millenium for the indiscriminate treatment and perfect cure of all spinal curvatures was heralded by Sayre's plaster-jacket, which is applied on the patient in a hanging position, an editor of a medical journal asked me to give him some description of the treatment, of which he only knew that "they begin to hang a man, and then take a cast of him." It was then that I first came across Glisson's book. Glisson's swing is still used in continental orthopædic institutions,

Hippocrates, in his treatise on the joints, Galen, in various books, and Ambrose Paré (book xxiii, chap. viii), have published notes referring to rickets.

The Predisposing Causes of Rickets.

Sickly, diseased, or weak parents suffering from chronic disease, recovering from some severe complaint, or exhausted by too much muscular labour, and intemperate, badly or insufficiently nourished, too-young or too-old people, and parents engaged in unhealthy trades (without being rickety themselves), can, and frequently do, cause a predisposition for rickets in their children.

According to Professor Gamba, of Turin, parents having suffered from rickets in their infancy, especially rickety mothers, have children who rarely remain free from the disease; the offspring of strumous and tuberculous parents, and of mothers exhausted by too frequent pregnancies, are predisposed to rickets. Its hereditary predisposition is not admitted by those who believe the disease to occur always at the period of first dentition and in the first year; but Pinel, Fourcroy, and Sartorius have described rickets in the fœtus and in new-born children, and the specimens of fœtal rickets which can be seen in pathological museums are sufficient proof for the heredity of the disease. Professor Gamba remarks that not only children with a lymphatic temperament, soft, white skins, fair hair, and blue eyes, but also those with a sanguine and sanguine-bilious temperament are predisposed to the disease, and gives the following table of 149 rickety children:

Of 81 boys—20 have lymphatic temperaments, with fair hair.
30 have sanguine temperaments, with chestnut hair.
31 have sanguine-bilious temperaments, with black hair.
Of 68 girls—15 have lymphatic temperaments, with fair hair.
33 have sanguine temperaments, with chestnut hair.
20 have sanguine-bilious temperaments, with black hair.

It happens that in certain families some children are rickety and others healthy; this may be attributed partly

to the normal or abnormal state of the parents during sexual intercourse, and partly to the children themselves, who, although born healthy, can be weakened and exhausted by any other disease which prevents them assimilating the food in right proportions; such weakening diseases are all kinds of fevers, chronic diarrhœa, whooping-cough, &c.

The want of maternal care, of warmth, and of light, of sufficient and pure air, and the sleeping with its nurse or other children in the same bed, as well as the pulmonary and other exhalations of many persons in a small room are accessory causes for weakening an infant and interfering with its normal nutrition. There are other accessory causes, such as cold and damp climates, or cold lodgings in damp districts, with bad and insufficient light, and water impregnated with organic substances or sulphate of lime. In Holland, on the shores of the Baltic, in the North of France, and in England the frequency of rickets is ascribed to the prevailing dampness and humidity of soil and air.

With regard to sex there are no special predispositions. Guerin found in 346 cases 148 males and 198 females.

The predisposing age is from six to twenty months, but in Guerin's cases—

There were before birth	. . . .	8
„ 1st year	. . . .	98
„ 2nd „	. . . .	176
„ 3rd „	. . . .	35
„ 4th „	. . . .	19
„ 5th „	. . . .	10
„ from the 6th to 12th year	. .	5

Some medical men do not admit rickets after the first two years, but call it *osteomalacia* or late-rickets; although the name varies, the essential symptoms are the same.

An insufficient quantity of good food, a sufficient quantity of bad food, or several internal complaints, preventing even under the most favourable conditions the normal digestion and assimilation of the best food, are frequent causes of rickets at the age of from eight to eighteen or twenty months; but when babies at the breast begin to show any symptoms of rickets, either the quality of the milk is bad

or the quantity insufficient. Rickets is not a specific disease, but the result of deficient nutrition and non-assimilation of the inorganic substances specially required for the formation of the bones, cartilages, ligaments, and muscles; it is thus that milk wanting in phosphate of lime is one of the great causes of rickets during the first dentition, when this is accompanied by pain, fever, vomiting, diarrhœa, ulcerated mouth, sleeplessness, &c. When, as it frequently happens, mothers or wet nurses do not have sufficient good milk after the first eight or ten months, and all kinds of food are added, or when the baby is weaned before cutting twelve teeth, and the food is not of the best nourishing quality and so not easily digested, all sorts of abdominal derangements occur, which tend to produce rickets.

It was not known, even in Glisson's time, that too-early weaning or unsuitable food were causes of the disease; it was only a hundred years after, about 1740, that Petit wrote against the weaning of babies before cutting several of the front teeth, and Levret, a few years later, said that all infantile diseases combined did not kill so many babies as the use of the "panatella" (a soup of bread and water), or bouillon with bread.

The result of Guerin's, Magendie's, and Trousseau's investigations on young dogs, which were weaned at too early a period and fed on various substances, was that rickets were developed after a few months, and that in those cases where the animals died at an early period all symptoms of the incubation of the disease appeared, viz. diarrhœa, enlarged abdomen, swellings of the joints, softening of the bones, difficulty of walking, &c.

During the last few years Dr. Leon Tripier, the author of an interesting monograph on rickets, has been experimenting on young cats, which at the age of from twelve to fifteen days were taken from the mother; some were fed with minced and triturated veal and ordinary drinking water, while others were fed merely on cow's milk; the former died in about ten or eleven days, the latter in from fifteen to twenty days, while those which had been left with

the mother continued well, grew fat, and weighed more than those who died. The weight of the lower half of the thighs of the kittens nursed on veal were 55 grammes, on cow's milk 57 grammes, and of those left with the mother 79 grammes. Similar experiments on young dogs gave analogous results.

I have specially mentioned these last facts in order to counteract the prevailing idea of medical men that the ordinary cow's milk is a sufficient substitute for mother's milk; it is therefore of the greatest importance, first, that mothers should be induced to nurse their own babies; secondly, that only disease or want of sufficient milk should be admitted as a reason for engaging a nurse, and, finally, that according to the age of the baby the right food should be chosen where no nurse is to be had. From my own experience I can vouch for the bad results arising from condensed milk, whether Swiss or English, and of artificial food, on babies who at first often appear to thrive on it, but who afterwards suffer from abdominal derangements, and then begin to emaciate.

As an old advocate of *prevention*, I have entered somewhat more fully, although far from sufficiently, into the causes of rickets; there is no prevention possible without a minute study of the causes.

The symptoms of developed rickets are very well known to every practitioner, but very few have an opportunity of observing its gradual development; thus, the symptoms appear at an earlier period in infants weakened by some previous disease, while in others we may find deformities of the legs or enlargements of the joints appearing without any sign of weakness, although diarrhœa, loss of weight, and paleness are present. Generally the anterior superior fontanel is not closed, the dentition is retarded, and the urine contains a white sediment; there is thirst, sleeplessness, vomiting diarrhœa, with stools of a greenish matter, and white crumbs, having a bad and sour smell; a particular abdominal bilateral enlargement, an expression of pain and fear, with a pale bluish colour of the face and sparkling deep-sunken eyes, a dry baggy skin, full of wrinkles on the neck,

legs, and nates—in fact, the skin appears too large for the tiny limbs. In children with a bilious temperament there is too quick a growth of the black hair which covers the face, back, and upper extremities (it is this abundant growth of hair on the face which characterises a rickety physiognomy). Well, such are some of the commonest symptoms of the period of incubation, to which may be added, in many cases, feverishness in the evening, with profuse perspiration and accelerated respiration.

According to the various pathogenetic causes, the first signs of the diseased state of the bones appear as pricking, lancinating pains in the limbs and trunk, with swelling and enlargement of the knee, wrist, and ankle-joint; the infants cry and sigh constantly, stand in a bent, crooked, falling position while leaning on the mother, are afraid of being touched by a stranger and so having their positions changed, and for a similar reason are even afraid of being caressed by their own mother; they refuse food, and will rather suffer hunger than be moved. During this acute stage exhausting diarrhœa, consumptive or typhoid fever, or any other complaint may cause death, or the disease may assume a chronic form by the pains, diarrhœa, fever abating, and the softened bones beginning to be deformed in various ways; these deformities of the spine, ribs, and chest-bone, are frequently causes of the disturbed functions of the lungs and heart.

To enter fully into all the various painful deformities which in so many different ways may cripple a child for life, would occupy too much of your time; I shall therefore restrict myself only to the most frequent and characteristic.

The epiphyses of the long bones of the upper and lower limbs are enlarged, especially in the knee-, ankle-, elbow-, and wrist-joints; the thigh-bone often has an S-like bend, the shin-bone is very frequently curved with the convexity forwards, though this curve is sometimes combined with a lateral one, while the knee-joints form either "knock-knees" or "bandy-legs." In "knock-knees" the knee-joints approach and form the apex of a triangle, the base of which is the line indicated by the distance between the feet which,

when the patient is standing, may be from a few inches to a foot apart. In "bandy-legs" both legs are curved outwards, so that the thigh and foot forms an arch, of which the knee-joint is the highest part, the knees being from a few inches to about a foot apart, while the ankle-joints approach and lean on each other. Independently of the local enlargement of the ankle-joint, there are various deformities of the feet, which are turned inwards in knock-knees, so that the patient walks on the internal edge of the foot, whereas in bandy-legs he walks on the external edge. The deformities of the arms correspond with those of the legs, but are not nearly so modified, as they have no weight to bear, although the single small carpal and metacarpal bones may show enlargements at the extremities. The spine is curved laterally into all possible ways, sometimes to such an extent that the convexities of the curves form acute angles, while the ribs, having lost their natural curves, adapt themselves to the various curvatures of the spine and form most complicated deformities. Sometimes the convexity of the ribs in front or on both sides of the chest is changed into a concavity, so as to compress the underlying organs; when the upper ribs are indented the lower or floating ribs are pushed out laterally to make room for the enlarged abdomen and for the prevalent abdominal respiration, which is also a characteristic of rickety children, especially when the indenture of the ribs attached to the sternum is very great. The clavicles sometimes have such abnormal forms that they appear fractured, while the sternum is so deep that the lateral cartilages forming the anterior ends of the ribs project very considerably; there are cases where the spine is almost straight while all the other parts are deformed. Independently of the general enlargement of the head, similar to hydrocephalus, there is a deformity on each posterior side of the skull, having a resemblance to the nates, and which the French physician, Perraut (who believes syphilis to be one of the principal causes of rickets), considers to be a characteristic symptom of syphilitic rickets. But, notwithstanding the deformities of the head, rickety children are usually very intelligent, preco-

cious, and learn very easily; the incapability of developing their physical powers is thought to be the cause of their greater intellectual development.

The pathological changes during the period of incubation are these:—The osseous tissues become softened, the large quantity of very small cells are filled with a blackish bloody fluid which can easily be washed away, while the periosteum is thickened; between it and the bone is a similar sanguinolent liquid which, during the period of malformation, acquires a gelatinous character so as to stick more firmly to the bone cells; the gelatinous matter becomes changed into a more organised matter, and takes the place of the osseous tissue which it has destroyed; the spongoid tissue inside the bones destroys the lamellar tissue, which is daily more and more absorbed. In this stage the bones are softened to such an extent that they bend like leaden pipes under any slight pressure, and, as the spongoid tissue has no elasticity, remain deformed unless external mechanical means are appplied to replace them. Fractures of the bones are caused when the children are lifted by the arms; a fall may break the thigh- and leg-bones, although the rickety fracture does not consist of a perfect disunion of the parts—the usual crepitus heard in ordinary fractures does not exist, as the bony tissue is so pliable as not to permit of a real fracture.

When these changes have taken place the disease either continues until a perfect consumption of the osseous tissues exists, or else the spongy tissue (in consequence of a better nutrition being brought on by a medical or hygienic treatment) begins to change into a more compact tissue and ossifies; new bones are formed in the cavities of the long bones and in the interior of the diseased ones; the new bone is harder, more compact, stronger and whiter (having a mother-of-pearl colour) than the normal bone; this stage is known as that of eburnation, the bones becoming as hard as ivory.

The deficiency of the deposit of phosphate of lime, which causes the softening of the bones in the first stages of rickets is so great that Berzelius found but one third of

mineral substances in the rickety bones instead of two thirds as in the healthy state; others have found but 20 instead of 63 per cent. of phosphate of lime. There are three theories explaining the want of mineral substances and the indirect softening of the bones.

1. Several German authors, as Beneke, Lehman, and Stiebel, maintain that the phosphate of lime normally deposited has been absorbed.

2. That, although the food contains the required quantity of mineral matter, the digestive process neither digests nor assimilates them.

3. That the food does not contain the sufficient quantity of phosphate of lime, and therefore it cannot be assimilated.

The advocates of the first theory assume that unsuitable coarse food is badly digested so as to get changed into an acid liquid, and so gets absorbed by the blood which, when in contact with the bony tissues, dissolves the phosphates. Although the effects of bad and unsuitable food are very injurious, experiments prove that the blood of rickety children is not acid, but that both healthy and rickety blood react neutrally.

Since almost all vegetable and animal food contains a sufficient quantity of mineral substances, the production of rickets cannot be ascribed to the deficiency of phosphates in the food. We must, therefore, admit that some complaint of the digestive organs, which is either idiopathic or caused by some previous weakening disease, prevents the normal digestion and assimilation of the food.

Although it frequently occurs that parents or ignorant practitioners designate lumbar paresis, paraplegia, arthritis, coxalgia, and spinal curvatures by the name of "rickets," I cannot enter into the differential diagnosis of these complaints. It is only osteo-malacia, occurring at a later age, which is very analogous to rickets, both regarding the immediate and remote causes—deficiency of phosphate of lime in the organism and want of normal assimilation.

The Prevention of Rickets.

Having directed your attention to the predisposing causes of rickets, these must, as far as circumstances allow, be avoided. It is the duty of so-called family doctors earnestly to caution young persons not to marry a person with tuberculous, consumptive, scrofulous, or other chronic disease, or a dipsomaniac. A certain amount of hygienic knowledge regarding marriage should be given to adult girls by mothers and schoolmistresses. The introduction of "bureaux d'hygiene," or of sanitary authorities, is required, whose business it should be, in large and small towns, to destroy dark, small, damp, and unhealthy dwellings, and provide healthy ones with an abundance of light and good water. A mother should know that her child is ill and requires medical aid when the head is apparently too large in proportion to the body, when the fontanels of the head do not close, when there is a retarded development of the teeth accompanied with enlarged glands, when there are small knobs on both sides of the chest where the cartilages join the ribs (popularly known as the "rickety rosary"), or when the ribs in front are concave while the false ones are convex, and the abdomen, wrists, elbows, knees, and ankles are slightly enlarged, or an unequal projection or curve of the spine, or, lastly, when the child suffers from vomiting and diarrhœa so as to look pale, tired, and emaciated—in fact, a mother should know that it is her duty to apply for skilled assistance whenever she sees any of these symptoms; she must know that if she neglects her child it must become a cripple for life. The neglect of spreading even the most rudimentary notions concerning the health of babies and infants is the cause of the establishment of homes for incurable cripples; we ought, instead, to prevent them from being hopelessly crippled. I can only repeat that which I have so often advocated, namely, that every mother should suckle her own child, unless prevented from doing so by want of good milk, by weakness, or any serious disease, and that a healthy wet nurse is the best substitute for the

mother; but that where a nurse cannot be had, the greatest attention is to be paid to the artificial feeding. Milk, more or less diluted, with a little sugar in it, should, under all conditions, be the only food given until six or eight teeth are cut; of course, all the other hygienic conditions regarding pure air, cleanliness, and dress, are as essential as the food. Directly an infant does not thrive on the milk, but is ill, the medical man must find out the cause and cure the disease. If the power of digestion and assimilation of the child is not restored during the first symptoms of rickets (which every mother should know), the disease necessarily runs its course and the period for curing begins.

The treatment of rickets during the period of softening of the bones, which usually takes place in the first two years of infant life, varies according as the baby is still at the breast, or is fed on cow's milk, which does not contain a sufficient quantity, or the right quality, of nourishing material, in which case the little patient suffers from hunger, or as it is weaned before the proper time and fed with unsuitable food, in which case the child suffers from a deranged stomach as well as hunger, or according as it is ailing from some internal complaint; in the first two cases the food must be changed, in the third we must cure the complaint interfering with the child's digestion and exhausting its powers. Besides the hygienic means adopted, the following medicines are made use of by the Italian physicians:

1. Phosphate of lime in small doses, taken two or three times daily in milk or beef tea.
2. Powder of calcined hartshorn, which is also a sort of phosphate of lime slightly mixed with some organic substances; this is either given alone or mixed with two or three centigrammes of iron.
3. Syrup of bark with iodide of iron.
4. Wine or syrup of hypophosphate and phosphate of lime of Dusart, either alone or with iron.
5. Polli's trophic powder.
6. Liebig's malt food.
7. Cotillon's syrup of glycerine, china, and iron.
8. The solution of chlor-hydrate of phosphate of lime.

To these medicines the powder of concentrated milk has been added as a medicinal food, as well as cod-liver oil, pure or mixed with iron; but babies at the breast, or fed on milk alone, or suffering from difficult dentition, are rarely able to digest the oil; it is therefore to be used only at a later stage. Tepid sea- or salt-water baths, or baths of the firneedle decoction of various leaves and aromatic plants, are only made use of when the patient has no fever, diarrhœa, and is not very weak, though a sponging with tepid water, and even with almost cold sea-water, during the hot season, is frequently applied.

Much attention is to be paid at this stage to the position of the children, who are to lie on a slightly inclined, but not too soft, mattress, which is to be changed daily; starch and dextrine bandages should be used so as to prevent the deformities of the bones; all orthopædic steel and iron contrivances are to be avoided, while a daily exposure of a few hours to the warm sun and air is very useful.

In the majority of cases rickets begin at this period mostly after attacks of acute exanthematous or typhoid fever, whooping-cough, and other weakening diseases. Besides the medicines named above, the old school makes use of various tonics, amongst which the arseniate of soda, of iron, and of strychnine in ½-milligramme pilules of Dr. Burgraeve, is specially recommended. The food should be easily digestible and mixed; milk, beef tea, eggs, and vegetables, besides the gravy of roast meat, are the best. The milk should also be mixed with the yelk of an egg with sugar, or with chocolate or rice, tapioca, semolina, &c. Sugar in moderate quantities, fresh vegetables, and ripe fruit are good, but it is desirable that the food should be changed. Cod-liver oil is not to be given on an empty stomach, but after breakfast or immediately before soup or beef tea; beef or mutton is best when roasted. In diarrhœa raw mincemeat is frequently used, and should be passed through a sieve; it can be substituted by the breast of chicken or turkey, as recommended by Dr. Levi, of Venice, on account of its hardly ever containing any worms' eggs, and for its being just as easily digested.

Treatment of Rachitis by the New School.

Hartmann recommends *Ruta graveolens* because rickety children like to chew and eat it instinctively; besides this staphisagria, mezereum, lycopodium, and externally baths of *Pinus sylvestris.* Teste advises mercurius solubilis, colchicum, and sulphur. Hughes rejects all these medicines, and does not consider calcarea as a specific, although it might be useful if sour-smelling diarrhœa is a prominent symptom; phosphoric acid answers the diarrhœa, pains in the limbs, the albuminoid degeneration, and perhaps the bone disease; silica in perspirations about the head, the sensitiveness of the surface, and the tendency to increased growth of cartilage are the prominent symptoms. In the early stages, if a child cuts its teeth late, if it does not walk so early as other children, if the fontanelles are late in closing—rickets may be suspected to be caused by improper diet or digestive derangement; regulation of diet, cod-liver oil, and suitable medicines for improving the digestion might be sufficient.

The Treatment of Rickets in the Period of Eburnation.

Here the bones are very much hardened and deformed; the various deformities of the long bones and of the spine do not yield to any bandages, orthopædic supports, or other external mechanical forces, which cause fractures of the bones but will not straighten them. In the deformities of single long bones, with curvatures on one side, wedge-shaped pieces of bone have been excised, and in some cases the natural form has been restored, but when the deformities are numerous and general, such operations cannot be well performed, and the little patients are left to their fate and become cripples for life.

There is only one means by which a change in the deformed, but still growing bones, can be effected, and this is by *exercise,* specially of those muscles which are attached

to the deformed bones; it is known that bones even when not rickety become deformed in consequence of the weak or paralysed state of some groups of muscles, and it has been proved that in the same way growing, and yet deformed, bones are more or less improved by the gradual and physiological development by systematic exercise of all the muscles surrounding the bone. One of the first results of the treatment by movement is the expansion of the chest, improved respiratory function, and a better circulation—conditions which immediately contribute to an improved state of health and strength; the flabby, weakened, and atrophic muscles gain in size and power, while the relaxed ligaments near the joints gain in elasticity and strength, and thus improve the weakened joints. Professor Gamba in Turin, is the earnest apostle and advocate of the use of gradual progressive exercise of all the muscles in the treatment of rickety deformities during the stage of eburnation; he attributes to these exercises a general improvement of the digestion, the nutrition, and the oxidation of the blood, and also an improvement in the nervous power or influence of the nerves on all functions, as well as on the growth of the body, and finally the increased power of the muscles, which thus contributes to the slow but steady transformation of the bones.

The same author gives the following reasons of his great objection to orthopædic instrument and spinal supports. The transformation of the bones, which, taking place very slowly, is dependent upon the growth of the whole body, cannot be effected by these machines, which would necessarily be used for a long time, and thus prevent the movement, exercise, and greater development of the muscles, in fact, just those means which are considered the most important. Besides this, all orthopædic spinal supports take their point of support, or press on the chest, they therefore prevent the alternate free respiratory movements, the development of the lungs, and the oxidation of the blood, which are just the conditions required for the physiological tranformation necessary for the cure of the disease.

I have often had occasion to see patients with rickety spinal deformities encased in orthopædic spinal supports, which, though worn for years, were far from having any beneficial results; on the other hand, they injure the patient's health by their preventing the respiratory and other movements. There sometimes occur cases of rickety deformities of the limbs where external mechanical means may be usefully employed, so long as they do not interfere with the movements of the limbs, or so long as they are only worn periodically. Regarding the special application of curative movement, I must refer to my publications on the MOVEMENT cure, and have only to add that in certain cases the hygienic and medicinal treatment must be continued for years.

A change of air, especially the bracing air of alpine stations, with the simultaneous use of chalybeate waters (as St. Moritz in the Engadin, and at Pré St. Didier, France, or at the waters of Bourboule) as well as sponging with, or swimming in sea-water, are important in the stage of eburnation, especially when the rickets is accompanied by scrofulous and strumous diathesis. For poor people, sponging with or bathing in salt water prepared with common or marine salt must serve as a substitute. The hydrotherapeutic treatment, the various modes of applications of electricity, and the compressed air bath, are very useful in combination with the other means which have been named.

The Italian schools for Rickety Children.

Having already occupied your time longer than I intended I shall not enter fully into the history of these schools, of the rickety children I have seen there, and of the treatment and statistics which I have collected. I will only say a few words, in order to show you that in Turin and Milan people do not wait for the development of confirmed cripples and then collect them in a Home, as is done in England, but that much is done to prevent rickety children from becoming incurable cripples.

At the meeting of the International Congress of Hygeine during September of last year in Turin, Dr. Gamba, Professor of Surgery, read a paper on the Turin Schools for Rickety Children, and after the discussion in the section of School Hygiene on his paper, the members of the Section were invited to see one of the five schools established in various parts of the town.

About eight years ago, Count Ernest Riccardi, of Netro, who was at that time at the head of the educational department of Turin, conceived the idea of collecting all rickety boys and girls of Turin into special schools, because such children deformed in various ways by rickets in their infancy were not admitted into the ordinary municipal schools. He wished to remove these unhappy children from the streets, to educate them, and to give them such an amount of instruction as was compatible with their miserable state of health; at the same time he intended to provide them with food and all necessary means for improving, as far as possible, their deformities and physical weakness.

It was at that time that Professor Gamba was consulted by Count Riccardi regarding the possibility of improving and curing the children crippled by the disease. By chance Professor Gamba had been already fifteen years connected with the great Gymnastic Society of Turin, and had instructed the masters and pupil teachers in anatomy, physiology, and hygiene. Having thus had an opportunity for acquiring a thorough and practical knowledge of the effects of exercise, he entered into Count Riccardi's plan, body and soul, and has had not a small share, both in the advancement and success of the school for the rickety, as well as in the therapeutic results. From the 1st of July, 1872, to the 31st December, 1878, 569 rickety children were received in these school-sanitoriums. 136 left for various reasons, 195 left quite cured, 52 were improved, and 186 were remaining under treatment on the 1st January, 1879.

The school combines school-rooms on the ground floor, with another room, fitted up as a gymnasium containing

various apparatus, as well as a bath-room and an open court or garden, which serves as a playground. The teachers teach not only the elementary subjects of all primary education on Froebel's principles, but also free exercises; there is one gymnastic teacher, who receives from the doctor special instructions regarding the various exercises required in each individual case. The studies alternate with the exercises, and recreation in the open air. The children are brought to school in the morning and remain there till the evening; meals and medicines are also provided by the charitable society founded by Count Riccardi, which is trying to extend the benefits of this school-sanitorium by increasing their numbers. At present the means of the society do not permit to extend their sphere of action to the prevention of the development and arrest of the disease in its incipient stages, and the majority of children are received during the stage of eburnation.

Two years after the opening of the first Turin school Dr. Gaetan Pini, a young physician of Milan, full of zeal and enthusiasm, who had seen the result of the treatment pursued in Turin, opened, with the assistance of a charitable society formed for the purpose, a similar school-sanitorium in Milan, known as *Il pio Istituto per i Rachitici*, which is also patronised by the communal, provincial, and government authorities. As the town of Milan and its Cremation Society had invited the International Congress of Hygiene to pay a visit to Milan I had an opportunity of visiting the institutions, and to make notes of all the details and of the answers of Dr. Pini to all my inquiries. An infant and children's dispensary is connected with the *institute*, and every infant and child showing any symptoms of rickets is at once put on the list and received. The poor mothers of those babies which cannot be received as pupils of the school are provided (if they still suckle their babies) with good milk, meat, and bread, so as to enable them to give better food to their offsprings. Cod-liver oil and other means suitable to the individual cases, such as baths and medicines, &c., are gratuitously given. Those rickety children (from two to

twelve years) who have passed the acute stage of the disease are brought to the school in omnibuses from all parts of Milan. The Omnibus Company have a contract with the directors of the Pio Instituto to bring from all parts of Milan the rickety children to school in the morning, and to take them home in the evening. All the omnibuses meet in the large square before the beautiful marble dome, and thence special omnibuses bring the children to the institute. All hygienic, medicinal, and surgical means, including salt-water baths, electricity in all its forms, compressed-air baths, and hydrotherapeutic applications, are made use of for the treatment. In the garden are gymnastic apparatus, perambulators, and rocking-horses. The schoolrooms are well ventilated, and elementary instructions, play, and amusements in the court and garden, and systematic exercise adapted to each individual case, are continually going on from the morning until the evening. These occupations are only interrupted by the meals, and the rest or sleep of the children, most of whom look very happy. The teachers and nurses watch them incessantly, while the director, Dr. Pini, and other medical men, who give their services gratuitously, do all they can to further the improvement and cure of the little invalids. Hitherto it has been observed that the door-keepers, who usually live in small and dark rooms in Milan, send a considerable contingent of rickety children to the institute. Another class are the porters carrying heavy loads, and mostly great friends of the bottle, whose children appear frequently very rickety. The director forms a collection of casts of all deformities when the children are received, and at other periods; thus the gradual improvement in every case can be observed. Anamnestic, pathogenetic, somatologic, and other notes are taken, which will, in the course of time, form a basis for the study of the causes of the disease, of the various means employed, of the results obtained, and the length of the period of treatment. In the tables which I show you here, and which I have translated, you will find how judiciously they are arranged. One is the anamnestic table, the second shows the present state, the

third is somatologic, the fourth gives the internal and external treatment, the last the result of and the time of the treatment.

I.—*Pio Instituto di Milano—Anamnestic Table.*

1. Name and Christian name.
2. Age.
3. Date of entrance into the institution.
4. Address
   - Name and Christian name of the *father*.
   - His age.
   - Trade—occupation.
   - Bodily constitution.
   - Cause of death.
   - Name and Christian name of mother.
   - Her age.
   - Trade and occupation.
   - Bodily constitution.
   - Cause of death.
5. Hereditary disease.
6. Relationship of parents.
7. Anamnesis
   - Intra-uterine life.
   - Birth.
   - Age of parents at the birth
     - Father.
     - Mother.
   - Place of birth.
   - How brought up—at the breast or artificially; period of suckling.
   - Habitation.
   - Previous diseases.
   - Hygienic condition of the family.

II.—*Present state.*

1. General appearance.
2. Head
   - General form.
   - Diameters (various).
   - Organs of the senses.
   - Dentition.
3. Neck.
4. Trunk.
5. Basin.
6. Upper extremities.
7. Lower „

III.—*Somatological Table.*

Uroscopy.	Deviation.	Measure of thorax.	Dinamometry.	(Statura) Height.	Weight.	
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12

IV.—*Table.*

Internal treatment. External application.

Date.	Symptomatology.	Internal prescription.	Diet.

Gymnastics.

Apparatus orthopædic and others.

Compressed air.

Hydrotherapy.

Electrotherapy.

V.—*Definite results.*

1. Date of leaving the institute.
2. Cured.
3. Improved (degree of improvement).
4. Cause of death.
5. Sent away—cured.

The Director.

The attending medical man.

Before finishing I have much pleasure in expressing my gratitude, not only for all the information Professor Gamba, of Turin, and Dr. Pini, of Milan, have given me, but also for the very kind manner in which it was given. To you, Mr. President and Gentlemen, I beg to thank for the patience and attention with which you have listened to this too long paper, and have only to request you that every one in his own circle may try in assisting the establishment of school-sanitoriums for the prevention and cure for rickety children instead of establishing Homes for *incurable cripples*.

Discussion on Dr. M. Roth's paper.

Dr. Pope directed attention to the fact that insufficient nutrition did not always lead to rickets. It might develop some other morbid condition; and the event depended (he considered) upon the predisposition of the patient. Hence arose the value of homœopathic remedies in the incipient stage, in which he had found them—and especially *Calcarea*, *Silicea*, and *Sulphur*—very effective. He thought Hartmann's recommendation of *Ruta* confirmed by the late Dr. Henriquez case of ununited fracture healing under its influence, which showed its action upon the bones.

Dr. Drury considered that there were two factors in rickets, improper nutrition, and want of assimilative power. His experience in the out-patient department of the hospital led him entirely to concur in the favourable opinion expressed by Dr. Pope as to the action of *Calcarea*, *Silicea*, and *Sulphur*. With these he was accustomed to order ivory jelly as food. In feeding children, if breast milk could not be had, he thought cow's milk most suitable, and to it he sometimes added a few spoonfuls of beef tea. He pointed out that the mother's milk, though abundant, may have become innutritious and even poisonous. In his experience, children often grew out of their rickety deformities, if those were slight. Being asked by the President why children often seem unsatisfied with apparently healthy and abundant breast milk, he replied that it generally arose from their taking too much at a time, and so getting indigestion. It could be overcome by limiting the quantity allowed.

Dr. Burnett questioned the derivation of "rachitis" from ῥαχις: he believed that "rickets" was the old popular form, and "rachitis" a scientific one coined therefrom. The enlargement of the skull in rickety children was, he thought, often apparent only, from the comparative smallness of the jaws. He asked whether any definite epoch could be assigned at which the fontanelles should close? and what advice should be given as to allowing rickety children to walk. He had found in Vienna that "the English disease" meant scrofula as well as rickets. Its prevalence among the children of persons of particular occupation (as shown by Dr. Roth) suggested (he thought) that the environment had more to do with its causation than heredity.

Dr. Edward Blake thought that the name was traceable to a Dr. Ricketts, of Norwich. He was accustomed to consider open fontanelles at two years of age a disease, and he so much deprecated walking in rickety children that he was in favour of putting on a long splint to hinder it. Still more injurious, he thought, was letting the legs hang down for a long time together. He considered the "go-cart" very useful for these subjects.

Their greater intellectual activity, noted by Dr. Roth, seemed to him due to the greater afflux of blood to the brain, which resulted from the lesser resistance of their parietes. In the treatment of rickets he had found the phosphate of soda, recommended some time ago on theoretical grounds, of no utility. The medicine from which he had seen the best results was *Pulsatilla.*

Dr. GUTTERIDGE was inclined to think rickets a manifestation of scrofula. In the same family, one may have this, another mesenteric disease, another some cutaneous affection. He thought *Chamomilla* an excellent medicine for the initial gastro-intestinal disorders, but always conjoined phosphate of lime as food.

Dr. DUDGEON confirmed Dr. Roth's statement that in Germany generally "the English disease" meant rickets. It was distinctively *English*, for in Scotland it was little known, owing (as he thought) to the use of oatmeal in children's diet in the place of white bread. He thought calcareous matter better assimilated when presented as oatmeal than in any other form.

Dr. DYCE BROWN said that in Aberdeen the children of the poor had plenty of white bread, and rickets was far from being uncommon there. He thought that the part played by bad nourishment and dietary in rickets was that of bringing out hereditary taint. He was surprised that attention had not been called to the frequent occurrence in rickets of perspiration about the head at night. This symptom was to him an unfailing indication for *Calcarea*, which medicine, he further noted, improved the primary digestion, as Dr. Blake had claimed for *Pulsatilla.*

Dr. JAGIELSKI asked what Dr. Roth thought of the theory that excess of lactic acid in the system was the *materies morbi* of rickets. He too was inclined to think the malady hereditary, and not only the result of mal-assimilation. In answer to Dr. Burnett's question, he said that to his mind the closing of the fontanelles was physiologically coincident with the termination of dentition. He thought that the care bestowed upon rickety children in Italy, as related by Dr. Roth, was but one among many instances of the advanced state of medicine in that country.

Dr. HUGHES could not agree in the view that rickets depended merely on lack of the mineral elements of diet, whether from deficient supply or from mal-assimilation. Wegner had found the withholding of lime salts from fowls simply to make the bones thin, soft, and fragile; it was not until he conjoined the administration of *Phosphorus* that rachitic changes occurred in them. He could not join Dr. Roth, moreover, in condemning the use of condensed milk. He saw nothing *à priori* against it, and practically had never found anything but good results from its use. He agreed with Dr. Blake about *Pulsatilla:* a whitish

sediment in the urine was (as pointed out by Dr. Bayes) a great indication for its use. To perspiration about the head Dr. Brown might have added sensitiveness of the surface and tendency to throw off the bedclothes at night—the other members of Sir W. Jenner's triad. The presence of such symptoms had often led him to anticipate rickets in cases of gastro-intestinal derangement in children, and to substitute with advantage for the ordinary remedies those which had an anti-rachitic influence, among which he esteemed most highly *Silica* and *Phosphoric acid.*

Dr. Clarke had seen a case where rickety symptoms were developed in a previously healthy child, born of strong healthy parents, after being fed on condensed milk. He agreed with Dr. Roth about diet and oxygen, and thought that unless proper diet, air, and exercise were given, the improvement under purely medical treatment would only be temporary.

Mr. Engall had seen alcohol present in the milk of women who drank beer whilst suckling, and thought this would tend to the production of rickets. He agreed with Dr. Dudgeon as to the value of oatmeal.

Dr. Yeldham thought the best substitute for mother's milk was goat's or cow's milk diluted, but not boiled. It is not a complete substitute, but a very useful adjunct is found in cod-liver oil, which, if given in sufficiently small doses, can be borne from birth. He did not go so far as Dr. Roth in condemning all sorts of mechanical contrivances. He recommended a splint to be worn at night, having found it highly efficacious in reducing curvatures of the limbs. He thought *Pulsatilla* more useful in the digestive disturbances of children than in any other sphere.

Dr. Roth (in reply) agreed with Dr. Drury in recommending ivory jelly, but thought it should not be given for too long a time, preferring the plan of giving it for a week or two and then leaving a week's interval. He thought our present desideratum to be the pointing out of medicines which would actually produce rickets.

Annals of the Hospital.

CASES FROM OUT-PATIENT PRACTICE.

By Charles Lloyd Tuckey, M.B., C.M.

Case 1.—L. L—, æt. 39, a widow, somewhat plethoric in appearance, with three children, came to the hospital on September 10th, suffering from violent palpitation of the heart, coming on three or four times a day, on the least excitement or over-exertion, and possessing many of the characteristics of true angina pectoris: intermittent pain over the eyes; giddiness, sleeplessness, or too heavy sleep, with bad dreams and unrefreshed awakening; loss of appetite, flatulence, and sour taste in the mouth; sensation of a ball rising from the heart to the throat threatening to cause suffocation; burning and redness of the palms of the hands. The heart sounds were weak but natural, the bowels confined, and the catamenia regular. *Lachesis* 6, three times a day, for two weeks, was prescribed.

September 25th.—The patient came to report that she was nearly well. There had been but one attack of palpitation, the appetite had much improved, there was no headache, and she slept very well.

In this case the effect of the medicine had been immediate; and since the first visit to the hospital, though she has occasionally applied for advice, there has been no return of the urgent symptoms, and the patient has enjoyed really excellent health.

Case 2 was somewhat similar to the last, as the symptoms closely simulated those of true angina pectoris.

N. J—, æt. 29, a widow, who had had much trouble, had suffered for the last seven months from pain in the region of the heart, almost constant, but aggravated to an unbearable degree by emotion or exertion; constant flushing of the face, almost complete sleeplessness, shortness of breath, and loss of appetite. *Ignatia* 2x three times a day had entirely removed all these symptoms in two weeks, for on July 10th the patient came to say that she was comfortable in every way, the heart's action, the appetite, and sleep being quite natural, and she being—as she said—"a different woman."

A fresh access of trouble in August caused a return of many of the symptoms, and *Ignatia* was given this time without much effect; but *Amyl nitrite* 1x three times a day immediately cured this relapse; and since this time, though the patient has been to the hospital because of a winter cough, the above-mentioned symptoms have not returned. She was of a florid complexion.

Case 3.—J. B—, æt. 42, a stout, florid man, by trade a joiner, had for two weeks suffered from severe continuous throbbing frontal headache, which produced great languor and heaviness, with inability to fix the attention. There was occasional pain in the eyes, the sight was blurred, and sometimes was lost altogether.

The forehead and scalp were tender to the touch, the bowels were regular, and the urine high coloured and scanty.

Belladonna appeared strongly indicated here, and its administration three times a day in the 3rd dilution at once gave relief, and had by May 14th—a fortnight after the patient was first seen—altogether removed the headache, tenderness, and eye symptoms, and had restored a normal character to the urine.

For occasional heaviness at the top of the head *Sulphur* 6 was given, with the effect of bringing about complete cure.

Case 4.—M. E—, æt. 27, a bookfolder, came to the out-patient room on December 13th, complaining of the following symptoms:—Every month for ten years, im-

mediately before the period, there had been a violent attack of diarrhœa, the stools being very watery, burning, and accompanied by much griping and sickness. After a few hours, blood appeared, mixed with mucus, and the lower part of the abdomen became tender to the touch, and there was much bearing down. The catamenia were scanty but regular, there was leucorrhœa constantly, and some dysmenorrhœa. There was no headache or pain in the back, the tongue was fairly clean, the appetite moderate, but much thirst was felt, especially during the attack, and the mouth and throat were hot and dry. *Arsenicum* 3x was given, to be taken three times a day for a fortnight.

December 27th.—The period had come on regularly six days before, and preceding it the usual attack of diarrhœa. The attack, however, had been modified, for there was no sickness or loss of blood, and but little bearing down or tenderness, and she felt better in every way.

January 24th, 1880.—Under *Arsenicum* the patient had got over the last period entirely without any trouble.

March 7th.—After the last period there had been a slight attack of diarrhœa, the water being high coloured, thick, and scanty. The *Arsenicum* was now changed for *Colocynth* 3, and this medicine completed the cure, for on March 20th the patient came to say that there had been no more pain anywhere, that the whites had stopped, and that the water was again clear.

A few weeks ago, after having had six months' respite, the old symptoms again showed themselves in a milder form and were immediately subdued by *Colocynth.*

Case 5.—M. H—, æt. 40, an upholsterer, pale, thin, and sallow, with an aspect of suffering about her, on May, 29th, 1880, complained of the following symptoms :— Almost immediately after taking food there followed great sickness with violent retching, which lasted for five or six hours, but was instantly relieved by vomiting. There was tenderness over the stomach on pressure, and distension after eating, but no tumour could be felt, no blood had been vomited at any time, and the bowels were but slightly constipated.

The tongue was covered with a yellow fur, the mouth felt dry and parched, there was considerable thirst, coppery taste, dull frontal headache, and spinal tenderness.

Nux vomica 3 and *Argentum nitricum* 3 altogether failed at different times to give relief, and on June 19th *Cuprum metallicum* 6 was ordered. In a fortnight—the symptoms were of three years' duration—the sickness had disappeared, and it was only after eating indigestible food that there was sometimes a sense of weight and distension. The head felt nearly clear again, and the patient's appearance had completely changed.

This patient still occasionally comes to the hospital for various ailments, but there has been no return of the acute dyspepsia.

Case 6.—A. L—, æt. 55, a charwoman, came to the out-patient room, saying that she had cancer of the womb, and telling the following story :—She had passed the change of life some years, when she began to feel a great weakness and bearing down of the womb, for which she went to a special hospital. The physician there had introduced a very large-sized inelastic ring, and the patient retained this for six months or more. She then, by the advice of her friends, as there was considerable pain and discharge, withdrew the instrument herself, and now having been without it for two months brought it to show to me.

I found the os within an inch and a half of the external orifice, much ulceration of the internal parts, and a chronicly enlarged uterus from subinvolution—it had borne ten children. The discharge was thin, brownish, and offensive in character, and caused excoriation of the external parts. By the advice of Dr. Cooper I prescribed a mixture containing twenty drops of *Liquor Sodæ Chloratæ* in six ounces of water, a dessert-spoonful to be taken three times a day for a fortnight, and a lotion of Condy's fluid to be used frequently.

On July 17th, the fortnight having elapsed, she appeared looking much better, and told me the discharge had almost quite stopped, and that she had been able to do

three days' work consecutively of charing for the first time for eight years, and without much fatigue.

I found the uterus at least an inch higher than on the former examination, and the ulceration very much better. I then introduced a large Hodge's pessary to rectify the prolapsus still remaining, and continued the lotion and medicine.

On October 16th the house-surgeon saw her in my absence, and reported her again much better, and able to follow her occupation.

At the present time (December) she tells me she is quite well in every way.

Case 7.—R. G—, æt. 53, a whitesmith, came to the hospital on April 10th, and showed his back covered with deep, suppurating, serpiginous ulcerations, and where these were not, with deep white cicatrices. He had had syphilis thirty years before, and since that time had been subject to skin diseases, he said.

Kali iod. gr. j, t. d., was ordered for two weeks, and at the end of this time he was nearly well as far as the back was concerned, but there was some ulceration of the tongue. A few weeks' course of *Ac. hydrochlor.* 8^x removed this, and he has since continued well.

The interest of this case appears to lie in the fact that so small a dose of *Iodide of potassium* produced its curative effect so quickly, for the patient said that he had often been to other hospitals for the same disease, and had taken very strong medicines—no doubt containing iodides in large quantities—so as to affect his health, but that he had never been cured so quickly before, and that the skin affection had always resisted treatment for months.

The next four cases are of ringworm, in which all London out-patient rooms abound.

Case 8.—E. R—, æt. 18. Recent ringworm of the scalp. Two patches of the size of sixpenny-pieces. *Mercurius* 8 internally was ordered, and an ointment, of fifteen grains of *Chrysophanic acid* to the ounce of lard, to be rubbed into the patches every night.

This case was cured in two weeks, March 8th to March 15th, 1880.

Cases 9 and 10.—M. and H. B—, brother and sister, æt. 6 and 8 years respectively, had had ringworm for several months, and it now covered the entire scalp in both cases.

The girl was rickety, and was treated with *Calcarea* internally, and ointment of *Chrsyophanic acid,* as above, externally. This ointment, however, appears to be useless, except in recent cases, and after two weeks it was changed for *Sulphurous acid* lotion. This cured the ringworm in six weeks, and at the same time the *Calcarea* greatly improved the general health of the child.

The boy was given *Sepia* 6 internally, and Hebra's spirit of soap was rubbed into the scalp every night, followed by the application of a lotion of *Corrosive sublimate.*

This was a worse case than the girl's, and it was nearly three months being cured.

Case 11.—J. A—, æt. 31, suffering from primary chancre, complained also of ringworm. There were several small patches on the scalp, and a large one on the neck. He was treated internally for syphilis, and was cured of the ringworm in about three weeks by a weak lotion of *Sulphurous acid.*

Case 12.—D. J—, æt. 26, a joiner by trade, had gonorrhœa some months before, followed by a long gleet; now cured of this. He suffers (May 8th) from violent rheumatism, affecting especially the back, ankle, and knee. He is unable to bend the last-named joint without much pain, and is made thereby to walk lame. The pains are worse at night and after movement. There was no stricture, and he said that at other hospitals the rheumatism was called "gonorrhœal." There was no swelling of the joints present. *Bryonia* was ordered, and in a fortnight had caused some improvement. This was followed by *Mercurius solubilis* 3, *Kali iod.* gr. j, t. d., which produced its constitutional effects in a few days, and *Nitric acid* 3^x. In six

weeks he had lost all lameness, and was able to run upstairs, and after ten weeks, being then virtually cured, he discontinued attending.

These few cases, possessing few points of special interest, are, of course, but an abstract of the every-day attendance in the out-patient rooms of a general hospital. Most of the patients, however, found their way to Great Ormond Street, after exhausting the benefits of other institutions, and several of them were cured by homœopathy almost against their wills.

Annals of the Society.

BRIEF NOTES ON CASES OF FATTY HEART, PERICARDITIS, ENDOCARDITIS, AND INFANTILE DIARRHŒA.

By Alfred E. Hawkes, L.R.C.P. & S. Edin., F.C.S.

(Read April 7th, 1881.)

Mr. President and Gentlemen,—I purpose first to bring before you brief notes of a case which has caused me at times considerable anxiety, but which on the whole has turned out tolerably successful. Of course you will agree with me that the patient will most likely never be cured, but I could bring forward many perfectly successful cases which would provide less material for thought than this one.

Sarah J—, æt. 50, 20 Crown Square, Liverpool. Family history: father died of consumption at the age of 48, and mother died of cholera, aged 37. Not much known of grandparents, but they seem to have lived to fairly advanced ages.

Mrs. J— had three brothers and one sister, but all died in infancy, and she herself was very delicate for a long time after her father's death. She had smallpox when seven years old, typhus when twenty, and so-called brain fever when about thirty-eight. Patient continued tolerably well till sixteen months ago, when on October 9th, 1879, she was seized with stitches in the left side running to back and under the heart. She had several rigors and

was quite delirious for some time. There was a good deal of cough, causing headache, and there was profuse expectoration, hard to get up, and containing some blood.

Her occupation prior to this attack was that of a scrubber at the Municipal Offices, and at home she worked a heavy mangle. She attributes her illness, which she refers to as "pleurisy fever," to getting wet at the first-mentioned work. She had to rise at 4.30 every morning, starting to work at 5.30, and she admits that at times she has remained up till 3.30 a.m., working at the mangle.

Her husband died of consumption, following pleurisy, nine years ago, and upon her has devolved the keeping together of the home since that time. Two healthy children survive, and she has had two children born prematurely.

A doctor was called in at the beginning of the illness above-mentioned, but his attendance was not of long duration.

The lack of fees necessitated that a dispensary doctor should be sent for. He attended for about a fortnight, when the infringement of some autocratic rule on the part of the patient led to his withdrawal from the case.

The parish doctor was then communicated with, but he, not having the means at his disposal enabling him to give other than a hopeless prognosis, also left her to her own resources.

He, however, did not take his departure without stating that she had only a few hours to live.

At this stage I was asked to see the patient by an individual who took a great interest in her, and I was able without any difficulty to agree with my predecessors as to the gravity of the case.

The state Mrs. J— was in at this time reminded me very much of the extreme prostration sometimes observed after continued fever, but the family history rendered that hypothesis inadmissible.

The face wore a stupid look, the tongue was dry and swollen, and the patient lay in a perfectly helpless condition. There was no cough, and no evidence of pain,

but for reasons, which will soon be obvious, not much could be done in the way of auscultation or percussion.

The most noteworthy symptom was slowness of the pulse, which at the first visit, and for many succeeding days, was no more than 30 per minute. Soon after this general anasarca set in, even the face and head seeming to swell, and for a long time hardly any urine was passed. Gradually the anasarca became reduced, and it has only occurred occasionally since.

On no occasion has albumen been detected in the urine, although it has often been suspected to be present, and consequently sought for.

Under *Digitalis, Arsenicum, Phosphorus,* and occasionally *Lachesis* the patient slowly improved. The stupid appearance, mental aberration, and anasarca gave place to a more healthy condition, and after lying from October to June, Mrs. J— was able to walk about the room with the aid of her children; but a day seldom passed in which she did not faint, and such an ordinary occurrence as a person entering the room was at times sufficient to send her off. On one occasion she had been down in the kitchen, and was hurrying upstairs to see me when she fainted, and we had the greatest difficulty in getting her round. Mrs. J— was able soon after this to go up and down the room, but on attempting to go out of doors she fainted, and had to be carried into the house.

Needlework and knitting soon began to occupy her time, and she was getting on nicely, although the pulse could never be got above 40 per minute, till the very severe weather of January 27th took her off her feet. Those of you who saw the *Graphic* of about that date, representing the Mersey as frozen over, will have some idea of the severity of that portion of our winter.

I was sent for hurriedly, and found her breathing very laboured. The Cheyne-Stokes' symptom was at times very well marked, as it had been at previous stages of her illness.

Bronchitic troubles and emphysema added to her difficulties. The chief symptoms were the bronchitic and

emphysematous manifestations, including violent attempts to get rid of the ropy tenacious phlegm, so characteristic of *Coccus cacti.* The symptom in Allen—"Awake at 6 a.m.; cough intermitting for several minutes, at first barking, clear, and dry, afterwards becoming looser, with expectoration of some tenacious mucus, the hawking of which provoked vomiting several times;" and the symptoms contributed by Lippe to Dr. C. Dunham's translation of *Boenninghausen's Hooping Cough,* viz. "Suffocative cough with expectoration of much tough white mucus, which accumulates in the chest and throat, and is difficult to raise, causing almost strangulation," with aggravation after lying, seemed very characteristic, but it failed me in this instance.

Phos., which was much needed about this time in similar cases, did no good, nor did *Digitalis,* which was given in dilution and in small doses of the infusion, with a view to help the ever-flagging heart, accomplish much.

There was great pain about the heart, and a feeling as if the chest were in a vice. The breathing was laboured, and there was great tightness about the shoulders. The dyspnœa was extreme, compelling her to sit up, and an utter inability to swallow rendered it difficult even to administer the medicine. *Phosphorus* having failed, the choice lay in my judgment between *Cuprum aceticum* and *Nitrite of Amyl,* while Dr. Hughes' remarks on *Glonoine* led me to hold that remedy in reserve. *Ipecac.* had failed, and *Lobelia* had done no better.

Cuprum acet. 3x was given on sugar, for she could not swallow water, for if only a little trickled down her throat the suffocative paroxysms were very much intensified.

A small quantity of *Amyl nitrite* was left for inhalation in case of urgent need.

The following symptoms from Allen's article on "Copper Acetate" sufficiently justify my selection, apart from any result following its administration:—"Swallowing difficult; swallowing painful" (S. 175).

"Respiration accelerated; difficult respiration; suffocative loss of breath."

"The chest was spasmodically constricted, whereby the respiration was impeded, increasing her already great anxiety."

In one case (S. 140) the pulse was reduced to 24 beats per minute, 6 beats lower than Mrs. J—'s pulse ever fell to. Moreover, on glancing over the pathogenesis of the drug in question, we came upon such symptoms as this:—S. 381. Suppression of urine.

S. 468. Most of the patients lay still and apathetic, looking straight ahead with dim, lustreless eyes, and a stupid, relaxed expression.

S. 32. Vertigo, even to falling down if she arose from bed.

S. 540. Inclination to coma; great disposition to coma which existed in three cases; comatose state.

What *Dig.*, *Ipec.*, and *Phos.* had failed to do, *Cupr. acet.* accomplished, viz. checked the distressing dyspnœa I have mentioned, and once more proved itself worthy of all confidence in bronchial spasm associated (or not) with heart disease.

Immediately following this attack there was such a comatose condition as is well marked in the provings of *Cupr. acet.*

For several days the patient was not able to recognise her medical attendant, and she was with difficulty aroused. Her strength became greatly reduced, and the pulse again fell to 30 per minute. She could hardly take any nourishment, and threatened to sink from exhaustion. To tide her over the difficulty four ounces of whiskey were ordered to be given during the twenty-four hours; for never was the canon, "When the pulse flags give wine," more imperatively required to be followed. But another remedy had to be sought in place of the usual *Digitalis*, for it had not done so well as formerly for her; at the same time it was obvious that if a close analogue existed such could scarcely fail to be indicated.

Kalmia was chosen while yet she was in the semi-comatose state mentioned above, and which was so profound that she did not even recognise the members of her

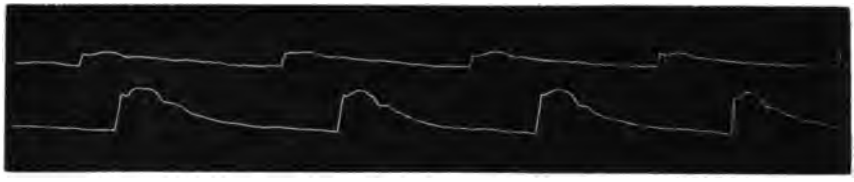
family, and for some time she seemed quite oblivious to external impressions. At this time Cheyne's respiration was very well marked. Under *Kalmia* 3x, and for a short time whiskey four ounces per day, she slowly mended; but at the time of completing these notes the pulse is only 31 per minute, but fairly full and quite regular. There is a tolerably well-marked arcus senilis. Tongue is clean; appetite pretty good; bowels regular; and as long as she lies tolerably quiet on the back or right side she is very comfortable.

There is decided excentric dilatation, especially on left side towards axilla, and a prolonged blowing systolic murmur at the apex. A great deal of emphysematous crackling remains.

These notes were written on March 2nd, 1881, but now April 5th, Mrs. J— is, and has been for some time, able to sit up in her room, and she is just now engaged in doing some knitting in order to eke out the small earnings of her children.

Her pulse is now 35 per minute, and I hand round some tracings, taken on March 2nd, and for the sake of comparison some tracings taken, as were the others, with one of Dr. Dudgeon's instruments, on April 5th, 1881.

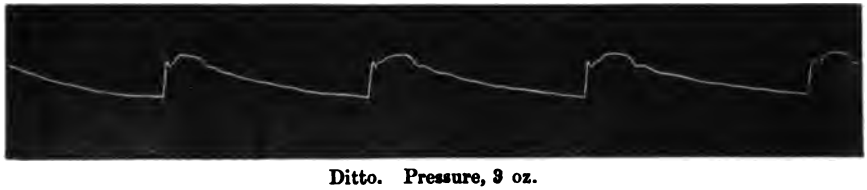
Mrs. J—. Feb. 23, 1881. Pressure, 1½ oz.



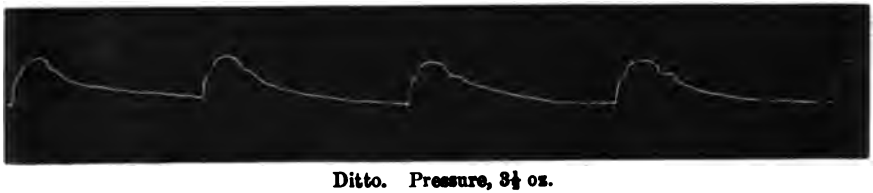
Ditto. Pressure, 1 oz. Pressure, 3 oz.

Ditto. Pressure 2½ oz.

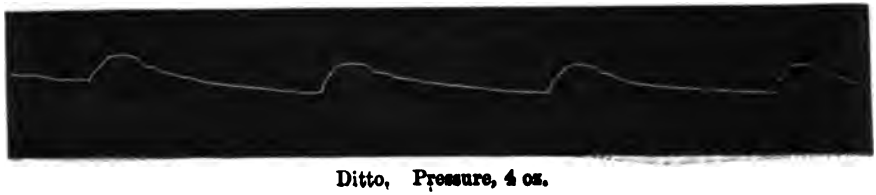
Ditto, after 2 drachms of whiskey. Pressure 2 oz.



Ditto. Pressure, 3 oz.



Ditto. Pressure, 3½ oz.



Ditto, Pressure, 4 oz.

I must now justify my selection of *Kalmia*, but I had better state that we were soon able to dispense with the whiskey, which had in the most satisfactory manner stimulated the heart into sending more blood to the anæmic brain. It, however, soon came to be obvious that of the two remedies the *Kalmia* as a rule could less easily be done without; and I may here state, that while I find alcohol quite unnecessary as a beverage for people in ordinary health, as a medicine it not unfrequently does me yeoman service.

To return. Under *Kalmia* we find (S. 291) pulse 58 before taking, 48 (after two hours), 40 and very gentle in its action (after five hours), 37 (after six hours). Then both pathogenetic and curative. Very feeble pulse of 40 strokes in a minute.

But the symptom of all others most characteristic of my case was the following from Allen:—"Pulse extremely weak and creeping; the artery seemed to slowly contract and dilate like the action of an earth-worm, its frequency was 40 to the minute, lasting two hours. Pulse 35 when lying down (after three hours), continuing slow for some time." The word vertigo occurs frequently in the provings, and under general objective symptoms we find "Could not go above three steps without being completely exhausted, and likely to fall from weakness and dizziness."

It had occurred to me to differentiate between *Digitalis* and *Kalmia* at some length, but a reference to provings of the former drug is sufficient to appal one so little accustomed to that kind of work as I am.

On November 14th, 1879, I was asked to see Mrs. J—'s little girl, No. 1, Vickers Street, Liverpool.

She was suffering severely from acute rheumatism, and was treated for six days or so with *Acon.* and *Bryonia*, but on November 11th, the pulse was rapid, the temperature high, and I could not feel that my case was doing very well, so, like many of my homœopathic colleagues, I left for a time these tried friends and administered *Sodium Salicylate* in small doses, hoping thereby to bring down

the fever and tide my patient safely over her difficulty. But soon I had the mortification of hearing an endocardial bruit, presently followed by well-marked exocardial friction, and I had what might safely be termed a tolerably acute case of carditis to deal with. In due time the friction sound was more or less muffled by the commencing effusion, and thus pericardial effusion was added to the already existing maladies. This went on slowly increasing, but I had not long to wait before the left pleura, not to be outdone by its serous neighbour, poured out a quantity of fluid, causing the characteristic bulging of the intercostal spaces.

By means hereafter to be mentioned these effusions were gradually got rid of, and we were hoping to get soon out of our troubles, when measles broke out in the house, and carried off a little child who was treated allopathically.

Such an opportunity was not to be lost by my susceptible little patient, and she went safely through a rather sharp attack, the only anxiety being caused by the diarrhœa, which *Sulphur* quickly checked when such step was found necessary.

After an attack of acute pemphigus, which yielded to *Rhus.*, followed by *Canth.*, my patient was well enough to be left, and accordingly I ceased visiting her on January 16th. She thus got through the above list of troubles in about ten weeks.

I need not do more than relate how she gradually gained flesh, how the endocardial murmur was reduced to a minimum, and how there was not evidence to show that adherent pericardium formed a not unlikely sequela.

In a shorter time than one would anticipate her health much improved, and for a long time I have lost sight of her, and I am told that she and her mother (she was the only child of a widow) are living at Clifton.

Another case, very similar, occurred in July of the same year. This patient, however, was nearly 60. There was no history of rheumatism, but on July 27th, a distinct

endocardial bruit was made out. Exocardial sounds were more doubtful, but before very long effusion into the pericardial sac was established, and pleuritic pains, some friction, and some crepitus, with bloody expectoration, were followed by copious effusion into the left pleura.

Slowly these effusions cleared away, revealing a good deal of pneumonic dulness, and rendering more audible the mitral murmur above mentioned.

Mr. M— did well, and months ago I saw him helping another to carry a bulky box into his house. He is by trade an organ builder.

It was necessary to visit this patient for nearly six months. I met him at a committee meeting in fair health on April 4th, 1881.

Another case: the child of Mrs. H—, who took cold and got acute rheumatism. Peri- and endocarditis with albuminuria, and almost complete suppression of the urine occurred, but the case ultimately did well, although among other troubles uræmic symptoms caused much anxiety.

Yet another case, also about the same time. J. B—, æt. 14, was attacked with acute rheumatism, and seemed to be doing well, when he suddenly became worse. Pulse and temperature ran up, and wild delirium frightened the friends, and to say the least added to the anxiety of the medical attendant.

The usual friction explained matters, and in addition to the exo- and endocardial sounds, there was a good deal of pleuro-pneumonia, the sputa were more than streaked, and the cough was very troublesome. The pericardial effusion became so pronounced that the necessity for tapping the pericardial cavity seemed to threaten. The fluid, however, was slowly absorbed, and the patient made a fair recovery. He, unlike the others, has been ill since, and has been attended by my friend, Mr. S. H. Blake, but the other three have continued in good health, as far I am able to say, and all four now are in fair health.

Gentlemen, you are not likely to dispute the statement, that if these are meant for clinical reports they are very meagre ones. I had better state that my sole object is to show you by means of these brief notes into what serious straits I got in treating these four cases, but like the three-volume novelist, having got my heroes and heroines into trouble, I must not leave them until I have, as far as may be, got them out again.

It will be quite as easy for any one present to realise the condition of these patients as if I had gone more into detail, but my object is to relate very briefly the characteristic symptoms of the drugs I used. The *Acon.*, *Bry.*, *Spig.*, *Phosph.*, I employed in earlier stages are too well known to need any reference, but *Colchicum*, *Mercurius*, and *Asclepias*, rendered me such signal service that I should like to enlarge slightly on the reasons I had for employing them. I do not think anything will be gained by my stating in which particular case I used any one drug, but I shall content myself with noting what symptoms seemed to call for these drugs, and with what effect they were used. I must also, in justice to the system of medicine we here profess almost exclusively to adhere to, state that these four cases represent all the dangerous complications of rheumatism I have experienced for a long time, and I ought to remind the members that my paper is on heart disease rather than rheumatism.

To return. The first time I saw *Colchicum* of signal service in dropsy, was when I employed it in a case of anasarca following diphtheria. Here it acted remarkably well, and the child began to pass quantities of urine after a few doses (♏j of the strong tincture) every two hours or so. I now beg to glance through the pathogenesis of this drug, noting as I go the symptoms which in one or other of my patients, for they all took it, called for its administration. The pathogenesis of *Colchicum* abounds in rheumatic symptoms.

In the case of a woman who took an ounce of the tincture (S. 83) we read in Allen: "The most remark-

able feature of the case was the intense rheumatic kind of pain in the hands and feet, which began first and continued during the origin and progress of the affection, becoming very severe, so much so that she could not bear to have her finger-joints pressed nor extended from their semi-flexed condition."

The next symptom (869), which I did not notice in my patient, is worth referring to in order to compare it with the similar symptom of *Rhus*.

"The shoulders and knees are painful during rest, better during motion, uneasiness obliging him to move the limbs constantly."

(S. 871.) Almost all the bones and joints affected with pain, which was of a gnawing, dragging character.

The next step is to glance at the heart symptoms.

Provers "soon" and "early" complain of oppression of the heart and palpitation. From taking the dilutions, stitches in the heart were observed (S. 768). Præcordial region sensitive to pressure. The next symptom (778), "some dull, irregular, seemingly suppressed beats of the heart, with a peculiar indescribable sensation in the chest," coupled with S. 801, 802, 803, is a valuable one. The pulse of my patient M— was very irregular; but these symptoms are of special value in showing the homœopathicity of *Colchicum* to the intermittent pulse met with in gouty subjects. It has been of great service to me here.

As regards the chest and respiration, I must admit that the symptoms of Allen would seem to render our drug more applicable to rheumatic pleurodynia than to actual pleuritis. Dr. Hughes, however, on p. 426 of his new book, tells us that "in one case of poisoning by it the pleuræ were found inflamed."

We find such symptoms as "Difficult breathing, and great anxiety, dyspnœa, and contraction of the chest; extreme dyspnœa;" but many of the symptoms run thus: 739. Cutting pain in the left side of the chest not affecting respiration. Then in Symptom 741 we find that "it seemed as if the sharp cuttings, which were constantly felt,

did not penetrate deeply nor affect the less sensitive portions. S. 548. "Stitches in the left side of the chest, on inspiration, and also, though less, on coughing."

S. 758. "Sore pain in the region of the left nipple, in a small spot scarcely an inch across, deep in the chest, very sensitive, more painful on inspiration, the deeper the inspiration the more painful the place; relieved after rising from bed."

The urinary symptoms of *Colchicum* must next be briefly referred to, but as heretofore I shall only seek to add my own curative mark to such symptoms as appear in Allen's work.

I must confess that the drug acted precisely as a diuretic theoretically should act in the case of post-diphtheritic albuminuria I mentioned, and also in the two rheumatic cases where suppression of urine occurred, and in one of the cases in which uræmic symptoms were threatening.

"Frequent micturition" seems to have occurred in many of the provers, and "increased flow of urine" is often mentioned, but the homœopathicity of the drug to suppression cannot be doubted when we read such statement as these:—S. 658. Diminished micturition. S. 659. "Urine scanty." In one case, that of a man, who took from 1 drachm to half oz. daily of the tincture for rheumatism, the symptom "no urine" (663) is recorded. S. 664. "Urine darker than usual." "Brown black urine," even "Bloody urine with strangury," resulted from taking the drug.

This recapitulation must, I fear, be very tedious to those who know so much better than I the scope of this drug, but my position is rather that of attempting to show that I myself have learned my lesson rightly than that of an instructor. My own estimate of the capabilities of the medicine in such cases as these is a very high one, and I do not know, were we deprived of it, in what direction we should look with success for a substitute.

Of course I am not forgetting our old friend *Bryonia*, and it may not be out of place to state that my case-

bottle containing that drug needs replenishing oftener than any other; but nearly all these cases of effusion occurred while *Bryonia* was being given, and *Colchicum* was not resorted to till after *Bryonia* had failed to remove the fluid it had allowed to be poured out.

Asclepias was only used in one case, and then at the instigation of a medical friend. It certainly did good in the earlier pleuritic stages, and I should rely on it under the following circumstances:—Mr. M—'s case, S. 139. "Cough, dry and hacking;" S. 146. "Oppression of the chest and great difficulty of breathing." S. 150. "Left lung dull on percussion." S. 153. "Pain beneath the left nipple, with palpitation of the heart." Under heart and pulse we read carditis (nineteenth day) from 2 drop doses of the tincture, "constrictive pain of the heart." On 29th day "lancinating pain at the heart."

But, gentlemen, however, valuable these drugs may have been, I do not know how I should have got out of my troubles without *Mercurius*.

It was used as a weak unguent; in one case in the form of oleate, and *Merc. sol.* and *Merc. dulc.* were given in the other two cases, but the lad H— had no *Mercury*.

I will endeavour to justify its use. My first experience of *Calomel* in cases of effusion into the pleural cavity was gathered from watching a case in which a medical friend ordered a low trituration of that drug. It seemed to produce a decided effect, and to play the same part as *Sulphur* is alleged to do in similar cases.

As has been remarked the boy H— did not take it, so the good effects of *Colchicum* were in nowise interfered with.

Mercurius was given chiefly as an intercurrent, but the impression left on my mind is that it could have been much more safely dispensed with than the *Colchicum*.

The urinary symptoms are meagre under *Merc. viv.*, abundant under *Merc. cor.*, and scanty under *Merc. dulc.*, but although I gave the last-named preparation chiefly, it will, I think, sufficiently indicate the sphere of the

Mercurius if I cite the symptoms under the various compounds of that substance.

Merc. sol., S. 434. "Urine scanty," sp. gr. 1022. S. 435. Urine scanty, dark yellow, albuminous. S. 436. "Albuminuria with dropsical symptoms during pregnancy." The last symptom occurred in one of the workers at Erlangen.

Who has not seen the splendid effect of *Mercurius* (chiefly I admit the *Mercuric chloride*) in the albuminuria of pregnancy?

I fear you will contend that the following symptoms from the pathogenesis of various mercurials afford but scant excuse for the exhibition of *Merc. dulc.*, where kidney, chest, and head symptoms are very few.

I do not enlarge upon the rheumatic symptoms, as *Mercury* was given in these cases for certain sequelæ of acute rheumatism rather than for that disease itself.

Under *Merc. cor.* we find: S. 790. "Shooting pain in the chest." S. 793. "Stitches internally in the upper part of the left chest on deep breathing."

S. 794. "Frequent stitches through the thorax."

S. 800. "Frequent dull stitches in the upper part of the left side of the chest, especially on deep breathing."

Heart: "In one case a bruit was heard at the base of the heart on fifteenth day." S. 851. "Pulse intermittent; pulse 104, small, irregular, intermittent."

It may be remarked in passing that the anti-diphtheritic *Cyanide* produced complete suppression of urine for five days; the secretion of urine then gradually returned, the urine contained at first much albumen, afterwards less, and after two weeks became perfectly normal. Urine found in bladder was highly albuminous. (Allen.) I leave others to draw deductions from this important effect of the drug.

The importance of it in my opinion can hardly be overrated.

Merc. iod. flav., S. 283. "A sudden darting through the right side of chest as from a sword."

S. 284. "Sharp pain in the left side of chest."

S. 289. "Stitch in left side of chest."

Heart and pulse: S. 295. "Sudden but lasting pain in the left side above the heart, taking away her breath."

S. 297. "Sharp pain about the heart. Pulse weak, irregular, and labouring, about 80 per minute." *Mercurius iodatus ruber* seems to increase the flow of urine, and to cause a form of strangury.

It produces constriction of the chest, sharp cutting pain in chest, and sticking pain in heart. Catching pain under the right breast, oppressing the breathing.

Sticking pain in the heart. Pulse accelerated and beating stronger.

Merc. sol., constant desire to urinate, indeed every ten minutes, but only a little is passed.

S. 679. Very dark urine for several weeks. I need not refer to the dyspnœa of this drug, nor to its violent night cough. Stitches in chest and constriction characterise it.

S. 781. Sinking in the left side. S. 782. A stitch as if with a knife in the side beneath the left short rib on every inspiration. Palpitation and rapid pulse.

I trust I have justified the use of a mercurial in the case of Mr. M—, at least, whose chest pains, pleuro-pneumonia supervening on endocarditis, and effusion into pericardium accompanied by an intermittent pulse ought really to have needed very little else, judging from the pathogenesis which seems to indicate that *Mercurius* ought to have covered the whole case.

Mrs. H—'s baby, æt. 12 months, an eight months' child. Parents fairly healthy, but a little brother died about three years ago of tubercular meningitis. This child has had frequent pneumonic attacks, and during the summer it nearly succumbed to an attack of acute diarrhœa, in which, as in so many other cases, *Croton* 3 answered admirably. Who is not familiar with the yellow watery stool, sudden expulsion and aggravation from drink and food of this useful drug?

On Oct. 17th, the child had an attack of diarrhœa and vomiting, which was apparently checked by *Arsen.* 2, but yellow watery diarrhœa, with flushed face, pointed to

Lycopod., which had acted admirably during the summer while Dr. M. was seeing patients for me. This did no good, nor did *Borax*, which was resorted to for specks of aphthæ. It not availing, great thirst and continued diarrhœa pointed to *Arsen.*, but on Oct. 21st, the report was that, since 6 o'clock of the previous evening, there had been two motions, and since 5 a.m. eight. There was no vomiting; great thirst for cold water, could drink any quantity; hands and feet cold; emaciation; no abdominal distension; child very peevish. Motions two or three minutes after drinking, unchanged; even beef tea or Nestle's food passed through him unaltered. No gush, passes out without effort, pouring out; eyes half open during sleep; rolling of head. I had my *Repertory* with me and reduced the number of indicated drugs to two, *Fer.* and *Phosph.*, but a new difficulty arose. I was a long way from a shop and I had no *Ferrum* in my case, but fortunately the mother, while I was still trying to solve the difficult problem as to which was the more like, produced a little bottle of *Ferrum phosphate* 3x, and thus cut the knot I was trying to untie. I gave small doses of *Fer. phosphat.*, and was rewarded by hearing in the afternoon that there had only been three evacuations since morning. I ordered Valentine's extract of beef, as Nestle's and ordinary milk disagreed.

23rd.—One or two motions daily.

24th.—Natural motion. To continue Valentine and sopped bread, and to leave off Nestle.

25th.—Milk has again upset; to dispense with it, and take *Ferrum phosphat.* occasionally if necessary.

February 28th.—Has kept well, save that he has had occasional colds during the winter.

I cannot, of course, claim that there is anything very extraordinary about this case, but I mention it as a small contribution to the vexed question of clinical symptoms. Nor am I able to state that it would answer our purpose to seek to combine, when possible, two indicated remedies, for, as chemists tell us, the product of such chemical combination differs from either constituent. I beg to submit

that to the meagre symptom in Allen's *Supplement* under *Fer. phosph.*, "soft but consistent decidedly yellow easy stool," we might add with the usual circle the symptoms I have mentioned above. I need not add that the guiding symptoms were "diarrhœa after drinking," and "food passes unchanged."

I now beg to relate briefly a case of acute diarrhœa, where death seemed inevitable, but where the proper drug and auxiliaries seem to have acted well.

Mrs. T— brought me her child, æt. 3 months, on the morning of August 14th, 1880. The appearance of the child put me into a similar frame of mind to that a Cunard captain would be in if he saw his ship about to go down; for, gentlemen, it is not usual for homœopaths to lose cases of diarrhœa, and the thought that to him this unwelcome experience is apparently about to come is enough to dismay any homœopath; for does not the credit of the whole system rest on him? And does it not often happen that the results of the young practitioner of homœopathy are placed side by side with those of the older practitioners of the other school?

If the sentinel sleep at his post, be he never so young, the whole army may be in jeopardy.

The child was screaming constantly, and in great pain; had had diarrhœa for about a day. Face pale and already sunken looking. Child a shade quieter on being carried. Yellowish watery diarrhœa.

At 8.30 a.m. I ordered *Cham.* 3x.

10 a.m.—Only a shade quieter; eyes turned up and thumbs directed across palms of hands; much kicking about, and a tendency to vomit. *Æthusa* to be taken if, in spite of *Cham.*, these symptoms should continue.

3 p.m.—Not much better, but still not quite so ill.

12 midnight.—Collapsed look; diarrhœa and colic still. *Verat. alb.* 3 and Valentine's meat juice.

Next day, 9 a.m.—Bad night; aphthæ all over inside of mouth, and covering tongue; pale face; yellow watery diarrhœa; some time since refused breast; debility; losing flesh. Mouth washed once with weak *Borax* solution, but

even this procedure, gently carried out, made tongue very sore, and it was not again adopted.

Borax 3 trit. every hour; five drops of whiskey every hour, and ten drops of Valentine every half hour.

At 4 p.m. and 9 p.m. better.

Monday, August 16th.—All aphthæ have left the tongue, but a little lingers at back of roof; child looks better, notices more, and has begun to take breast again, but motions are still frequent.

Whiskey has been relaxed, and is to be discontinued, as reaction similar to that the writer has observed in severe English cholera is fairly established.

6 p.m.—Mouth continues clear; child doing well.

17th, 12.30.—Bowels moved two or three times in night, and just now a copious yellow watery motion has occurred; no appearance of collapse; takes breast-milk better.

It is noticed for the first time that he cries before micturating—that he gapes very much. Tongue clean, but fauces rather aphthous, and patient himself was very yellow this morning. The least noise startles him.

18th.—A few patches of aphthæ remain. Next day diarrhœa had ceased; only one or two specks of aphthæ remained; and I ceased attendance.

Now, gentlemen, of course I have again and again swabbed an aphthous mouth with *Borax*, but I never knew one swabbing to suffice, and I cannot but think that the *Borax* was homœopathic to the whole condition, and hence was so signally successful. I have often been tempted to use this drug, but it has often failed; and I trust I shall not be tempted to use it again unless the totality of the symptoms calls for it.

The indications—heat of the head, crying before micturition, and fear of downward movement, are, in my opinion, very valuable.

Discussion on Dr. Hawkes' paper.

Dr. MATHESON commented upon the absence of physical signs in the report of the first case, and suggested that to failure in taking these the slow progress of the case might be ascribed. The sense of constriction complained of by the patient would have led him to *Cactus*. The coma he thought probably uræmic, which would have suggested *Arsenicum*, *Mercurius corrosivus*, and *Cantharis*. In the cases of diarrhœa the free use of *Chamomilla* would have commended itself to him, and perhaps in the second *Gamboge* would have been a useful adjuvant.

Dr. DYCE BROWN agreed with Dr. Matheson as to the lack of physical diagnosis in the first case. He thought the action of the *Kalmia* very satisfactory; he could speak from his own experience of its value. When slow and weak pulse was present, it was a close analogue to *Digitalis*. In a case lately in the hospital the heart's beats had increased under its action from thirty-six to sixty, so that a bruit, hitherto inaudible, could be detected. He questioned the evidence as to any real pathogenetic action of *Colchicum* upon the heart. Its chest symptoms were as marked on the right side as on the left. Hence, he argued, they belonged rather to the parietes.

Dr. BURNETT was pleased with Dr. Hawkes' symptomatic prescribing; the more we had of it, he thought, the better. He had himself never seen a case recover where the Cheyne-Stokes' respiration had occurred.

Dr. HALE was delighted to hear so truly homœopathic a paper. We were too much inclined, he considered, to trust to well-tried remedies and neglect others which might be more suitable. The action of *Cuprum aceticum* in the first case was very interesting. He was inclined to think anæmia of the brain the condition present, and referred to Dr. Moxon's recent lectures to show how this might cause a slow pulse from its influence upon the origin of the vagi. The action of *Colchicum* as a specific remedy was well known to him in his allopathic days, but since his adoption of homœopathy it had not succeeded so well in his hands.

Dr. HUGHES suggested that the probable reason was the insufficiency of his present dosage. He further reminded Dr. Hale, that a slow pulse, according to Dr. Moxon, implied commencing congestion of the brain and pressure at the origin of the vagi. He could not agree that Dr. Hawkes' paper, excellent as it was, deserved special commendation on the ground of its exhibiting a symptomatic mode of prescribing. Dr. Hawkes' plan seemed rather to have been, in the first instance, a choice of remedies *ex usu in morbis*, and a subsequent justification of their selection by finding symptoms of the maladies in their pathogenesis. But this could be done with pretty well every

drug in the Materia Medica, and was, he submitted, of no value whatever. As regards *Salicylate of Soda*, he must say that if its reputed value was to be fairly tested it must be given in the substantial doses from which that repute had been obtained.

Dr. Byres Moir spoke of the excellent results he had seen in the hospital from *Aconite* and *Bryonia* in the treatment of both peri- and endocarditis.

After a few remarks from the President,

Dr. Hawkes, in reply, explained the lack of physical diagnosis in his first case by the weak state of the patient rendering it impossible to get properly at the thoracic organs. He justified his mode of homœopathising as at least practically fruitful, and as often the only one available.

DEDUCTIONS FROM A STUDY OF DIGITALIS BEARING ON THE REVISION OF THE MATERIA MEDICA.

By Francis Black, M.D.

(Read May 6th, 1881.)

The object of the present paper is not to discuss the whole of the physiological action of *Digitalis*, but to present such portions of it as bear upon the important question, what are the requisites of a good Materia Medica? The more our present *Mat. Med.* is carefully studied the stronger I believe will become the conviction that we are far from having arrived at accuracy in the true effects of drugs or of clearness in arranging them for ready reference by men engaged in active professional work. If there be one claim stronger than another in specific medicine it is that of individualising, but the condition of the *Mat. Med.* is such that careful search becomes a great and often impossible labour; thus routine is stimulated, and then the efficacy of the homœopathic law is curtailed in its successful application. In my early days of homœopathic experience it was thought right that every medical man should, if possible, prove a medicine on himself, so in 1845 I chose *Digitalis*. The results, on my own proving, and the examination of the provings of others, led me to publish a paper, in 1846, in *Brit. Journ. of Hom.* The conclusions I then came to were opposed to some given by Hahnemann, and they also showed that many of Hahnemann's most important symptoms were drawn from erroneous sources.

Then, in 1859, Bähr published his very full and able treatise on *Dig.*, preparing himself for the work by a careful proving, in his own person, of *Dig.* and also of *Digitaline.* In this treatise Bähr confirms, in my favour, the points on which we both differ from Hahnemann.

Drs. Madden and Hughes published a paper, in 1863, in the *Brit. Journ. of Hom.*, bearing principally on the physiological theories as to the action of *Dig.*

Such are the principal references to the action of *Dig.* made by our own school up to 1879, but the amount of labour which has been expended on this drug in the ordinary school greatly surpasses the work of the homœopathic.

Unfortunately much of this has been exercised on animals, especially frogs, and the amount of torture thereby caused in such experiments, even though pursued, in the words of an Italian vivisectionist—*Con amore e patienza*—have yielded less valuable results than had the same labour been devoted to physiological experiments on man.

But such experiments on men have not been wanting, and they have been conducted with great care and scientific research, for instance, by Brunton in this country, and by Homolle in France, as also by other observers in Germany.

In 1879 (*L'Art Med.*, Feb. 1879), Dr. Jousset chose *Dig.* as the medicine to be offered as a specimen of arrangement for a new *Mat. Med.* He and his collegues felt that the Hahnemannian arrangement of the effects of a drug in a purely anatomical order deprived the pathogenesis of its real character, and pulverised, so to speak, the symptoms which, in the proving, had a natural succession and special association. He invites criticism of his plan, and this induced me to a re-study of *Digitalis,* which I have now completed as a contribution to the *Mat. Med.* of the Hahn. Pub. Soc.

Jousset has performed the task ably, as was to be expected from his high character; he has limited himself to a statement of facts, avoiding all speculation, and he has arranged them in a scientific form, so that the student

is enabled to judge much more easily and clearly of the value and sequence of symptoms than he can do in Hahnemann's scheme of *Digitalis*. His work is, however, marred by the omission of references and by the introduction of symptoms which a study of the original sources would have shown to be erroneous. A perpetuation of error in a revised *Mat. Med.* depreciates the value of the revision.

Dr. Hughes is satisfied with Jousset's arrangement so far as phenomena are concerned, but considers it a want that he refrains from explaining the symptomatology of the drug so as to give the student an opportunity of knowing something of the significance of the phenomena. With this criticism I mainly agree, with the proviso that purely physiological explanations are not in all cases satisfactory, in so far as the physiology is imperfect. I have given much time to the careful study of the numerous physiological theories of the cardiac action of *Dig.*, and my impression is that they are all incomplete, and their number alone militates against their accuracy. I am, therefore, not surprised at George Lewes writing:

"It would be out of place here to consider the conflicting evidence which at present renders the question of the movements of the heart one of the most unsatisfactory in the whole range of experimental physiology. After devoting much time to it, and after writing a long chapter on it, I suppress what I had written."*

But with all this it is desirable to try and give the student, as far as possible, the meaning of the facts before him, remembering here the caution not to mystify the facts by overloading them with explanations. Latham, in his clinical lectures, illustrates this well by the anecdote of a clergyman, who desirous to benefit spiritually an old woman, presented her with a copy of Bunyan's *Pilgrim's Progress*, carefully choosing an edition full of notes. Some time after he asked the old woman how she liked the *Pilgrim's Progress?* "Well, sir, I think I could have understood him but for them notes, they be blinding like."

* *The Physical Basis of Mind*, Lond., 1877, p. 300.

Now, probably, Dr. Hughes may think this anecdote is applicable to the interpretation of the symptomatology of *Bell.*, which Dr. Espanet has lately given as illustrating a plan for reconstituting the *Mat. Med.* The synoptic and pathogenetic table given by Dr. Espanet, does most certainly, under the headings, "direct electivity, reflex electivity, sphere of action, and character," present the physiological explanations carried to excess.

The true corrective to all explanations is a section devoted to provings, either in detail or abstract, with correct references to all original sources. Both Jousset and Espanet seem advocates more of rearrangement than of revision; the latter places full confidence in the exactness of all Hahnemann's symptoms. He does not advise revision or fresh experimentation, but to rest satisfied with what we already possess, saying, "*à chaque jour suffira sa tâche*"!

I agree with Espanet in his condemnation of the division of what are called primary and secondary symptoms. It may be safely said, were Hahnemann now commencing his great work, the *Materia Medica*, it would not present the form and arrangement it now does. Remember the backward condition of physiology in Hahnemann's day, and the purely hypothetical character of pathology which his genius led him to reject, and you will understand the bias he gave to the purely objective working of his system. He wisely insisted on the symptomatic observation of disease, but he unfortunately did not quite conform his arrangements of drug symptoms to the same rigid rule. He puts together the varied symptoms of various persons into an artificial category where sequence and association are often entirely lost, and this scheme would have been still less helpful than it has been were it not that, even in its present state, it gives many valuable single and small groups of symptoms, and Hahnemann's occasional introductory remarks, together with traditions, have afforded a key to the importance and connection of others.

The formula we choose as our therapeutic guide is, "Let likes be treated by likes;" we therefore have to seek

a drug which produces a morbid condition similar to the disease before us. The more accurately we depict the natural and the medicinal disease the greater is the probability of the relief. To secure a real, not an apparent, a specific, not a generic, resemblance, all these symptoms must be obtained and ranked in their due order, connecnections, and value. Physiology and pathology have improved so much of late years that certain constantly recurring groups of symptoms have received certain names, *e.g.* pneumonia, scarlatina, variola, cholera, &c. The same knowledge that has led to this accurate grouping may also do the same task in pharmacodynamics, and when this is done the labour is diminished, for search can then be confined to the summary of the physiological action of a drug such as Jousset gives us in *Dig.*, and such as Dr. Hughes has given us with so clear and masterly a hand in his very comprehensive *Pharmacodynamics*. But even here more aid is is often required, for a special cause, such as the virus of scarlatina or cholera, may produce certain minor changes in certain cases not in others, the species the same, the variety different. Here the physiological summary may sometimes suffice, but oftener may necessitate a search in the general proving of the medicine.

Such search becomes still more necessary when disease does not take this concrete form, but assumes the diversities in which especially chronic disease presents itself in individuals under the various circumstances of age, temperament, epidemic influence, climate, and country.

In clinical research, whether of natural or drug disease, our course must be either summary or in detail, according to the degree of light that is brought to bear upon them from a general pathological principle. Until the latter stands clearly out we must patiently deal much in detail, in order to secure a true knowledge of the phenomena.

The arrangements, as followed in the few medicines published by the Hahn. Publ. Soc., present, to my mind, with some minor modifications, all the needful requirements for the reconstitution of our materia medica. It ought to comprise—

1st. The natural history, chemistry, and pharmacy of the drug.

2nd. An historical sketch, with bibliography.

3rd. The detailed experiments on healthy persons, with such cases of poisoning as illustrate the pathogenesis.

4th. On these experiments is founded a summary of the physiological action, together with what is necessary to explain its significance.

5th. After this follows the schema or artificial arrangement of the symptoms which are recorded in the provings. To this portion brief comments, principally therapeutic, can be added after each anatomical section.

The keystone to all is the physiological provings; these, if patiently studied, are the true channels for impressing on the mind the real character of a remedy. These well mastered, the general summary of action impresses them still further on the memory, so that the student goes to the schema prepared to treat it as an artificial aid to the discovery of certain symptoms. I am convinced that there is no better exercise than the actual provings themselves. One medicine thus well examined paves the way to a readier knowledge of the other, just as the acquirement of one language greatly facilitates the study of others. The careful study of the actual provings gives in time a facility in discovering the character of a drug which poring over a schema rarely procures. It is this peculiar tactus eruditus which Hahnemann possessed in so great a measure, and which no doubt prevented him seeing the difficulties of the schema to his followers. With him it was merely an index, with us it is all we possess in too many instances. Let me advise those commencing the study of homœopathy to limit their attention at first to two or three medicines, to the provings of which they have access; master these before running over the great number of remedies we now possess. Remember the old saying—

> "Nor was he wise at all,
> For many arts he knew,
> And badly knew them all."

Under some of these divisions necessary to a complete

materia medica, I shall briefly allude to a few points regarding *Dig.*

1. *Pharmacy.*—Under this heading reference ought to be made, not only to the *Homœopathic Pharmacopœia,* but also to preparations contained in the *British Pharmcopœia,* with allusions also when necessary to foreign ones. Various writers of experience assign greater value to some preparations of *Dig.* than to others. I therefore desire to call the attention of our Pharmaceutical Committee to the advisability of adding a trituration of the dried leaves, as this form, and also the infusion, is much preferred by some to our only preparation, the tincture. An alcoholic selection of *Digitaline* prepared from the *Digitaline* of the *British Pharmacopœia* will be a useful addition, for it has the advantage of being a much more stable form than either the dried leaves or the tincture, which are readily decomposed by air, light, and time.

Under this heading of Pharmacy comes the dose. Now I do not wish to enter on that vexed question, posology, but desire to limit your attention and mine simply to what are the most suitable doses of *Dig.*

Hahnemann says: "A very small portion of the quintillion-fold, or still better the decillion-fold, dilution of the juice will often be found to be a too powerful dose for homœopathic treatment." In estimating the authority of Hahnemann on this point, let it be remembered that Hahnemann held the old doctrine, not only of a vital principle as applied to living structures, but also of a latent spiritual power in dead matter; and he held it as confidently as Lord Bacon, who says: "Let this be laid for a foundation which is most sure, that there is in every tangible body *a spirit or body pneumatical* enclosed and covered with the tangible parts."

These views are not current now, and are opposed to what is known in physiology and in physics; we have therefore to regard any allusion which Hahnemann makes to it as simply an hypothesis, and dismiss the potentised development of medicines as bearing on the question, and take as our guide Hahnemann's answer to his own

question: "How small must be the dose of each individual medicine given homœopathically in order that it shall best effect a cure?" Mark what he answers. "Pure experiment, careful observation, and accurate experiment can alone determine this." Following this true course, I have no hesitation in stating that the vast amount of evidence accumulated since Hahnemann wrote his introduction to *Dig.*, is that the benefits of *Dig.* are best gained by tangible doses, and your division need never extend beyond the 1st cent. of the tincture, or the 3rd of *Digitaline*, and that in certain exceptional cases you can only gain the benefit of *Dig.* by giving it cautiously in the smallest doses employed in ordinary practice. In this statement I convey not only my own conclusion but those of Bähr, Jousset, and Hughes, who have all paid attention to this drug.

As in addition to the dose I shall have to allude to other points of difference with Hahnemann, allow me to say that I do so most unwillingly and in all reverence. Because I point to the structure of the mistletoe do not think I forget the strength and grandeur of the oak on which it grows. I remember now as vividly, as I forty years ago received with enthusiasm, the farewell advice of Hahnemann: "Work faithfully and God will be with thee." I have ever felt that to work faithfully and to think independently was true homage to the genius of Hahnemann.

Nothing gives one a more exalted view of the greatness of his talent and industry than a serious study of his *Materia Medica*, though it may reveal many faults. We have now much more light than Hahnemann had, and we therefore ought to see points more clearly than he did; but why should this lead to disparagement? If a dwarf on the shoulder of a giant can see further than the giant, he is not the less a dwarf in comparison with the giant.

The fundamental object of a materia medica is first to give a faithful narrative; secondly, to arrange it in such a form that each symptom may be found at once; for a faithful narrative it is essential that the pathogenesis be

drawn from pure sources, and reported with care. Experiments made with infinitesimal doses require the utmost care and winnowing. Symptom-hunger is a disease our school is especially prone to, and provings with unusually minute doses give a fruitful field for its development.

There is a general stream of sensations which constitute life, but which we do not notice unless our attention is especially turned to them. Commence a proving, then things of which we were scarcely sensible become noticed by us; sounds, feelings, muscular movements, unnoticed in health, are now entered as morbid phenomena, and if the prover is of a gushing disposition you have no lack of symptoms, which are more characteristic of his ideation than of the action of a drug.

The evil of such experiments is tenfold worse when they are conducted on the sick, any new symptoms occurring under these circumstances being recorded as an addition to the pathogenesis of the medicine administered. All symptoms drawn from such source I hold as utterly useless. Even when medicines are given in such large doses in disease as to manifest their presence by certain symptoms supposed to be independent of the disease, they ought to be accepted with caution, and in some instances rejected; at the best they are to be regarded as confirming, not establishing, a pathogenesis.

Hahnemann, in his first notice of *Dig.*, in the *Fragmenta de viribus*, drew one half of his symptoms of *Dig.* from diseased persons, and in his *Materia Medica* many of the most important symptoms are drawn from the same class. It is this which has partly led him to mistake the noteworthy action of *Dig.* on the circulating organs. Sympt. 377, taken from Lettsom's use of it in cardiac disease: "The pulse for twenty-four and even forty-eight hours was much slower, but thereafter quicker and proportionately weaker." In a note to this symptom he writes: "This is the most usual phenomena from *Foxglove*, that after the preliminary slowness of the pulse (primary action), after some days it is the reverse (reaction or secondary action); a much quicker and smaller pulse is permanently induced."

I hold that the action of *Dig.* on the circulatory organs is throughout a continuous one from beginning to end; it is the production of an arhythmic asystolia. When given in diseased heart the quick irregular pulse is brought down to regularity and its normal pulsations. The facility to effect this in disease is so much easier than in health that reduction of pulse, *i. e.* slow pulse by Hahnemann, has been presented as the peculiar property of *Dig.*

In numerous physiological experiments *Dig.* accelerates the pulse—in very few it first reduces by a few beats—but as soon as its action can be detected the pulse becomes weaker and irregular or intermittent. If these doses be long continued, or a toxical one be administered from the first, then the pulse falls in a remarkable manner, but is increased in quickness by the slightest movement or emotion. If the dose is not too great the very slow pulse gradually regains it normal pulsation, *i. e.* the action of *Dig.* ceases; but if the dose be too large the slow pulse rapidly rises, and in proportion as it rapidly rises so is death to be dreaded.

The subject of primary and secondary actions, the apparently opposite effect in many cases of large and small doses, is too extensive and difficult a one to treat of now, but it is an all important one, and its elucidation is very dependent on a carefully revised materia medica. The evil of drawing *ab usu in morbis* is further shown again in such symptoms as 241, "Hæmoptysis," for which Hahnemann gives no reference, and 242, "Expectoration from the lungs coloured with blood." This he quotes from Penkival, and this symptom is taken from a pthisical case where there was frequent hæmoptysis before giving the *Digitalis;* it continued nearly throughout the whole treatment.

In no pure provings, in no cases of poisoning, in no work treating of the therapeutical use of *Dig.* have I found hæmoptysis. Rusty-coloured expectoration occurs in an experiment of Homolles on himself, but he explains it as due to the severe retching and violent vomiting due to *Dig.*, and it is therefore a mechanical result.

Jousset perpetuates in his arrangement of *Dig.* this error of Hahnemann's, and he gives no reference. He also makes a similar mistake when he also enters without any reference the symptom "Jaundice." This symptom, 189, Hahnemann quotes from Withering, but in Withering's patients jaundice occurred in the natural sequence of this disease.

The preceding symptom, 188, "Ash-coloured purging of pappy matter, as in jaundice, following vomiting," ought to be excluded, not simply because the patient had mammary scirrhus, for "ash-coloured diarrhœa as in jaundice," sympt. 187, occurs, but because these symptoms are probably not the effects of *Digitalis.* How frequently it happens that after violent vomiting or violent purging the secretory power of the liver is interfered with, and pale motions occur. Pale stools Hahnemann also refers to as a symptom in his *Chronic Diseases,* but though I have found *Dig.* useful in diminished secretion of bile, I can find no evidence that it sets up this condition or jaundice; the action is, as far as observation goes, in the opposite direction. It is a mistake to consider a therapeutic result as sufficient evidence of physiological action.

This notice of jaundice brings to my remembrance a class of symptoms arising from changes in the pabulum outside the sphere of the vital forces, though affecting them; *e.g.* ether, chloroform, or lead occasionally produce a kind of jaundice, but this has been shown to be due to the solvent action of these agents on the blood-corpuscles, thus causing a hæmatogenous jaundice, but not a hepatic icterus. Again, lead is said to set up gout in workmen engaged in lead manufactories, but there are other factors at work—alcohol and food; for it is found to arise in London in men, and not in the female workers, who do not drink, and rarely in French lead workers.

Lead predisposes to gout, but Charcot shows very clearly that gout is not a direct effect of lead.

Again, alcohol sets up organic diseases of liver and kidney; but you attribute these results to dietetic influence, so ought we also to reject from the pathogenesis of *Secale,* or at least accept with great doubt, the symptoms

which constitute morbus cerealis, which occur in districts where the peasants feed on diseased rye.

All symptoms which arise after the administration of a drug are not always to be considered as the specific or direct effect of that drug; and in this growth I believe the prunning knife of the future will do much useful work.

A rock is thrown down a hill, and goes bounding on its its course, but the ricochets which it makes are due to other factors than the original force which hurled the rock. So in the pathogenesis of a drug other factors come into play, and it is their presence which increases the difficulty of choosing a simile in complex diseases.

I must now turn to the schema or arrangement to facilitate the finding of symptoms, and where scientific accuracy and sequence are more or less sacrificed to ready reference.

It were easy to illustrate from the action of *Digitalis* the vices of the ordinary Hahnemannic schema, for in a medicine whose action on the pneumogastric and sympathetic nerves is so marked, there are many symptoms, such as vertigo and vomiting, whose value depends on their sequence and connection which are lost in the schema. So with palpitation and disturbances of the circulation, how important is often the question—are these symptoms due to local, to cerebral, or to peripheral causes?

An endeavour has been made with the few medicines which have appeared in the *Materia Medica* of the Hahnemann Publishing Society, to render the schema as correct as possible, and in that plan or in some modification of it, lies, I believe, the best prospect of remedying the evil.

It were very desirable if this society would appoint a small committee to report on the arrangement of medicines as offered in the few medicines contained in the Hahnemann Publishing Society's *Materia Medica,* comparing them with the plans suggested and illustrated by Jousset in *Ars.* and *Dig.,* and by Espanet in *Bel.* Such

work is admirably adapted for a committee, and a careful report presented by them in time for the International Congress might materially assist the future revision of the materia medica.

To members of such a committee, I recommend the perusal of Jousset's and Espanet's introductory remarks, and a careful study of Dr. Drysdale's requirements of a materia medica, given by him very clearly and fully in his introduction to the Hahn. Publ. Soc. *Mat. Med.*

I shall confine my remarks—1st, to the question why such schema as Hahnemann gives must partake of an artificial character; 2ndly, to the disadvantage of their great bulk.

Few diseases can be regarded as strictly local in their character, the morbid processes in one part are inseparably connected with others. We may study anatomy locally, but in physiology, though respiration, circulation, &c., are independent functions, they still act in unison, and one function must be taken in connection with the whole. In health the hidden connections are united in harmonious working; it is in disease that the jarring of disturbed action shows the sympathy which links the whole body together. In the Hahnemannic schema the fault lies in considering the organism the same as a machine whose various points, however complicated, you can put together and remove without injury to the machine. But the actions of a machine are subordinate, those of an organism are co-ordinate, and in this lies the all-important difference. In the organism the humblest element working in the whole, and the whole in the humblest element, each part of which calls the furthest brother.

In Dr. Yeldham's Presidential Address at the Leeds Congress, 1880, you will find ample arguments ably stated for a revision of our materia medica. I shall now only allude to one, but that a most important one, which he has happily illustrated. It is the cumbrous condition of our materia medica, due to the lack of the important art of packing. One cannot but regret that this art of packing, this expunging of the doubtful and the false, and then of reproducing

the true in compact dimensions, has been overlooked in Allen's *Mat. Med.*, a work of immense labour and research, but, as you will see by the revision commenced by Dr. Hughes, one deficient in the critical and packing qualities. As an illustration, I present you with the schema of *Digitalis* as far as it embraces the circulating organs; you will observe that what is embraced in four small and widely printed pages occupies in Allen twelve closely printed large pages.

Before concluding, I wish to give another argument for revision, drawn from the present condition of the homœopathic system of medicine in Europe, but especially England. I put aside the spread of the system in America, for I might as well compare the easy flow of a river through a plain with a stream struggling through rocks which dam it up and convert it into a lake. It is more than half a century since homœopathy was practically introduced into England; for the first ten years the number of medical men practising it may be stated as 5; in 1843 the number is under 20; then in the next ten years they increase ninefold, from 20 to 179; in the next ten years they amount to 244; still the tide is rising a little, for in 1873 the number is 292; after this the ebb steadily sets in, and in 1881, if we exclude men retired from practice, the number cannot be reckoned as more than 250.

This marked decline, in spite of the increase of wealth and population, merits serious attention, the more especially as this stationary condition, if not actual decline, represents the state of our system in Europe. Here in England we stand as 260 to 23,000 medical practitioners.

You may perhaps reply, our numbers are actually greater than 250, for several practise who are not inscribed in our *Directory;* admitted, but this is one of the circumstances which show the direction of the current. This current is still more obvious when you take into account the numbers of medical men who adopt our remedies on purely empirical grounds, or deny the homœopathic relation, and explain their utility on different principles. To mark the course of the

current still further, take note of certain late secessions from our ranks. Do not rest satisfied with the terms ratting renogade, such terms will not help our investigation. It is not simply that men established in practice do not now join our ranks, but that men in full practice have seceded from our ranks, and if not actually ignoring homœopathy, still give it a secondary, and some no place in their therapeutics.

Let me read you two quotations. The first is announcing the cessation of an old established homœopathic journal, Hirschel's *Zeitschrift*. The editor, Dr. Lewi, says: "We retire from the scene of our activity, after having, as we believe, attained the end we put before us, viz. to have proved homœopathy to be an important integral constituent of medical science, *but by no manner of means the last word of medical science, or as including the latter in itself;* and thereby we have pointed out the only way by which, sooner or later, the reconciliation of the part with the whole can and must be effected."

Now I read you a passage from Dr. Kidd's *Laws of Therapeutics*.

"Twenty-seven years ago I saw that the essential truth of Hahnemann's law was totally independent of his speculations about 'dynamization.' Adopting with great delight the law of *similia similibus curentur* as the chief, though not the only foundation for therapeutics. . . . Rejoicing to enlarge the boundaries of knowledge, true science cannot ignore any law, though its sphere of action be limited and not of universal application. Galen's law of *Contraria contrariis* has its place, and a very prominent place, still in the practice of every physician."

Along with such passages recall the papers in the *Practitioner*, by Dr. Rabagliati, in 1877, and of Dr. Ross, of Manchester, in 1878; also bear in mind the various interesting papers of Dr. Sharp, on the "Action of Medicine," and on the confusion between homœopathy and antipathy or antipraxis as he calls it; add to this the opinion of Dr. Brunton, "that homœopathy and antipathy

are one and the same thing as regards drugs, and differ only in dose (*Practitioner*, June, 1879). These quotations, and many others which could be given, show in the ordinary school an increasing interest in pharmacodynamics, and in our own body foreshadows a dawning belief that homœopathy is by no means the last word of medical science, or as including the latter in itself.

There must before long be a keen discussion as to the *modus operandi* of drugs, one which may perhaps modify our formula, or even cause the terms similar and contrary to disappear.

To speak so may express disappointment, but not discouragement—far from it. We must brace ourselves to a severer struggle than we have yet had; the victories of homœopathy in the past have been as much indirect as direct; it is the latter for which we have now to fight. Medicine is not what it was, even twenty-five years ago; to show our superiority is now a far more difficult task than it was then.

I fear our clinical results will little affect ordinary medicine, which, sceptical of its own remedies, is doubly so of ours, especially overburdened as we are by our separateness.

Hard the task might be within the walls, but outside them the labour is infinitely greater. I fear we do not sufficiently measure this difficulty; we live too much in a fancied medical Goshen, and think that all without is thick Egyptian darkness.

It is a dangerous mistake to underrate your opponent. See all the difficulties, and then with all our might struggle for the truth. In this coming contest I believe our best weapon is a true, not a fancied, knowledge of the physiological action of drugs, and this necessitates a thorough revision of our materia medica.

The struggle which from age to age has ensured the survival of the fittest has been under a law which includes intellectual and medical conflict, and it has constantly helped to the attainment of truth.

Discussion on Dr. Black's paper.

Dr. HAMILTON agreed with the author as to the need of a revision of our materia medica, but took a more sanguine view of the present state of homœopathy. He thought that there were as many practitioners, in proportion, as at any time, though their names were not necessarily in the *Directory*. He thought one great mistake was in changing our medicines too often, and also repeating one dose too often, so that we get pathogenetic in place of curative action.

Dr. HALE also considered revision an undoubted necessity. He would reject all symptoms observed only upon sick persons. He thought, also, that more attention should be paid to objective symptoms, *e.g.* it would be very instructive if we knew if *Apis* would cause albuminous urine.

Dr. DYCE BROWN rose only to support Dr. Black's statement that the good effects of *Digitalis* were obtained only with tangible doses.

Dr. COOPER could not agree that genuine pathogenetic symptoms were observable in sick persons, nor would he limit the good effects of *Digitalis* to crude doses. He had seen excellent results from fast and feeble action of the heart from the 3x, and he knew that Mr. Wilson esteemed the remedy highly in the 200th.

Dr. BLAKE considered deadness of the limbs a good indication for *Digitalis*. He thought that it was with greater knowledge of the natural history of disease that our apparent success diminished.

Dr. CLARKE remarked that such papers were the best answer to recent aspersions on our scientific status. He had found pilules of *Digitalis* 1 useful enough. He hoped that Dr. Black's scheme of a committee for revising the materia medica would be carried out.

Dr. BURNETT drew attention to the fact that Dr. Black had been studying the action of *Digitalis* for forty-two years, but did not yet feel satisfied about it. With regard to the dosage, he suggested that it was given materially because, organopathically, it was a *simile* rather than a *simillimum*. Greater individualisation here, as elsewhere, tends to higher attenuation.

Dr. HEWAN agreed with Drs. Black and Brown as to the dosage of *Digitalis*. He was fond of giving about seven drops of the mother-tincture once daily, preferably at night, when he wanted a cardiac tonic. He called attention to the very similar action of *Chloral* in half-grain doses.

Dr. HUGHES recalled the Society to the main object of Dr. Black's paper—the revision of the materia medica. He could not quite follow him in his depreciation of physiological explana-

tions. He granted that they were provisional, but as working hypotheses they often proved most useful in securing real as distinguished from mere phenomenal similarity. Thus if a drug caused jaundice, it was important to know if this was of hepatic or hæmatic origin, that the remedy might be correspondingly applied in disease. He thought one great desideratum to be a collection from all sources of detailed provings, which were so much more instructive than lists of symptoms.

Dr. Black, in reply, wished indeed that more had been said on his main topic of revision. He thought that in knowledge and exposition of the full physiological action of drugs lay our vantage-ground for the future.

REMINISCENCES OF AUSTRALIAN PRACTICE.

By G. F. Mabberly, M.R.C.S.

(Read June 2nd, 1881.)

Australia is remarkably situated. It is the largest island in the world. Its southernmost point (Cape Wilson) is in latitude 38° south, and its northernmost (Cape York) is in 11° south also of the Equator, whilst its longitude is from 112° to 151° east of Greenwich. To sail from Cape Howe, New South Wales, on the east side, to Cape Lewin, in Western Australia, in a steamer of the Peninsular and Oriental Company, would take about eight days, the distance being about 2350 miles. These dimensions, if marked on the map of Europe, would extend from the Orkney Islands to the South of Algeria, in Africa, and from London beyond Moscow. Australia may thus be considered as containing nearly as much land as four fifths of the whole of Europe.

From the vast size of Australia, it is manifest that there must be a variety of climates, according to situation, from tropical northern Queensland to the comparatively temperate Victoria. Victoria is the most southern colony, and has the coolest temperature; its capital, Melbourne, is in latitude 38·37° south, that is to say it is 13° nearer the Equator than London; while Queensland, on the eastern coast, stretches from the tropic of Capricorn to 600 or 700 miles south of the Equator. Many fruits common to England will grow, if watered, in Victoria, such as strawberries, cherries, plums, pears, apples, while others, only growing in perfection in the extreme south of Europe, also flourish luxuriantly—grapes or figs, for ex-

ample—while among plants, the geranium, fuchsia, aloe, prickly pear, arum, pepper tree, and many others, grow in the open air to a very large size. The fruit trees especially require the soil to be dressed and well watered. Grape canes may be planted in the spring, and in six months will bear a few grapes, while in three or four years there will be an abundant crop.

The soil of Australia is very dry, and often contains a quantity of salt. It thus requires special cultivation to produce fruits and vegetables. There is abundant evidence that the continent has been many times, and perhaps for long periods of time, under the sea. The inland lakes of Victoria and South Australia, of which Adelaide is the capital, are brackish. Sheep can drink the water, but for man it is wholly unsuitable. These lakes are sometimes many miles from the sea. Another remarkable fact is that brackish water is found by the gold miner from 500 to 1000 feet below the surface, and 100 miles or more from the sea. The country is very flat. There are no high mountains to feed great rivers or lakes; the "dividing range" of the middle of Victoria and the Australian Alps, which separate it from New South Wales, are not high enough to be within the snow line, and thus to affect the climate, except in their immediate neighbourhood.

An arid desert exists in the centre of the great island. The north wind blows from the Equator over this heated desert, with no ocean to cross to give it moisture or to moderate its heat; the consequence is that the temperature in Melbourne is often raised to 120° or 130° in the sun, while north of the capital it will rise to 140° and 150° Fahr. In Melbourne I have sat in a room shaded from the sun for days and weeks, the temperature being over 90°, doing nothing more active than seeing patients or writing at my desk. I have been continually wet through with the heat. I have sometimes taken a bath to get rid of the perspiration; have had my shirt dried, and in half an hour it has been as wet as before.

If we look into books on climate we shall find it stated that the "mean temperature" in winter in London is 35°

in the coldest month, and that of Melbourne, at a corresponding period, 45°. In summer the heat in London is 60·7°, and in Melbourne 67·3°. How is it possible to give an accurate idea of the character of a climate from such figures as these? What is wanted is the highest and lowest temperatures of the various places on corresponding days and months in the year, so that their equableness may be estimated and their consequent fitness for the residence of invalids decided. Looking at Victoria in this light, and not in the mean way of "mean temperatures," we shall find that the heat in the sun will sometimes range from 120° to 150°, and will fall in a quarter or half an hour to 60°, while in the shade the thermometer will indicate from 90° to 100°.

I have walked up the streets of Melbourne when the air felt like the hot blast of a furnace scorching one's face. In a quarter of an hour clouds of dust gather, and the howling of the wind is heard, making one imagine that rain is about to fall in torrents; but no rain comes. It is the south wind from the colder regions; the temperature has rapidly fallen to 60°, and you who were sweltering in the thinnest alpaca or silk coat would be glad of thick garments. Your doors and windows, which have been closed for one, two, or more days, to keep out the heat, may now be opened, and a free circulation of air through the house will restore a fresh and agreeable temperature.

The cities of Australia suffer greatly from want of drainage. Melbourne, though as large as all the other Australian capitals put together, is a special delinquent. Huge buildings have been erected, and no provision whatever made for drainage, the filthy fluids empty themselves into the open gutters. A seat and a pan under it is put into an out-building, near to the house or far off according to space; this pan is emptied once a week or oftener by nightmen, who are appointed to the work, and the contents sold to agriculturists. The fluids from the house are poured into a drain, which runs into the gutter and flows into the river or sea, stinking as it goes. The

drain is often, in the suburbs usually, uncovered, and runs through a little garden or yard till it finds its way into the gutter, when it flows to the river or sea if the level suits; if not, it remains in the gutter till the sun dries it up, or a shower comes and flushes the open sewer.

I had a patient whose Melbourne office was between two of these gutters, one being within seven feet of his nose, the other ten or twelve. The building was in one of the first business streets of the city. Of course, his health suffered a good deal from the miasma generated.

The water supply from the Yan Yean has the merit of abundance, but it is horribly dirty. Take a glass of your New River water and stir in a little gravel, and you have an idea of the drinking water of Melbourne. It undergoes no filtration by the company, and therefore one need not wonder if leeches, centipedes, and small fish are occasionally found coming from the tap. One lady told me that on searching for the cause of an obstruction to the flow of water a half decomposed fish was found in the pipe which supplied her house. Filters are advertised everywhere, and the ordinary charcoal filter will remove the mud, leaving the water coloured with a disagreeable opalescence. A few grains of alum will throw down this opalescent precipitate. The "Dripstone Filter" is I understand the only one which will effectually clear the water of both its mud and opalescence. I am a water drinker, but prefer the valuable fluid without mud, opalescence, or centipedes, and so in common with others I put up an iron tank and drank the rain water only. I think it is a discredit to a town calling itself the "Empire City of the South," to allow water to be served up in so disgusting a state.

There is a great absence of lime in Victoria. Geelong, and its neighbourhood are, I believe, the chief parts of the colony where it is found, and this town is on the sea coast forty miles from Melbourne. There is also an absence of coal, it being brought from Newcastle a town about forty miles north of Sydney, 600 miles from Melbourne, in small steamers. Wood, though growing,

scarce from the reckless manner in which the forests have been cleared, is still largely burnt, and a pleasant fire it makes when much heat is not required. A fire is pleasant for three or four months in the year, and occasionally at other times, but great heat is not needed.

The winter is a beautiful season. The air is cool in the morning, and sometimes the temperature will be found at sunrise to have fallen to freezing point. Before midday the sun shines out warmly and no great coat is needed, and very little fire. This is the pleasantest feature about the Victorian climate. No chilly, damp, foggy days, no snow lying day after day, or difficult walking because of the frost on the ground, no biting north winds, sleet or hail. The winter has no terrors; it is very short, and is more like a fine October in England than any other season; rain will fall in sufficient quantity to cause the grass to spring up and give an aspect of greenness to the earth, which, though not comparable to the verdure of our English meadows, is yet a great relief to the eye after the dull oak tint of the fields and open places in Victoria.

In winter many flowers are blooming in all their beauty, and the gardens look gay with geraniums, arums, fuschias, verbenas, roses, violets—far gayer two or three months before the summer solstice occurs than when the longest day arrives—for often in November the ground is burnt up, and if you wish to have any flowers or a grass plot at all you must water it daily.

Summer does not fade gradually into winter as in England. One week a hot wind may come, and the next, or the next following, winter may appear—the temperature will fall 10·15° or 20°, and on the "block" in Collins Street, the fashionable promenade of Melbourne, or elsewhere, ladies may be seen in their furs and gentlemen in their thick great-coats. But I cannot help thinking that for people walking these heavy garments are quite needless and injurious. Still, I have often been assured that old colonists feel the winter cold a good deal, notwithstanding that to one fresh from England it has no terrors, and

the dreary regrets which, in England, the end of summer inspires are unknown.

These brief considerations regarding the temperature of Victoria will prepare the way for the consideration of the adaptation of that colony for invalids. Such a winter as I have described is a very agreeable season, and I think it would be well for a patient sent there for his health to sail in January, so as to arrive in March, when the excessive heats are well-nigh over. He would still have two months of warm weather before the winter or rainy season begins.

It is, however, most important for the welfare of the patient that he should be sent out to Australia *before the disease is much advanced,* otherwise he will probably get more harm than good. Emigration to Australia or New Zealand should take place when *phthisis has just been indicated;* then the patient may bear the changes of climate he may pass through to get there and the ship diet. The usual way of going to Australia is by the Cape of Good Hope. Say the patient starts in January, all down the channel the temperature is perhaps so cold that it is difficult to keep warm in any way. In three days' steaming the temperature rises, in eight days the ship calls at the Cape de Verde Islands. Here the dark-skinned races are to be seen by the side of the vessel diving for a sixpence, if you will throw one into the sea, and catching it before it has gone down a couple of yards. After the feat is accomplished, and no more money is thrown to them, they get into their boats and sit in their wet shirts. After passing these remarkable islands, the temperature may be expected daily to increase and little diminution takes place till one has passed through the southern tropic. Everybody feels listless, all energy is gone, one is hot upon deck, the deck is hot, the cabin, especially if in a steamer, is hot, the bed is hot, and if there is rough weather and the hatches have to be kept shut and all the port-holes closed, the heat will be trying. Happily the voyage to Australia is the safest which can be made, and so the latter condition just described is not common. I have crossed the line four times, and have always had

good weather from, say, Cape St. Vincent, off Portugal, to the Cape of Good Hope. Here one's enjoyment of the voyage ceases, for after passing this well-known geographical point the swell of the Southern Ocean is felt very decidedly. Three weeks will now have passed since sailing from England, and the month is (say) February (our August), but the temperature falls very decidedly—it is but a few degrees above freezing point—and the next three weeks are indeed trying to the traveller if his chest is at all weak. This part of the voyage should be remembered by the physician in sending out invalids. My own experience would lead me to say to a patient, "You must go in a good steamer through the Red Sea, and sail in October or November, then it will be warm all the way, but not intensely hot, and the monsoon will be with you."

The Red Sea route is not shorter in point of time, but it is less subject to extremes of temperature. No cold is felt; the passage through the Mediterranean, or from Naples or Venice, is interesting, so is Egypt and the Red Sea, Aden at its mouth, and Ceylon eight days further; the tedious part is from thence to Australia. Western Australia is, however, reached in a fortnight from Ceylon, and Adelaide in a few days more; then in two days Melbourne is sighted.

And then we come to the "Empire City of the South." It has some fine wide streets and some very narrow ones. The plan of the city is like a chequer board, all the streets being parallel to each other. The streets are well-paved and well-watered so far as Melbourne City is concerned. I cannot speak so well of its suburbs, some of which are ill-paved and ill-lighted and ill-drained, so that one's legs are in continual danger from the inequalities of the pavement, and one's nose is offended with the stink of the filthy water in the gutters.

This circumstance would naturally lead us to expect that certain disorders would be endemic, and among them typhoid fever, and so it is, and sometimes of a very virulent type. One Melbourne physician told me of a young man whom he saw at the opera one night apparently well, but who was dead in a few hours after. Typhoid

FEVER is indeed one of the common diseases of Victoria, and looking at the sanitary condition of the country, and at the ways of the people, I do not wonder at it.

CONSUMPTION, however, heads the list of diseases in Melbourne, the mortality being about equal to that of England. I have many times observed in the *Melbourne Argus* that the mortality of Melbourne is quite as high or sometimes higher than that of London. This is very discreditable to a city not much more than forty years old, into which money has flowed in torrents. The statement I have made is well known in Victoria, and is accounted for by the assertion that it is owing to the importation of so many consumptives from England and elsewhere. I do not believe this to be at all the true explanation. Several causes, in my opinion, combine to give Melbourne this unenviable notoriety.

(1) The development of phthisis is, I think, traceable in part to the number of young women employed in factories. Victoria being a strong protectionist colony, all kinds of articles—boots, shoes, clothes of every description, and, in fact, everything possible, is manufactured. Even iron is imported from England and cast in the colony. A heavy protection duty fosters the rapid growth of these manufactures, and is very prejudicial to the health and progress of the colony. It centres a vast population in the capital, so that almost one third of the people in a country nearly as large as England is to be found in Melbourne, instead of being spread over the colony cultivating the soil, and producing food for themselves and wool for exportation.

Young women are employed to an immense extent in these factories, and crowds of them may be seen issuing from their places of employment between five and six in the afternoon. The main streets of Melbourne are crowded with young girls in the fine evenings, and such is the moral state of the city that one of the most respected members of the Upper House of Legislature stated at a public meeting last year in my hearing that the number of prostitutes in Melbourne, as reported by the police,

amounted to 2000! a number far greater in proportion to its size than is supposed to drag out an awful and miserable existence in London. And this in a *new country*, where facilities of marriage ought very far to exceed those in an old country!

The effect of crowding together a mass of young people is considered to be one of the main causes of the development and propagation of consumption everywhere, and it must be worse in a warm country where every breath of pure air is needed.

2. Another cause is due, I have no question, to the sudden changes of temperature. If a thermometer is found to fall from over 90 in the shade, or 120 or more in the sun, to 60 degrees in half an hour, so that an overcoat is needed where before one was sweltering in the lightest alpaca or silk coat, we may surely expect that disorders which owe their origin so largely to climatic influences will be greatly increased and aggravated. My conviction is that the best climate for the arrest and prevention of consumption is one in which there are *no great extremes of heat and cold* during the day, but where there is a dry atmosphere and *a decided difference between the temperature of summer and winter*, the summer heat not being scorching, and thus enervating, with the winter above freezing point, so as to allow a patient to be much in the open air without excessive wrapping and freezing the extremities. These climatic characteristics are not to be found in Australia, but they may be met with in the middle settlements, such as Hawke's Bay especially, and New Plymouth, in the North Island of New Zealand; and those who do not wish to leave their native land, and can afford the expense of a continental residence, may find all they require, if they will act upon the advice of a medical adviser who has lived in the Riviera, at Cannes, Nice, Mentone, Bordighera, or San Remo, from October or November till the end of April, and in England from mid May to October.

These points will be more clearly seen by the following statement of the day temperatures at Mentone from

January 15th to February 17th last. I took them by Negretti and Zambra's Self-registering Heat and Cold Thermometers; the aspect was north. I find that during thirty-five days there was one day in which the temperature fell to 33° Fahr.; and one day in which the highest shade heat registered 61°, while there were two days in which the lowest cold and the highest shade heat varied 5°; three days in which the differences were 8°, four of 9°, three of 10°, four of 12°, two of 13°, and three of 14°. Rain fell on eleven days; it was fine for twenty-four days, and even when rain fell the air was sufficiently dry to remove moisture from wet towels in a room without a fire. These days, be it observed, represent the coldest part of the winter season.

3. I fear that intemperance, which is fearfully rife in Victoria, must be considered as having a considerable share in developing and propagating consumption.

4. The climate is exciting, and this disease makes rapid progress when once it is established. In December, 1879, a young man consulted me. I tested his lungs, and found conclusive evidence of phthisis, but not very far advanced. I told him that he ought not to remain in Victoria—that New Zealand, especially the middle part of the north island was the best place for him, and that there I thought his disease might be arrested. He wished, however, to try Melbourne a little longer. He came to me three months after saying, "May I go home to Ireland?" On examination I found that the disease had spread with astonishing rapidity, and replied, "Yes, if you will go by the next ship, but you cannot afford to wait a month or two." He took a passage in a ship then in the harbour, and I hope reached his native land alive.

I have seen people in consumption, in New Zealand, walking about to the very last day or two of their lives. A medical man in consumption told me he had then lived twenty-five years in that colony. The middle of north New Zealand is ve[illegible] to [illegible] being free from hot winds, [illegible] and [illegible]

5. The very bad sanitary condition of the towns can scarcely be otherwise than an important factor in the development of the seeds of consumption in Victoria.

6. To deal successfully with disease a modification of climate is often most valuable. It is not easy for many in Victoria to find this. Travelling is expensive, and lodging houses few and far between. Tasmania alone offers complete change, and Hobart and its neighbourhood are 400 miles away, and instead of the "ditch" of twenty-two miles between Dover and Calais, a formidable sea of 240 miles has to be crossed, and then a long railway journey through the island. There are far too many so-called "hotels" in a country where every shanty "licensed to sell beer" is dignified by that name, but the respectable hotel to which one may safely resort is an institution comparatively unknown.

Another very prevalent disorder is RHEUMATISM. This is partly owing to exposure to the vicissitudes of the weather. A gentleman, about forty-five years old, consulted me. He had a sheep station 200 or 300 miles from Melbourne, in New South Wales. He was suffering great pain in his joints, the result of exposure, in days gone by, to rain, wind, and cold. Electric baths enabled me to relieve his pains; but the changes of temperature, and his going to the theatre and coming out from the heated atmosphere into a far lower temperature brought it all back again. A lady came to me; I relieved her pains, but exposure to draughts, as she went home in the train to her country residence six or eight miles away, brought them all back, so that I felt convinced, after repeated experience, that unless I could open an establishment in Melbourne, and keep my patients under proper supervision, I should be liable to continual disappointments.

CONSTIPATION is another of the commonest disorders of Victoria. I attribute this in a good measure to the exceeding dryness of the climate, which seems to remove the moisture from the intestines. The quantity of *Podophyllin* and *Podophyllum* sold is surprising, while patent medicines come over by the ton. When the cause of a

disorder is constantly in existence we all know it to be a difficult matter to cure a patient.

As a result of constipation we naturally expect to hear of PILES. They are very common. I have seen some of enormous size. I have tried *Hydrastis* without success. I was obliged to apply *Nitric acid* topically to give relief.

DISEASES OF THE WOMB are very frequent. Dr. Murray Moore wrote to me that he found this to be the case in New Zealand. A medical friend in Paris, practising amongst the ouvriers, told me the same thing. The cause is, no doubt, the excessive work done by the women. Few ladies of the middle rank have more than one servant, and some not one. Where all are equal, and servants are "young ladies," who will leave at a few days' or hours' notice, a great burden falls upon the mistress. If she is delicate, as is far too often the case in Victoria, and has to carry heavy weights and stand for long hours, the uterine system will suffer. A medical friend in Melbourne told me that for uterine ulcers he found nothing so efficacious as *Hydrastis* and *Camphor* dissolved in *Sulphuric acid,* and topically applied on the point of a steel sound. I have seen this medicament used apparently without giving pain, and with good results.

LEAD PARALYSIS is not uncommon. A working man was brought to me one morning in December, 1879. He was quite unable to walk, his arms were bent, and his hands powerless. He had drank one draught of the Melbourne water from a lead pipe which had just been soldered, and soon after began to feel numb and gradually to lose the use of his limbs. There was no blue line upon the gums. By friction and the continued use of electric baths he speedily recovered the use of his limbs, and in two months was at his work, to his great gratification, as he told me of a man whom he knew who was in a hospital in the colony for two years from the same cause.

To two patients taking their treatment I mentioned the subject, and they told me they had both similarly suffered but not so severely. One of them had drank but one

draught of the Melbourne aqua from a pipe in a garden belonging to a house which had not been inhabited for some weeks.

While in Victoria I noticed the absence of GOOD TEETH in the young people. I may say that I never saw a good set of teeth in the mouth of a young person born in the colony. A nice young lady of prepossessing manners will have her face spoiled by a black patch in her mouth. The teeth are brittle and rapidly decay. I offered a young lady of twenty, who was staying a few days with us, a piece of crust one morning at breakfast, but she declined it, saying her teeth were not strong enough to bite it. I have seen a young lady of twenty with a full mouthful of teeth, but every one of them was artificial.

I was conversing with a dentist on the subject, and he told me that when the second set comes from six to eight years of age, there is not sufficient force in the constitution to form a mouthful of good teeth. The dentists do a very flourishing business. Teeth chipped, teeth out, teeth black with decay, may be expected in the mouths of young people. Growth of the frame is rapid, but its strength is not in proportion, and my expectation of the future race of Victoria is not a favourable one. They are precocious in their ways, precocious in their growth, but they seem to be deficient in stamina, and unfit to be the parents of a long-lived and vigorous race, such as under God has made Great Britain the imperial nation of the globe.

I have many attached friends in Victoria to whom I should be sorry to give pain by drawing too dark a picture of the colony of their adoption. Let me say, then, that I simply give my own experience—let it be taken for what it is worth.

For old people and those of middle age Victoria may do much. They need not stay indoors muffled up during the winter. There may be a day now and then so wet as to prevent their taking exercise, but pinching frost is unknown. To my medical friends, I would say, "Beware of long voyages for your consumptive patients. Do not let them in any case go into the Southern Ocean, but send

them *viâ* San Francisco or down the Red Sea to New Zealand rather than to Australia, and keep all who are suffering from disease of the heart at home in Britain."

Discussion upon Mr. Maberly's paper.

Dr. Kennedy, who gave a very interesting account of his personal experience, confirmed Mr. Maberly's account of the bad condition, sanitarily speaking, of Melbourne. Its situation was unfortunate, the main street being only four feet above the level of the sea, and the fall for drainage only a foot in a mile. He did not agree, however, as to the disadvantage of a voyage through the Southern Ocean, and thought the hot calm of the Red Sea yet more trying. He concurred in preferring to the climate of Australia that of Tasmania and of New Zealand, which were as temperate as England but with less moisture.

Dr. Dudgeon's experience was the same as Mr. Maberly's as to the disadvantage of sending consumptives to Australia.

Dr. Edward Blake did not expatriate at all for phthisis; and thought we could get every kind of climate we required by judicious choice of home stations.

Dr. Hale considered the sea voyage did the most good when patients were sent to Australia, and related a case in point.

ON THE METHODS OF ARRESTING HÆMORRHAGE PER VAGINAM.

By Edward Blake, M.D.

(Read June 22nd, 1881.)

Mr. President and Gentlemen,—

The methods of controlling vaginal hæmorrhages are chiefly of two kinds—medicinal and mechanical.

With the names and properties of those substances which are credited by the different schools of medicine with the power to influence vaginal hæmatic discharges, you are all so well acquainted that it would be a mere formality for me to enumerate them here. With regard to the others, the more mechanical measures, in which I will include the employment of the correlated physical forces, there is still so much divergence of view, and such infinite variety of practice, that I feel we can scarcely spend our time to better effect than by rapidly passing in review the most approved and the most reasonable methods of procedure. Indeed, such an enormous number of women die annually, often when life and strength are just the most urgently needed, of either the immediate, or the remote effects of hæmorrhage from some part of the genital tract, that no apology is needed for bringing before your notice a monograph on so vital a point.

However much one may privately object to recognised methods and appliances for promptly dealing with this formidable foe to human life, however conservative ones views, however historic ones practice, it is indefensible *not*, at the least, to be well acquainted with those methods

and appliances. But it might be reasonably retorted that, given one is catholic in wishing to learn from all sources, honest and conscientious in the desire to keep abreast of recent advance, even then the information is nearly inaccessible, and, when acquired, the authorities appear hopelessly to disagree.

We certainly do seem to derive from admitted authorities such diametrically opposed directions that any inquiring general practitioner might well plead embarrassment.

For example, one of the leading obstetricians of this country says, "Inject the cavity of the uterus in cases of violent flooding with some powerful styptic." I have myself seen him use a concentrated solution of *Perchloride of Iron.* Many gynæcologists, and, I think, you will agree with them, can only view this proceeding as fraught with peril. Again, another says, "Plug the cervical canal;" and with regard to this mode of treatment, yet another authority warns us to keep the cervix patulous, lest we convert a comparatively controllable vaginal flooding into an inaccessible intra-peritoneal hæmorrhage, a far more grave affair.

Can we not call this an instance of the trumpet making an uncertain sound? Yet this apparent discordance is really only on the surface; it chiefly comes of the attempt to generalise where generalisations are inadmissible, to reduce irreconcilables to one unyielding rule. To attempt to give invariable directions for the management of specific hæmorrhages is an impossible feat. The treatment which would prove beneficial to one form of flooding may be highly detrimental to another. To make this clear, we have only to call to mind that *Ergot* will arrest the bleeding from a flabby, empty uterus, and, perhaps, more surely than any known agent, will augment the flooding of placenta prævia. The rules of treatment for puerperal hæmorrhage differ so widely from those of the non-puerperal form that it is impossible to consider them together.

The main subdivision of our subject would then be into puerperal and non-puerperal hæmorrhage.

1. Puerperal Hæmorrhage.

A. *Preventable Hæmorrhage.*

Under this heading we will consider all the forms of hæmorrhage connected with pregnancy, and first we naturally turn to miscarriage and abortion, which can be conveniently treated of together. We are called to a case of threatened abortion at the third month. There has been no preceding hæmorrhage since pregnancy commenced. Florid blood is passing freely, and we ascertain that no fœtus has escaped. Now what shall we do? Many men content themselves with enjoining perfect rest and giving an appropriate remedy, and many women die who need not die. Wishing to avoid this catastrophe we decide to plug, but how shall we plug? The ordinary tampons are worse than useless, for they delude us into a false security. The vagina soon contracts on them, then, slowly dilating, forms a large pouch for the retention of clots. This objection applies less to small pledgets of styptic wool packed neatly and tightly first around the cervix to compress it, then on its patulous orifice, as figured and practised by Gaillard Thomas in the best recent work on *Diseases of Women.* But nothing is equal to the vaginal air-bag. It is easily and quickly introduced and removed. There is no exposure needed, no accompanying fœtor, and, above all, the longer it remains the larger it grows, owing to the expansion of the contained air by the warmth of the pelvis. In many cases this is enough, and a few warm medicated douches complete the case. But should the bleeding persist in spite of all our efforts to control it, we should, after tenting, introduce inside the cervix a Molesworth's dilator, into which hot water is gently propelled. This instrument is invaluable. It absolutely prevents external hæmorrhage, thus enabling us to quit the case with perfect safety, till the time be ripe for evacuating the uterine contents. This can readily be done by means of a Marion Sims' scraper. The greatest care should be taken that no portion of the chorion or placenta remain

behind. Hæmorrhage will persist as long as the smallest piece is left adherent to the uterine wall. The patient is in peril as long as it remains, and after the lapse of weeks, or even of months, may fall a victim to her doctor's culpable ignorance or indolence. When the cavity of the womb has been completely voided, the injection of a little warm calendulated water removes clots and *débris*, at the same time controlling the oozing of blood.

B. *Non-preventable Hæmorrhage or Placenta Prævia.*

Here we cannot do better than follow the main outlines of Sir James Simpson's method. Dilate thoroughly by means of Molesworth, aided if needful by anæsthetics. Then sweep the internal aspect of the cervix with the index finger, and ascertain at what point the placenta is the thinnest, pass the hand gently through, turn and deliver, peel off the placenta, and give a full dose of *Ergot.* A hot intra-uterine calendulated douche will materially add to the safety and comfort of the patient.

C. *Post-partum Hæmorrhage.*

As this is not a paper on obstetrics, I will not speak of the importance of following down the contracting uterus during delivery, leaving the nurse to tie the cord, so as, if possible, to get away the afterbirth with the first contractions before inertia set in. Then, if the fingers gently knead the fundus for half an hour, formidable hæmorrhage rarely takes place. But in certain cases it will do, especially where there has been pre-existing cervical disease and the so-called "papery" os, showing old effused semi-organised lymph, which destroys the normal elasticity of that region. Should flooding now threaten, the clots should be quickly turned out by a well-oiled and disinfected hand, and a method adopted for which we are indebted to the bold and original sagacity of a San Francisco doctor. A double canula, the egress tube being much larger than the ingress, is introduced into the uterus, and hot water is freely injected, beginning at a temperature of 100° Fahr., and rising as high as the

patient can tolerate. *Calendula* or *Hamamelis* may with advantage be added to the water.

The use of powerful styptics I have entirely abandoned under these circumstances.

The employment of hot instead of cold water to arrest hæmorrhage has so revolutionised modern practice, and the question of its originator has given rise to so much controversy, that the following letter, which I recently received from Dr. Lombe Atthill, of the Rotunda, may not be without interest:

"ROTUNDA HOSPITAL, DUBLIN;
"*Dec. 8th*, 1880.

"The use of hot water in post-partum hæmorrhage was first practised by Dr. Whitwell, of S. Francisco, and was introduced here by me two years ago. You will find my paper in the *Dublin Journal of Medical Science* for, I think, January, 1878, under the heading "Obstetrical Transactions," or in the sixth volume of the *Obstetrical Journal*, p. 126. There is also a paper of mine in the *Lancet*. I forget the date; it was early in 1878.

"I am, yours,
"LOMBE ATTHILL."

A great deal of nonsense has been written about injected fluids passing along the Fallopian tubes into the peritoneal cavity. If it be difficult to pass even a *surgical probe* into the Fallopians when the tissues are relaxed by death, how much more difficult for *liquids* to pass during the tonic condition of life! It may be said that liquids might be drawn into these tubes by capillary action. Such objectors seem to forget that the very same capillary attraction which would tend to draw a liquid into a tube would also tend to keep it there when drawn. I do not deny the possibility of blood being forced along the Fallopians by a powerfully contracting uterus, especially when acute flexion or atresia cervicis exists, but I do deny that such a thing frequently takes place. Hæmatocele might possibly occur, but against it is the fact that most hæmatoceles are subperitoneal, at least in early stage.

The fact is, a moderate quantity of blood in the peritoneal cavity is not inimical to life. I believe that intra-peritoneal effusion occurs normally in the cow during menstruation.

I have made a series of experiments with an artificial uterus of glass provided with a pliable neck. Here I could see the behaviour of injected fluids. These experiments have led me to the following conclusions:

1st. That there is no danger, under ordinary circumstances, of liquids passing along the Fallopians into the cavity of the peritoneum.

2nd. When liquids are propelled into the uterus they fail at times to return, not so much through want of space at the neck, as is sometimes supposed, but from absence of atmospheric pressure.

I do not think that sufficient attention has been paid to the reaction of intra-uterine applications. Tripier's well-known experiments show conclusively that the tolerance of the endometrium for alkalies is very marked. This may explain why the acid salts of iron are so ill borne.

If an alkaline or neutral solution, not colder than 100° Fahr., be injected gently by means of a double canula, the egress tube being decidedly larger than the ingress, and the former not being pushed far beyond the ostium internum, no evil effects need be dreaded. The most appropriate posture for the patient will of course vary with the position of the uterus. Under ordinary circumstances the supine posture will evidently be the best.

Besides the condition of which we have spoken, we may have, as causes of hæmorrhage complicating pregnancy—

1. Extra-uterine gestation.
2. Hydatidiform chorion or placenta.
3. Varix of vulva or vagina.
4. Bleeding from an abraded and hypertrophied cervix.

These, of course, will be treated each on its own individual merits.

The other main subdivision of our subject is non-pregnant hæmorrhage.

2. Non-Puerperal Hæmorrhage.

Hæmorrhage in connection with the non-impregnated uterus is divided by Dr. Barnes into three classes:

A. Hæmorrhages without structural uterine change.
B. Hæmorrhages with structural uterine change.
C. Internal hæmorrhages.

A. *Under the first no marked change in pelvic tissues being present, we find—*

1. Heart, liver, lung disease.
2. Menorrhagia.
3. Hepatic or general abdominal stasis, sometimes hereditary.
4. Reflex pain, fæcal impaction, piles, fissured anus.
5. Complementary of hæmorrhage suppressed elsewhere.
6. Emotion or physical shock.
7. Suppressed skin action.
8. Ovarian or mammary excitation. Excessive and ill-timed *coitus*.
9. Climacteric and senile hæmorrhage.
10. Blood disease:
    - Variola.
    - Scarlatina.
    - Typhoid.
    - Acute hepatic atrophy.
    - Leucocythæmia.
    - Hæmophilia.
    - Scurvy.

B. *When structural change is present.*

1. Metritis proper.
2. Cervical metritis.

Hyperplasia from congestion caused by—

a. Stenosis.

b. Displacement.

c. Distortion.

4. Endometritis (especially gonorrhœal).

5. Hypertrophy of cervix or corpus, especially of the mucosa; syphilitic, &c.

6. Granular os (especially if syphilised).

7. Fungating tumour of os.

8. Ovarian disease.

9. Fibroids.

10. Polypi.

11. Cancer, sarcoma.

12. Wounds of uterus, vagina or vulva:

a. Accident.

b. Operation.

c. Leech-bite.

d. Abrasion.

e. Pessaries.

13. Thrombi; hæmatocele.

14. Labial varicosis.

15. Subinvolution with perimetric effusions.

Hæmaturia, piles, and diseases of the meatus are mistaken for uterine flux.

c. *Internal Hæmorrhage.*

1. Retro-uterine hæmatocele, from menstrual veins:

a. From ovary.

b. From ovarian plexuses.

c. From Fallopians.

2. Perimetric hæmatocele, thrombus:

a. In broad ligament.

b. Between bladder and cervix.

3. Reflex pain, ovarian congestion.

4. Rupture of ovarian tumours or of vessels in the wall.

5. Atresia or sharp flexions.

6. Uterine rupture.

Though I have abstained from alluding in any specific

way to the internal remedies for these pelvic hæmorrhages, I think it would be both interesting and helpful to know which are those drugs that secure the suffrages of our body generally. I would, therefore, with your sanction, Mr. President, like to invite an expression of experience on the part of the members, with regard to our exceedingly valuable remedies for pelvic hæmorrhage.

PRESIDENTIAL ADDRESS DELIVERED AT THE CLOSE OF THE SESSION 1880—81.

By Dr. Yeldham, President.

(June 23rd, 1881.)

Gentlemen,—I proceed, on this the last meeting of the present session, and of my occupation of the honourable position to which you elected me a year ago, to offer a few remarks on the transactions of the Society, and on such other matters of a general character relating to Homœopathy, as may appear to call for special notice.

As regards the Society, it may be said that, with two exceptions, it has pursued, during the past year, the even tenor of its way. In the number of its members it has fully maintained, if it has not exceeded, its normal average. It has not altogether escaped the ordinary vicissitudes from death and resignations. On the former score our regrets are happily limited to the loss of one member, viz. of Mr. Tate, of Blackheath. He did not often come among us, and was probably but little known to most members of the Society. But he was an amiable and worthy man, and deserves to be held in respectful and brotherly memory. Under the head of resignations we have to record the defection of one member, on the plea that the stringency of our laws did not allow him sufficient elbow-room in his practice. I think you will all agree with me, that the last charge that can fairly be laid at the door of the Society is that its laws are framed in a narrow spirit, or that there is any undue proneness amongst us to interfere in the mode in which any member may see fit to conduct his practice. All that the Society requires of its members is, that they shall under-

stand homœopathy, that they shall adopt it as their leading principle in practice, that they shall endeavour to promote its extension, and shall conduct themselves in their intercourse with each other, and with the public, as becomes gentlemen and members of a learned and liberal profession. If any member's opinions undergo such a change that he can no longer comply with these requirements, then, clearly, much as we may deplore the change, the best thing he can do is to resign, so that he may not compromise those with whom he has been associated, by remaining in the Society under false colours. But that, whilst discouraging, as it is bound to do, unnecessary laxity of practice, the Society is actuated by any petty jealously of allopathy is assuredly not true. There is probably not one amongst us who does not occasionally resort to allopathic measures, and who, under certain circumstances, would hesitate to give opium to allay agonizing pain, or a dose of castor oil to obviate constipation, or withhold bromide of potash from the epileptic, or iodide of potash from the syphilitic, to say nothing of numerous other expedients that come opportunely to our aid in the management of most acute, and many chronic cases, and which, acting harmoniously with our medicines, can in no way be claimed as belonging to homœopathy. And why should it not be so? The old school is no more entitled to a monopoly of allopathy, than we are to a monopoly of homœopathy. We are all of us, on both sides, equally free to range, without let or hindrance, over the whole wide domain of physic, in search of the best means to alleviate human suffering. Truth is for the world, and not for a sect. Natural laws, when properly interpreted, are not opposed to each other. It is only when they are misunderstood and misapplied that they become antagonistic; and it was in reality—though perhaps unconsciously to himself—against the *abuse* of allopathy that Hahnemann hurled his thunderbolts. Allopathy and homœopathy are both true rules of healing, and are both applicable in their respective spheres, and so far from opposing, when judiciously used, they supplem[illegible] This truth was thoroughly

apprehended and excellently expressed by the late Dr. Quin—no lukewarm homœopath—when he said, in one of his presidential addresses, that—"In order to build a temple to Hahnemann, it is not necessary to endeavour to destroy that raised to Hippocrates." We are accustomed to inveigh against our brethren of the old school for cherishing a baneful and narrow-minded spirit of exclusiveness, which shuts them out from acquiring a knowledge of the immense advantages that homœopathy would afford them in their practice. It would therefore be the height of inconsistency in us, not to be watchful that we do not fall into the same fault that we so strongly and so justly condemn in others, by an overstrained adhesion to one set of ideas.

And further, as bearing indirectly upon this subject, it may not be inappropriate to refer here to a recent episode in medical practice, that has a good deal agitated the professional and public mind. I allude, of course, to the medical treatment of the late Lord Beaconsfield, in which a former member of this Society played a prominent part. A more deplorable spectacle, view it in whatever light we will, than this episode presented, it would be difficult to imagine. On the one side we have the great body of the medical profession, as represented by their leaders and the medical press, banded together in a trades-union kind of compact, to discredit and, if possible, to stamp out the most beneficient and most thoroughly scientific medical reform ever introduced for the good of mankind; and on the other side, a man standing high in his profession, who for thirty years had practised homœopathy, associated with homœopaths, and allowed the world to regard and consult him as a homœopath, when the pressure of circumstances arrived, kicking down the ladder by which he had mounted to fame and fortune, and declaring that if he was a homœopath *at all*, he was so only in a very secondary degree! We cannot contemplate this spectacle without feelings of great pain and regret, that one who for so many years belonged to this Society should have placed himself in so false a position. Granted that his position was a difficult one, the difficulty was very much of his own creating. No one can

blame him for changing his opinions, for no one is always master of his own faith. The evidence that satisfies his mind to-day on any given point, may be upset to-morrow by stronger evidence in another direction. But when a man, having for a great number of years notoriously held a certain set of opinions, and shaped his course in accordance therewith, changes those opinions, he is, I conceive, bound in justice to his colleagues, as well as to the public, to make the change as widely known as he consistently can, especially in the profession. Had our late colleague followed the example of Dr. Charles Phillips when he left our ranks, and written to the medical journals informing them of his modified views and mode of practice, he would have escaped the awkward position he must now find himself in, between the allopathic stool on the one hand, and the homœopathic stool on the other!

Of the damaging effects upon homœopathy of this unhappy affair there can, I think, be but one opinion. Upon old adherents of our system it will probably have no other effect than to make them firmer adherents still. This is the one redeeming point in the whole matter. But that it will frighten away the wavering and timid, and shake the confidence of the lukewarm, can scarcely be questioned; and it is certain that it will confirm in their belief those who have always been too ready to assert that homœopathy is all very well in trifling and imaginary complaints, but that when real illness comes we throw homœopathy overboard, and resort to orthodox means; and, with Lord Beaconsfield's case staring us in the face, it is difficult to see what satisfactory answer we can give to such a charge. It is true that some excellent letters have appeared in the public press in explanation and defence of our doctrines, but when those letters are forgotten, the astounding fact will be remembered that, in a dangerous illness, before external pressure was brought to bear upon him, and whilst he had the case entirely in his own hands, a physician, publicly recognised as amongst the most distinguished of homœopaths, allowed the statement to pass unchallenged that he had not given his patient a single dose of homœopathic

medicine! It will take a great deal of letter writing to wipe out the impression of such a fact.

In connection with this same subject, I may remind you that an extraordinary meeting of the Society was held on the 12th of last month to consider the propriety of adopting a proposition of Dr. Hamilton's, to send a protest to the *Times* against a most malicious and slanderous attack that appeared in that journal, upon the honesty of the motives by which homœopaths are actuated in their profession and practice of homœopathy. A very proper and temperate protest was adopted by the Society, but the *Times* declined to insert it. As that journal had already admitted into its columns several letters in refutation of the attack, we have not, perhaps, any great cause to complain of this exclusion. Still, as the moral character of the whole body of English homœopathic practitioners had been grossly calumniated, it was considered to be the duty of this Society, as the largest and most important representative body of homœopaths in this country, to issue a firm denial of the false and injurious statements of the article in question. For myself, I must confess that I do not greatly deplore the decision of the *Times* not to publish the resolutions. As a rule, I think the safest and most dignified course is to treat these attacks with silent contempt. Shakespeare says, "He is doubly armed whose cause is just." Our cause is so just and true, and our conscience in this matter so clear, that we can afford to be magnanimous. Besides, nothing is so fatal to slander, as neglect.

As to the papers with which, through the watchful forethought of our excellent secretary, and the kindness of members, the Society has been favoured during the session, they have on the whole been both practical and interesting. There has, I think, been but one break in the supply, and on that occasion our secretary, with self-sacrificing zeal, stepped in to fill the gap.

On the papers separately I do not propose to trouble the Society with any critical remarks. To this, however, there are two exceptions, and on each of these I shall take the liberty to offer a few observations. The first in order of

time was a paper read by Dr. Bayes on the subject of homœopathic medical education.

This important question, you are doubtless most of you aware, has occupied the attention of our body for the last thirty years, or more. When Dr. Quin and others established the London Homœopathic Hospital, the institution of a school of medicine in connection with it, formed a prominent part of the scheme; and whilst the hospital was temporarily located in Golden Square, Dr. Quin delivered a course of lectures on some of our chief remedies, and their uses in disease; and later on, when the hospital was permanently established on this spot, another effort was made to inaugurate a school on a broader basis, by the appointment of lecturers on medicine, materia medica, midwifery and the diseases of women and children, and on surgery, and short courses of lectures were accordingly delivered on each of these subjects. At a later date still, the late Dr. Russell delivered a course of lectures on some special subjects, which was subsequently published in a separate volume, and which many of us no doubt possess.

After a further lapse of some years, the subject was again canvassed by the medical staff of the hospital, and I myself set on foot some inquiries to ascertain, as far as possible, what prospect there was of obtaining a class from amongst the students of the metropolitan schools. The replies to these inquiries were altogether adverse to the project. I embodied the objections then urged against it, in a letter to the *Monthly Homœopathic Review*. Those objections still exist in all their force, and consist mainly in want of time on the part of students from an over-burdened curriculum of study, and the fear of being found coquetting with homœopathy. All the foregoing efforts failed for want of professional encouragement.

We now come down to the last effort to establish a school. This was set on foot by our zealous and energetic colleague Dr. Bayes, who deserves great credit for his strenuous exertions in the cause. We are all well acquainted with the history of this more complete and thoroughly organised scheme. It was immediately preceded by the

delivery of a course of lectures of materia medica by Dr. Hughes, under the auspices of this Society, and by short courses of lectures on special subjects by several members of the staff of the hospital; and thereafter the London School of Homœopathy, as a distinct institution, was inaugurated. This institution is now in the fifth and last year of its probationary existence, and I am sorry to say, that so lukewarm has been the support it has met with from those for whose benefit it was designed, that the Committee of Management has determined to recommend to the subscribers to conduct it in future on a smaller and less ambitious scale. Instead of two systematic courses of lectures, as heretofore, on the practice of medicine, and on materia medica, it is proposed to give one course only embracing those two subjects, and to supplement this by clinical lectures.

This, it must be confessed, is a discouraging prospect for the public teaching of homœopathy, and the question must occur to all of us whether, with the negative results of the past before us, there are any reasonable grounds to hope for better success in the future; and whether we are wise, year after year, in spending money to provide a feast, of which so few are willing or able to partake? If neither qualified practitioners nor students, in any adequate numbers, will come to hear the regular and complete courses of admirable lectures that during the last four years have been delivered in this hospital on the elementary and higher branches of our system, is it likely that they will be interested in clinical lectures, which, for want of that preliminary instruction, they will not be in a position to understand and appreciate?

It is doubtless a matter of first-rate importance that a knowledge of our doctrines and practice should be disseminated amongst medical men in the best and purest form, and of all forms, instruction by lectures is one of the most effective and popular. But I think it has been made abundantly evident in the course of the last thirty years, that this mode of teaching homœopathy is not acceptable, either to the passing or the rising generation of medical men.

In that direction, therefore, I think that the promoters of the school have amply discharged thieir duty to all parties, and might fairly claim to rest on their oars and be satisfied. As, however, it has been resolved, or nearly so, to continue the effort in the modified form I have indicated, I would venture respectfully to suggest to the management the propriety of altering the title at the same time, and substituting the word "Lectures" for that of "School."

There is a feeling abroad that the present title conveys an exaggerated, and therefore a misleading meaning. A school implies an institution in which everything is taught pertaining to the thing signified, and to this medicine forms no exception. It is true we have schools for teaching special subjects—such as mining, music, painting, and the like. But in each of these everything pertaining to these subjects respectively is taught, and not a single branch only; and it would be just as correct to call allopathic lectures on the practice of physic and materia medica a school of allopathy, as it is to apply the term "school of homœopathy" to our courses of lectures on those two subjects. In both instances, instruction in all the other branches of medical education is equally necessary to constitute a school, properly speaking. To persist in calling the proposed curtailed scheme of the future a school, would be simply to perpetuate the mistake of the past in an intensified degree. We should all heartily rejoice to see this effort succeed, and therefore it is of the utmost importance to conciliate good feeling on all sides, by the removal of every avoidable obstacle out of its path. I hope these remarks will be taken (as they are meant) in good part by those whom they concern; and in a certain way they concern us all, for, in a small body like ours, we are all members one of another, and what affects one affects all. It is, therefore, the more important that in all our public movements, both individual and collective, we should appear in our true colours, and so avoid the chance of being misunderstood. It is always best to call a spade a spade.

The other paper to which I referred as demanding special

notice was one read before the Society on the 5th ultimo by Dr. Black, having for its object suggestions for the improvement of our Materia Medica.

No more important subject could possibly occupy our attention. Essential as a sound and thoroughly trustworthy materia medica is to every system of medicine, it is doubly so to ours, constituting, as it does, the very foundation of our system. If that is unsound, the whole superstructure becomes insecure. We cannot prescribe with confidence on a comparison of two sets of symptoms, of which one set may be doubtful, or spurious; and yet in many instances this is the real state of things. Hahnemann himself, unfortunately, was a copious contributor of symptoms of questionable reliability; and some of his disciples have been too ready, in their zeal to enrich our symptomatology, to follow, or even to outstrip, his example. Abundant and valid excuses can be made for Hahnemann, to which his followers can lay no claim. He was the great pioneer in the art of drug proving, working a mine, as it were alone and in the dark, and at best had to rely, to a great extent, upon others for information. No wonder that many of his records of symptoms were marked by grave imperfections. Knowing this, it is surely our duty to set earnestly to work to rectify, as far as possible, what is wrong, and to bring the true and the trustworthy so prominently and distinctly into view, that he who runs may read. The task, I admit, is a difficult and delicate one. But it surely cannot be impossible, and if possible, it ought not, considering the importance of the issues at stake, to lack performance.

Having entered pretty fully into this all-important subject in my address at Leeds last year, I will not dilate upon it further than to repeat the suggestion which I made on that occasion, and which has since been enforced by Dr. Black in the paper referred to, viz. that the task of revision and re-proving of our medicines, where necessary, should be undertaken by, or under the auspices of, this Society. Or the Hahnemann Publishing Society, aided possibly by this Society, might perhaps take the work in hand. If so,

it should be restricted to the ascertaining and registration of *bonâ fide* physiological symptoms in their natural order, as they were observed by the provers, where this has been recorded. The Hahnemann Publishing Society, unfortunately, has not thus far earned a very high reputation for speed in its movements. But, with such an object before it as the vitalizing of our materia medica, new energy might be infused into its operations, and it might take a fresh start in life, and win an immortality of fame and gratitude. It has the machinery ready and in working order, and only requires fuel to set it in motion; and possibly the large-hearted officer who bears the purse of this Society might be induced to loosen its strings, in aid of so desirable an object. If it could be made to appear that the undertaking would be set about and pushed on with reasonable activity, I feel persuaded that it would not languish for want of funds. Every man amongst us would feel that there was a good time coming for homœopathy, and would cheerfully lend a helping hand, in brain or money, to hasten its advent. The great advances made of late years, in physiology and pathology, have paved the way for such an undertaking, and until it is accomplished, homœopathy will never have fair play, nor take its proper place in medical science.

The vexed question of the Dose has not been brought directly under the notice of the Society this session, but it has hitherto exercised, and does still exercise, such vast influence over the progress of homœopathy, that any suggestions, however crude, that may contribute, in however small a degree, to its elucidation, or tend, however remotely, to its settlement, should not be beneath our notice. With your permission, therefore, as I have still a few minutes to spare, I will trouble you with two or three observations on the subject.

The homœopathic dose, as it has been hitherto accepted, is well described by the great poet where, in speaking of the comparative worthlessness of the trashy purse, he says, "'Tis something, nothing." At one end of the posological scale we have the "something" of the dose that

may be detected by the senses, and at the other end (if end it has) the "nothing" of the infinitesimal dose, that not only baffles the senses, but defies the imagination to conceive of its minuteness. If our materia medica is in a state of confusion, surely this is confusion worse confounded!

Any proposition for the settlement of this question is commonly relegated to the happy time when experience shall have determined which of all the dilutions, from the first to the ten thousandth, or ten millionth, is the best generally, or in any given case.

Prolonged observation may give, as indeed it has already given, a leaning of opinion in a particular direction, but that experience alone can ever lead to a definite agreement on the subject, is utterly inconceivable. That being my opinion, I need hardly say that I have no intention to enter into any discussion, as to the relative curative merits of the different dilutions. But, granting that infinitesimal doses do cure diseases, I must make bold, speaking for myself on the strength of considerable experience, to deny that they are in any respect *superior* to material doses. I am not aware, indeed, that it has ever been seriously contended that they are superior. The experience of nearly every homœopath, from Hahnemann downwards, refutes such a claim. The contention has been, not for any superiority of the infinitesimal dose, but for the fact of its possessing curative powers. Admitting this fact, but altogether repudiating the claim to any superiority over the palpable dose, we arrive at the important conclusion that the infinitesimal dose is not *necessary* to homœopathy; and if not necessary, then we may reasonably ask on what grounds it is retained in our practice? I know of none, certainly not any that should weigh for a moment against the manifest objections of various kinds that attach to the infinitesimal dose. We know that Hahnemann practised homœopathy successfully for a number of years with palpable doses. Whilst he adhered to these he occupied an unassailable position, but the moment he quitted this safe anchorage, and gave himself up to the

will-o'-the-wisp fascinations of the infinitesimal dose, he committed himself to a troubled sea of inconsistences, exaggerations, dogmatic rules, and untenable hypotheses, from which there was no escape but in a return to the palpable dose. But his eyes were holden that he could not see; and to the day of his death he adhered with unswerving tenacity to his favourite theory. And so with ourselves, there is no escape from the difficulties that surround this question but in cutting ourselves adrift from the infinitesimal dose, and administering our medicines in quantities consistent with reason, experience, and the logic of our principles. For it may, I think, fairly be deduced from a survey of the law of similars, that infinitesimal doses, anywhere beyond the vanishing point of medicinal particles from the menstrua in which they are suspended, do not, in reality, come within the proper sphere of homœopathy. Hahnemann laid down the common-sense rule that every dose, however small, must contain a material portion of medicine. Discarding the now exploded doctrine, in which Hahnemann believed, of the infinite divisibility of matter, it has been clearly proved by physical observation, and by careful calculation, that medicinal particles cannot be detected in any dilutions above the 13th centesimal, and that it is well-nigh, if not quite, impossible that they can exist in the 30th.* What, then, becomes of the substantive presence of medicine in the 200th or 10,000th dilution? Oh! but it is said, these are dynamised doses; they act by virtue of an immaterial, a spiritual, an imparted power. It may be so. It is impossible to disprove it, though it has never yet been proved. But even so, what has it to do with homœopathy, which from first to la[illegible] as all systems of *drug medication* must [illegible] on the presence of drug matter? If th[illegible] cannot see how it can be denied—*th*[illegible] *homœopathic*, [illegible] *contai*[illegible]

* C[illegible] Jan., 1[illegible] read at [illegible]

but, according to the logic of homœopathy, the medicine must be identical, in its nature and properties, with the drug that engendered its physiological symptoms in the healthy frame. Is it, then, consistent with this rule to give palpable doses of a crude undynamised drug in proving a medicine, and an immaterial infinitesimal something that has undergone some mysterious change, or acquired some new property, in curing disease? Certainly not, unless a dynamised immateriality, and an undynamised drug, are one and the same thing. Therefore I am driven to the conclusion, that when those doses in which there is no evidence that a particle of medicine exists, and in which its existence is an impossibility, do cure diseases, they do so, not by their homœopathicity, but by some unknown power, which has no more to do with homœopathy than a purgative dose of Epsom salts, a soporific dose of opium, or a blister. As yet they represent a new idea, a new power in medicine, which further thought and research may possibly explain, but of whose nature and action we are at present totally ignorant.

If, then, as it appears to me, the infinitesimal dose is not necessary to homœopathy, if it is in contradiction to the law of similars, if, as is generally admitted, it forms no essential part of our system, why is it, I ask again, that we still persist in talking of it, writing of it, and using it? It cannot surely be that any one now-a-days has any fear of the discarded bugbear of medicinal aggravation. The man who has not sense enough so to apportion even a palpable dose of medicine as to avoid making his patient worse, is a disgrace to homœopathy, and only fit to be an allopath. Or is it that we are too proud to confess an error? or that we do not like to part with an old friend that has afforded us many an hour of interesting speculation, and in which, though we see its weakness, we still retain our faith, as it is said a man may repeat what he knows to be false, till he comes to regard it as true? What, then, remains? The palpable, non-physiological dose, by which I mean, logically, the dose in which medicines can be detected, but practically, the mother-tincture and dilu-

tions up to the third decimal, as proposed by Dr. Black some years since.

In these doses we stand on solid ground. Let us adhere to these, and—always holding fast to the law of similars and its other corollaries, the testing of medicines on the healthy, and monopharmacy—let us divest homœopathy of those hypothetical and incomprehensible abstractions that have hitherto hung like a millstone round its neck, impeding its progress, repelling inquiry into its real merits, and dragging down its professors, in the eyes of their medical brethren, to the level of the charlatan.

I feel that some apology is due to you for introducing this subject on the present occasion. Let it be found in its vast importance. It is only by having questions like this, brought repeatedly under our notice, and by turning them over and over again, and viewing them in every aspect, as calmly and dispassionately as we examine an object under a microscope—not for the purpose of confirming a pet theory, but to discover the truth that is in them—that we arrive at correct conclusions, and are at length led to apply ourselves in earnest to the necessary task of rectification. It is with this object that I have endeavoured, in the foregoing remarks, to suggest a thought or two, not commonly advanced on this subject.

Casting our eyes for a moment beyond our immediate circle, it does not appear, from any striking outward and visible signs, that homœopathy is making great strides in this country. But as still waters run deep, so we may rest perfectly satisfied that, in a quiet undemonstrative way, our principles are steadily advancing in the estimation of the public; and as regards the profession, there is evidence here, too, that the process of dissemination is not standing still. The proof of this is to be found, less in the multiplication of avowed homœopaths, than in the leavening of allopathic literature with homœopathic modes of thought, and in the employment by allopaths of homœopathic remedies in unusually small allopathic doses, though not always in accordance with homœopathic principles. At this seeming lethargy we must not be surprised. I am con-

vinced, from having watched the tendency of events for many years, that the future spread of our system, in this country at least, will be by gradual diffusion through the old system by means of the press, rather than by open espousal of our cause. This is in the very nature of things. We cannot expect men to immolate themselves on the altar of homœopathy, when, in the quiet seclusion of their own homes, they can acquire, from the excellent works on the subject that are now at their command, a knowledge of its principles, and can enjoy its practical advantages without incurring its pains and penalties. And, perhaps, after all, this is the better way. Ceasing to be a distinct, and, to a certain extent, a partial and exclusive system, homœopathy will thus become the modifying, regulating, and ruling principle in medical science. And there are few of us, I apprehend, who would wish it to be otherwise—few who would wish to see the name of "medicine" erased from the glorious old flag in defence of which our forefathers fought, and bled—their patients, and the name of homœopathy inscribed in its stead. "It is not that we love Cæsar less, but that we love Rome more." This I believe to be the future destiny of homœopathy.

Leaving the fnture, however, to take care of itself, and turning to the present, our course is here plain enough, viz. in our teaching and in our practice, to present homœopathy to the world in its simplicity, purity, and truthfulness; to keep our minds free from sectarian prejudices; to let our bearing towards those who differ from us be marked by that moderation, patience under opposition, and quiet dignity, that should characterise men of science, who seek, not victory, but truth.

Annals of the Hospital.

CASES TREATED IN THE OUT-PATIENT DEPARTMENT.

By John H. Clarke, M.D.

Case 1. *Sciatica.*—Alfred M—, æt. 23; single; coachman; strongly made young man of ruddy complexion.

He stated that he had been out of work four months, being disabled all that time by sciatica. He had been under allopathic treatment, being in a club, but still was as bad as ever.

He thought it was due to getting wet, to which his occupation frequently exposed him.

The pain is in the right hip; it is worse when he walks, easy when he is still; it commenced first in his loins.

Tongue clean; bowels confined; appetite good.

His first attendance at the hospital was December 29th, 1880. I give him *Bryon.* 3, gtt. j, t. d.

January 8th, 1881.—Pain no better; bowels still confined.

As the case was somewhat chronic, I thought *Sulphur* would be likely to bring about a beneficial change, more especially as individual symptoms seemed to point to that remedy as well. *Sulph.* 1, gtt. j, t. d.

15th.—No better. Rather worse. Bowels still confined. The *cold makes it worse*, causing aching in the night. *Arsen.* 2, gtt. j, t. d.

29th.—Not any better. *Worse at night, can hardly get any sleep at night* for it. *Rhus. tox.* 1, gtt. j, t. d.

February 12th.—Very much better. He was able to resume his work.

He received a fresh supply of the medicine, with instructions to return if not quite well when that was finished. He did not attend again.

Remarks.—In this case the promptness of the action of the *Rhus.* was as remarkable as the failure of the other remedies given to act at all. I am somewhat doubtful as to whether *Rhus.* would have acted as well if given at first when the indications for it were not clear. The condition, *worse by cold,* led me to prescribe *Arsenic,* in preference to other nerve irritants, on the third occasion.

Case 2. *Pleurodynia.*—Thomas W—, æt. 42; missionary. Sanguine.

November 27th, 1880.—Caught cold ten days ago. For three days has had sharp pain in right side. Last evening it came on in left side. It catches him when he sighs. Has a slight cold. Tongue clean; bowels always confined. Appetite poor; sleep poor. *Bryon.* 3, gtt. j, t. d.

December 4th.—Cough very much better. Pain all gone; bowels same; appetite better; sleep better. Pain was better after three or four doses. Has slight tightness still. Rep. in pil. also *Sul.* 3, pil. j, h. s. s.

18th.—Feels better; no pain. Bowels not much improved. Has a "tickling" sensation rising from the stomach. Rep.

January 15th.—Still improving. Bowels rather better. Rep.

Remarks.—In this case the indication was clear enough, and the response to the remedy prompt. The improvement was general, though the old habit of costiveness did not yield readily.

Case 3. *Nervous debilty.*—Herbert O—, æt. 20. In shop. Pale, thin, somewhat feminine aspect.

November 27th, 1880.—I saw him for the first time. He had been, since October 16th, under Dr. Moir's treatment for a cold and dry cough, which under *Acon.* 3x, and afterwards *Ipec.* 1x, had completely disappeared.

He complained to me of perspirations coming on at night on the slightest exertion. This had troubled him for six months. He had nocturnal emissions. In former days, at school, he had practised onanism.

Tongue clean; appetite good; bowels relaxed; three motions in the day. *Acid. phos.* 3x, gtt. j, t. d.

December 11th.—Still prespires. Four emissions in the fortnight. *Phos.* 3x, gtt. j, t. d.

18th.—Very much better. Has not perspired at night at all since last visit. No more emissions. Bowels not so loose. Rep.

February 5th.—Still keeping better. Rep. This was the last attendance.

Remarks.—This was one of those unfortunate cases, the results of evil habits contracted at school. These cases are far more numerous than is generally supposed by the profession. It is difficult to know how to guard against the evil. A few corrupt-minded boys will taint half a school, and the masters never find it out. It is said that the French schools have an unenviable notoriety in this respect.

It is necessary to bear in mind the possibility of this cause in cases of debility such as the above, for it is seldom that the information is volunteered. The treatment will depend on the symptoms of the individual cases, but, as in this case, *Phosphorus* in some form is the medicine most likely to be of service. Why the acid failed here, whilst the element succeeded so signally, I am unable to say. Both were homœopathic enough to the state of the patient. It is of great importance to inspire the patient with hope. This is not difficult if we speedily find a medicine to relieve him, but by no means easy otherwise, for these patients are as a rule the most despondent of beings. In this respect we have a great advantage over our colleagues of the old school.

Case 4. *Inflamed varicose veins and lymphatics of leg.* —Chas. M—, æt. 68, stout, fair, cabman.

February 2nd, 1881.—Complains of swelling on inner

side of left knee. Has had it three weeks. Cannot sleep at night for pain in it.

Was in the hospital a year ago with bad legs. On the inner aspect of the lower third of left thigh is a string of lumps, like large glands, red and hard outside, and soft in the centre. The lumps or knots are as large as walnuts.

On the same aspect of the right limb is a string of varicose veins, very large, but with no signs of inflammation about them.

He says the left limb was exactly like the right in this respect before it became painful.

Tongue fairly clean; bowels fair; appetite good; pulse rather quick.

Says he is a steady man, but not a total abstainer. *Puls.* 1, gtt. j, 3 h.

March 12th.—Better. Veins very much smaller, and less painful. Rep.

26th.—Better. Rep.

April 16th.—Better. Rep.

Remarks.—No other remedy besides *Puls.* was required to restore the patient to his normal health. When that was reached he ceased to attend, as is usually the case. When I first saw him I scarcely expected the case to be such a short one, and advised him to apply for admission to the hospital should he be not no well in the course of the week. Happily this was not necessary. The appearance of the thigh was most peculiar; the soft prominent veins embedded in inflammatory swelling, which I judged to be periphlebitis and lymphangitis, almost gave one the impression of abscess softening in the centre.

Case 5. *Induration of lung.*—Mary P—, æt. 29, single, needlewoman. Pale, dark, flabby.

December 4th, 1880.—Has not been free from colds for twelve months. Two years ago was under Dr. Lade for *petit mal*, and was cured.

Has been ailing for last two months. Has felt queer, with faintness coming over her. She has a cough, and brings up much phlegm; twice streaked with blood.

Family history poor. Mother died of consumption. Father is strong, but subject to rheumatism.

She is much exposed to draughts in the work-room. Head and neck stiff in the morning.

Tongue clean; bowels confined; appetite poor. She has retching after food when she coughs. Sleep good, is always drowsy. Catamenia not regular, scanty, only lasts one day. *Bryon.* 3, gtt. j, t. d.

11th.—Not nearly so well. Chest and pain between shoulders have been worse; could hardly get breath; much phlegm, especially in the morning; no blood; much fainting; bowels confined; appetite bad. Still has retching, especially after breakfast. Sweats in the morning. Pulse soft and slow.

Examination of chest.—Right apex flatter and shade duller than left. Increased vocal resonance in right apex, especially above clavicle. Breath sounds feeble, no moist sounds. The pain is more on the left side than the right. *Arsen. iod.* 3x, gr. ij, t. d.

18th.—The fore part of the week was very ill, faint; much headache. Since then has felt better. Chest feels better.

Tongue clean; bowels better; no more retching. Has taken milk, and it agrees with her. Rep.

January 1st.—Better altogether. Rep.

February 5th.—Has kept much better. Has been fourteen days without medicine; not quite so well the last seven. Has very little pain or sickness. *All her teeth ache when she eats.* Rep.

19th.—Not nearly so well the last fortnight. Much shooting pain in head and teeth. Pain in muscles of neck. Gathering inside mouth. Chest not so strong. Catamenia better. *Merc. sol.* 6, gtt. j, t. d.

26th.—Pain in head and face very much better. Very little toothache. Has had faintness badly. Does not feel well. Is deaf. *Arsen. iod.* 3x, gr. ij, t. d.

March 12th.—Cough better. Rep.

26th.—Better. Rep.

April 23rd.—Very much better. Rep.

May 7th.—Not quite so well. Rep.

May 12th.—Nearly well. Rep.

June 4th.—Keeping better. Rep.

Remarks.—In this case the fainting appears to have been due to the general weakness consequent on the lung disorder, and not, as I at first feared, to the old epileptic tendency. The history was a common one. Patient's mother consumptive. She herself had a succession of colds, that is, bronchitis and catarrhal pneumonia of right apex. Induration resulted, and rupture of capillaries of bronchial mucous membrane. Possibly formation of inflammatory deposits and cheesy degeneration of the same, source of future tubercular infection.

Bryonia failed to do what the symptoms led me to expect from it, but the *Iodide of Arsenic* succeeded admirably. All the symptoms of chest disorder and consequent general debility subsided, and the patient was enabled to pass through the severest winter of her life with comfort, and to discharge her usual duties.

On one occasion when there was disorder of the teeth, until she had been set right by *Merc. sol.*, the *Iodide* seemed to lose its good effect, but afterwards it was resumed, and whenever on ceasing to take it the patient went back in any way, she immediately recovered on taking more of the medicine.

Case 6. *Disease of gums; acne.*—Emma D—, æt. 24, single, teacher, little, dark, pale. Face slightly marked with acne on cheeks and chin. Phlegmatic.

February 2nd, 1881.—Complains of bleeding gums. Has suffered from this six years. For twelve months she could scarcely take any food for fear the teeth would drop out. Has been under many physicians of both schools, but has not received any benefit.

The first thing she noticed was that her gums used to bleed when she brushed her teeth. She had not used charcoal for tooth-powder, but did use *salt* on a friend's recommendation.

The lower parts of the lower incisor teeth are crusted with a thick, corrugated, blackish coat of tartar, evidently

coloured by blood-pigment. The gums themselves are tender, bleeding on the slightest touch, and receding from the teeth. Tongue rather dirty; bowels confined; appetite fair; catamenia regular. She was ordered to go to a dentist and have the teeth cleaned, and to use Coffin's tooth-powder, and was given *Merc. sol.* 6, gtt. j, t. d.

26th.—Has not been to dentist—has not felt well enough. Gums very much better; not nearly so much inflamed. Bowels better; appetite good; tongue clean. Rep.

March 12th.—Has had teeth scraped. Thought they would all come out in the process. Gums very much better. Tongue rather coated; bowels confined; appetite fair; sleeps better. *Nux v.* 1, gtt. j, t. d.

26th.—Gums keeping better. Better and stronger generally. Bowels better; tongue coated; appetite poor; sleep poor. *Merc. sol.* 6, gtt. j, t. d.

April 23rd.—Has been without medicine. Gums have begun to get bad again. They bleed generally when brushed. Rep.

May 7th.—Gums better, no bleeding now.

21st.—Keeping better. Acne rather bad. *Kali bromide* 3x, gtt. j, t. d.

June 4th.—Has had more spots. To-day better. Lips pale.

18th.—Face clearer. Gums well. Rep.

Remarks.—The most interesting point in this case is the rapid improvement in the state of the gums under the homœopathic remedy, even though the irritating substance, the tartar, was unremoved. It is possible that the use of *salt* as a dentrifice may have brought about the same affection of the gums as its excessive internal use will produce, as in scurvy. I questioned her as to charcoal, which is a fruitful source of gum disease when used for this purpose. Ordinary wood charcoal, when powdered, is composed of innumerable fine splinters, which work their way into the gums and create irritation there, and possibly destruction of

tissue. Tartar itself is a very irritating substance, and as a rule the gums recede from it as it forms.

In this case the cure was begun by the medicine, and completed by it when the mechanical part had been performed by a dentist.

The acne improved quickly under the *Bromide of Potassium.*

REPORT OF THE THIRTY-FIRST ANNUAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE HOSPITAL.

The Annual General Meeting of the Governors and Subscribers of the hospital was held in the board room of the hospital, on Saturday afternoon, April 30th, 1881, at three o'clock. The Lord Ebury presided, and was supported by the Earl of Dunmore (Vice-Chairman) the Earl of Denbigh, Major Wm. Vaughan Morgan, Mr. H. R. Williams, Dr. Hamilton, Dr. Yeldham, Dr. Bayes, Dr. Hale, Dr. Carfrae, Dr. Burnett, Dr. Pope, Mr. Samuel Gurney, Mr. C. G. Walpole, Mr. F. Rosher, Mr. Crampern, Mr. Alfred R. Pite, Captain Davies, Dr. Matheson, Dr. Blackley, Dr. Scriven, Dr. Dyce Brown, Mr. Adlard, Dr. Mackechnie, Mr. Boodle, the Rev. Dacre Craven, Mr. Alan E. Chambre (Official Manager). Several ladies were also present.

The Rev. Dacre Craven (Chaplain) opened the meeting with prayer.

The Secretary (Mr. G. A. Cross) read the notice convening the meeting; the minutes of the Annual General Meeting, held on April 27th, 1880; and the minutes of the Special General Meeting, held on the same day, all of which were formally approved and signed by the Chairman.

Mr. Alan E. Chambre (Official Manager) then read the following Annual Report of the Board of Management:

Thirty-first Annual Report.

The Board of Management have again the gratification of commencing the Annual Report to be presented to the

Governors and Subscribers by the announcement of a munificent Annual Subscription. A nobleman, who desires to remain anonymous, has given £200, to be increased in subsequent years to £250.

A resolution of thanks will be brought forward at the proper time.

2. At the same time, Miss J. Durning Smith, who so generously gave £210 for the maintenance of six beds in 1880, having expressed her entire satisfaction with the cases admitted to her beds and their treatment, has renewed her subscription for the year 1881.

3. The Quin Estate has not yet been fully realised, but the income continues to be regularly paid over to the hospital, and the executor has fulfilled the promise made by him at the Special General Meeting of Governors and Subscribers held last year, directly after the close of the Ordinary Annnal Meeting, viz. to place the proceeds of the bequest at a better rate of interest than Consols. The income so derived may be taken in the future at about £425 a year, less an annuity of £50, payable to Miss E. Violet Corry. The Treasurer of the hospital has been invited by the executor to act as joint trustee with the latter for the administration of the bequest.

4. The Board regret to have to state that after the large sum expended upon the hospital—somewhat over £500—which they obtained the special sanction of the Governors and Subscribers to incur, in the course of 1879, and notwithstanding the manifest improvements effected, it was found that a further and considerable cost must be incurred to place the drainage and sanitary arrangements generally, which were of an antiquated and defective type, as well as the hot-water apparatus for supplying the baths throughout the wards of the hospital, on a thoroughly sound and satisfactory footing.

5. A Special Committee was formed, consisting of Dr. Hamilton, Dr. Yeldham, Mr. Cameron, several members of the Board of Management, and the Official Manager, and after very full and careful investigation it was resolved by the Board, upon the report of this Committee, to employ a

sanitary engineer of approved skill to entirely remodel the drainage, sinks, closets, &c., throughout the hospital, and to effect certain additional sanitary repairs. Further alterations and improvements, including new hot-water apparatus (see para. 4), were undertaken at the same time.

6. The total expenditure thus incurred is as follows:

Drainage, sinks, closets, &c. .	£367	6	0
Alterations and improvements .	428	14	5
Certain sanitary repairs . .	131	5	0
Hot-water apparatus . .	105	0	0
Total . .	£1032	5	8

7. The general results, from a sanitary point of view, have proved so eminently satisfactory that, although the expenditure may appear to be large, the Board confidently assert that the step they thought it right to take has proved to be more than justified, and they look with entire confidence to the approval of the Governors and Subscribers for what they have done in this matter.

8. In the mean time the ordinary income of the hospital is wholly inadequate to meet so large an additional call, and this special expenditure must be provided for by withdrawing £1000 from the Reserve Fund.

9. The consideration of this matter is left for a Special General Meeting of Governors and Subscribers called to follow on at the close of the Ordinary General Annual Meeting.

10. As a set-off to this expenditure the Board are happy to announce that they have authorised the adoption of an improved form of gas apparatus, called the Albo-Carbon Gas Light, which, while giving a highly superior light, effects a great saving in the consumption of gas, and, consequently, of the expenditure under that head. The system has been in use at the Royal Aquarium, Westminster, for the last two years with the most completely satisfactory results.

11. The Governors and Subscribers are invited to inspect the improvements and alterations effected, and so

satisfy themselves as to the real value of the work which has been carried out.

12. On referring to the Balance-sheet (Appendix C), and comparing it with the corresponding Appendix in the Report for 1879-80, it will be seen that the results are as follows:

For the year 1879-80	. .	£3971	10	5
„ 1880-81	. .	3757	18	3

Thus showing an *apparent* decrease of £213 12s. 2d.

This result is due to an alteration in the mode of making out the Balance-sheet. If this alteration had not been made the figures would compare as follows:

For the year 1879-80	. .	£3971	10	5
„ 1880-18	. .	4275	1	10

Ordinary income consists of:—Dividends on Stocks; Donations; Subscriptions; Dr. Quin's Annuity Fund; Registration Fees; Hospital Sunday and Saturday Funds; Rents; and Nursing Fund—Profits.

The *Extraordinary* Receipts were:

Dramatic Recital . . .	£ 5	5	0
"Thalian" Dramatic Performance .	105	0	0
Legacy	50	0	0
	£160	5	0

13. The expenditure on account of *Ordinary* Income from 1st April, 1880, to 31st March, 1881, has been £3367 13s. 3d. The *Extraordinary* Expenditure is shown in paragraph 5.

14. The Annual Subscriptions actually received from the 1st April, 1880, to 31st March, 1881, amounted to £1482 14s.; a sum estimated at £70 representing Subscriptions due, but not yet paid.

15. The total Donations from 1st April, 1880, to the 31st March, 1881, amounted to £495 17s. 10d., an increase, as compared with the year 1879-80, of £111 19s. 10d.

16. The fees for the Registration of Out-patients show a decrease of £37 15s., and amounted, for the twelve

months to 31st March, 1881, to £272 8s., against £310 3s., in the preceding year; but this decrease of £37 15s. is due to the closing of the hospital for nearly five weeks (see paragraph 23).

17. The Nursing Fund Receipts have justified the anticipation formed at the outset and repeated in the last two Reports. They amounted—in the period from the 1st April, 1880, to the 1st March, 1881—to £627 2s. 6d.: the largest amount yet received under this head. In the twelve months immediately preceding the amount was £612. In 1878 the total was £399 0s. 6d. A slight alteration has been made the mode of bringing this item to account in the Balance-Sheet.

18. The awards from the Hospital Sunday and Saturday Funds (see Appendix C.), differed but little from those of the preceding year, and the difference was due only to causes beyond the control of the hospital.

19. The only legacy received in 1880-1 was a bequest of £50 by the late Miss Brakenbury.

20. The working Expenditure of the hospital from the 1st April, 1880, to the 31st March, 1881, was £3367 13s. 3d. (see Appendix C.). This compares with £3897 19s. 6d., the expenditure in the year 1879-80.

21. The Invested Funds of the hospital at the 31st March, 1881 (see Appendix C.), exclusive of the hospital premises and furniture, and the freehold house, No. 1, Powis Place, consisted of—

Consols . . .	£2674	2	8
New Three per Cents.	£4757	17	10
Total .	£7432	0	6

being the same amount as last year.

22. The total number of in-patients treated in the hospital from the 1st April, 1880, to the 31st March, 1881, was 484, while in the twelve months immediately preceding the number was 494, showing a decrease of 10, accounted for in the following paragraph—23.

23. The number of out-patients shows a decrease of 686.

The numbers from the 1st April, 1880, to the 31st March, 1881, being 6217, and in the corresponding preceding twelve months 6903. The aggregate number of in- and out-patients treated since the opening of the hospital to the 31st March, 1881, amounts to 162,229. The falling off in the number of patients—both in and out—is due to the fact that the hospital was closed for nearly five weeks to carry out the extensive drainage and structural alterations (paragraphs 5 and 6), and a comparison between the total number actually admitted and the time the hospital was open shows a steady increase on the previous twelve months.

24. The visiting of out-patients at their own homes continues to be attended with a fair amount of success.

25. The arrangements for providing wards for paying patients have undergone some modification, partly owing to the rather limited applications for admission as paying patients, and partly to the fact that it was found necessary to resume the use of "Luke" Ward for ordinary male patients, the accommodation for such patients left at the disposal of the Board proving insufficient without the use of "Luke" Ward. "Eve" Ward—previously appropriated to female paying patients—has been divided into two rooms: one being arranged to accommodate two females, the other two males.

26. Much inconvenience having long been felt at the absence of any sanitary ward—that is, where infectious cases occurring unexpectedly in the hospital, or nurses returning from an infectious case, could be accommodated, —the Board resolved to appropriate to that object the room hitherto used as a bed room by the Resident Medical Officer, making therein certain necessary alterations and improvements. The cost of this has been £10 18s. 3d. The new ward has been named "Hope."

27. The Resident Medical Officer is now provided with the necessary sleeping accommodation in the small ward hitherto known as "Hope" and only calculated to hold one bed.

28. The improvement in the financial position of the Hospital—notwithstanding the strain occasioned by the

withdrawal of the large annual subscription of the London School of Homœopathy—as indicated in the last two Annual Reports, has been maintained, and the *Ordinary* Receipts again more than cover the *Ordinary* Expenditure.

29. This will no doubt be deemed satisfactory, but much yet remains to be done on the part of friends and supporters of the hospital to enable the Board to fully develop the resources of the institution. For it should not be lost sight of that certain fixed charges on account of the cost of the permanent staff of the hospital remain the same whether the number of in-patients be great or small; and, consequently, if the average number of such patients be no more than half the number which could be accommodated, it follows that the cost of each patient is far higher than the real true cost.

30. A regular and improving source of income has, by the kindness of the ladies and gentlemen forming the "Thalian" Amateur Company, been drawn from the annual dramatic performance at St. George's Hall, which in 1879 yielded £80, and in 1880 £105.

31. The Governors and Subscribers are earnestly asked to give their support to the performance which will take place on the *third Thursday* in May next (May 19th), and as to the particulars of which they will receive full and adequate notice.

32. It will not, perhaps, be out of place to record here that, in pursuance of a Resolution proposed by the Board of Management, and carried unanimously at a Special Meeting of Governors and Subscribers held on the same day as, and immediately after, the Annual General Meeting of 27th April, 1880, an annuity of £50 has been regularly paid to Miss Corry, to whom a sum of £1000 had been devised by the late Dr. Quin, in an undated codicil to the will under which the hospital has become entitled to his bequest, and which codicil was not admitted to Probate.

33. In the course of the year the Board had cause to regret the loss by death of one of its most valued supporters, the Earl of Crawford and Balcarres, a Vice-President and

Annual Subscriber of £35, and also the death of one of the earliest Vice-Presidents, General Lord George A. Paget.

34. The Board are happy to announce that the Earl of Dysart has consented to fill one of the vacancies thus created, and to become a Vice-President.

35. Two medical inspections of the hospital were made: one in April by Drs. Hale and Markwick (noticed in the last Report), and one in October by Drs. Black and Hamilton. The reports in each case were satisfactory, and call for no special remark. A few suggestions made were at once readily entertained by the Board, who are glad at all times to have their attention drawn to any deficiencies or possible improvements.

36. With sincere regret, the Board have to announce that, owing to the continued severe indisposition of the respected Sub-Treasurer, Mr. Crampern, they have found it necessary to appoint a substitute until such time as the state of health of that gentleman shall sufficiently improve to enable him to resume his duties. Captain Gardner, who already devotes much time to the House Committee and his duties as a member of the Board, has kindly consented to be Acting Sub-Treasurer.

37. In the course of the year one of the nurses (Annette Hibbert) died in the hospital of smallpox. The disease was contracted by her in the exercise of her duties while absent from the hospital nursing a private patient. She received the greatest possible care and attention on the part of doctors, nurses, and all concerned, but the case was from the first considered almost a hopeless one, and she died expressing her gratitude for what had been done and satisfaction that she died in what had been to her "a home." She always bore a high character, and was a loss to the nursing staff.

38. In the Out-patient Department several changes have been effected in the course of the year, viz.:—

a. A special division for the treatment of diseases of the skin has been created, and has been entrusted to Dr. J. Galley Blackley, one of the physicians of the hospital.

*b. With a view to encouraging the use of calf lymph for vaccination, Dr. George Wyld attends every Friday at 2.30 P.M., and operates upon such cases as present themselves. At present the cases average eight a week.

c. The special division for children, which has been so long maintained, under the provisions of Law XXXIV, has, after consultation with the Medical Council, been abolished, and the children are divided equally among the physicians in charge of the out-patients generally. This is found to work more satisfactorily in the interests of the medical officers in charge of the out-patients and of the children, as they have now many more opportunities of coming for treatment. It is hoped, therefore, that the Governors and Subscribers will concur in this change.

39. The Annual Dramatic Performance on behalf of the Funds of the hospital took place on the 7th May, before a crowded and appreciative audience, when the handsome sum of one hundred guineas was handed, in the course of the evening, to the Treasurer of the hospital as the net proceeds of the performance. The "Thalian" Amateur Company played *London Assurance* and *Uncle's Will.*

The result was £25 in advance of the performance of 1879.

40. A reading by Mr. Arthur Darley, assisted by Miss Tennyson and Miss Jeannie Rosse, was given at the Steinway Hall; but partly owing to the lateness in the season and the short notice it was possible to give of the performance, the profits did not exceed five guineas. The reading was otherwise very successful and highly appreciated by those present.

41. In accordance with the provisions of Law XII, the following members of the Board retire by rotation, viz., The Earl of Dunmore, The Earl of Denbigh, Mr. Hughes,

* NOTE.—Since the Report was written the number of persons vaccinated had risen as high as *Sixty* on one occasion.

Mr. Humphries, Mr. Pite, Mr. Rosher, and Mr. Slater, but, being eligible, offer themselves for re-electon.

42. The following changes in the Medical Staff occurred in the course of the year, viz. Dr. Burnett, resigned his appointment as Officer in charge of Out-patients, and Mr. Cox that of Assistant Resident Medical Officer.

43. By the resignation of Dr. Burnett the number of vacancies in the Out-patient Department was raised to three, that is to say, *vice* Dr. Burnett, Mr. Stanley Wilde, (temporarily filled up by Mr. C. Lloyd Tuckey), and Dr. Lade, which latter vacancy had occurred in 1879, but had never been filled up. To fill these three vacancies, Drs. Sandberg, Noble, and Clarke were appointed by the Board, on the recommendation of the Medical Council, and subject to confirmation by the Governors and Subscribers, according to Law XXXVI.

44. The Board have to announce with much regret that the present Resident Medical Officer, Dr. Byres Moir, has signified his intention to resign on the 12th April, the time for which he engaged to fill this post having expired. They have nothing but unqualified approbation to express in regard to this officer, and his loss will be much felt. A thoroughly eligible candidate for the vacancy, Dr. George Scriven, son of Dr. Scriven, of Dublin, has come forward and (no other applicant with the required qualifications having presented himself) he has been appointed to succeed Dr. Byres Moir, so soon as he shall become a member of the British Homœopathic Society, for which he has been duly nominated.

45. Miss Tarr, who had for many years faithfully filled the post of Housekeeper to the hospital, after a long illness, during which she was carefully tended in the hospital, has been compelled to retire altogether, and in consideration of her good services the Board granted her a gratuity of £10, equal to three months salary.

46. Miss Freegard has been selected by the House Committee as thoroughly qualified for the post, and the Board of Management have accordingly appointed her Housekeeper *vice* Miss Tarr.

47. A new Lady Visitor—Miss Rutherford Russell—was appointed by the Board of Management in the course of the year.

48. It is again the pleasing duty of the Board of Management to record that the warmest thanks are due to the Medical Staff of the hospital for their undeviating attention, kindness, and care to the patients committed to their charge.

49. Thanks are due to the Lady Visitors, the Honorary Architect—whose valuable time has been largely drawn upon in connection with the extensive alterations and repairs effected in the hospital during the past twelve months—and to the Honorary Solicitor.

50. The thanks of the Governors and Subscribers are due to the following generous Donors in money or kind, many of whom have given largely in previous years, viz.:

Miss Barton and Miss Isabella Barton (toys, books, old linen, clothes, &c.); Mrs. Staughton (dolls and toys); the Countess of Dunmore (toys); Lady Bentinck (old linen); Mrs. Septimus V. Morgan (shawls and linen); Mrs. Vaughan Morgan (shawls and linen); a Friend, per Dr. Yeldham (books); Miss Mackenzie Kettle (a series of tales); Miss Rosher (a set of worked Bible Text quilts); Mrs. Clifton Brown, per Dr. Hale (pheasants and old linen); Captain Gardner (a refrigerator); Mrs. Gardner (flannel jackets for women); Mrs. Moir, per Dr. Byres Moir (Garibaldi shirts and old clothes); Mr. and Mrs. George F. Harrison (a perambulator); a Friend, per Mr. Cameron (papers); Hon. Mrs. Holland (flowers); Religious Tract Society (books); Miss Edith C. Hind (box of dolls and toys); Miss J. Durning Smith (invalid couch); Mrs. Tredwell (28 bound volumes of the *Illustrated London News*, a water-bed and pillows, with a donation of £5); Philip Urlwin, Esq. (20 patent sanitary spiral spring bedsteads, with bedding, being the second gift of the same kind, value £80); Hermann Rothe, Esq. (Christmas cards); per the Editor of *Little Folks* (books); William Talbot Agar, Esq., £10; Arthur Gates, Esq. (per Dr. Yeldham) £15; The Company of Clothworkers, £10 10s.;

Friends of Mrs. Cockburn (Lady Dispenser), £10 10s.; Mrs. Russell Gurney, £10 10s.; The Company of Mercers, £10 10s.; Y. R. Innes, Esq., £10; Mrs. G. J. Morris (per Dr. Bayes), £10; William Maurice Powell, £10 10s.; George Rosher, Esq., £100; the Misses Smith (per Major Morgan), £30; John G. Stilwell, Esq. (per Dr. Yeldham), £20 10s.; Miss Thrupp (per Dr. Dudgeon), £50; Dr. Prater (per Dr. Dyce Brown), £40; Richard Roberts, Esq., £10; S. S. R. (per Dr. Hamilton), £10 10s.; Governors of the Society for the Relief of Persons Imprisoned for Small Debts, £30; Friends of Dr. Hewan (Subscriptions and Donations), £23 17s.

51. At the invitation of the President, the Official Manager attended the Homœopathic Medical Congress held at Leeds on September the 9th, and, as usual, advocated the interests of the hospital.

52. The Annual Christmas Tree Entertainment, provided through the kindness of members of the Board and Medical Staff for the amusement of in-patients, took place on January 8th, and passed off satisfactorily: all the officials who were not unable to attend were present.

53. The Board conclude their report by inviting the Governors and Subscribers to join with them in offering to the Almighty humble thanks for a continuance to the hospital of manifold mercies and blessings throughout the year now closed.

The Lord Ebury, in moving the adoption of the report, said that the Report having been duly read it became his pleasing duty, as on many previous successive occasions, to move that it be printed and circulated in the usual manner. They had had favourable reports of late years, but he thought he might say this was the best of all. (Cheers.) They could hardly help being impressed with its lucidity and singular clearness. (Hear, hear.) He had—with his colleagues on the Board of Management—passed many anxious hour in that room in the course of previous years. There had been times when they dared not look forward to the future of the hospital and feel assured that it would maintain the position it ought to

hold in the metropolis. But all who heard or read that Report would feel that their greatest difficulties had been cleared away, and that they would still be able to work on for those who were suffering and who came to them for relief. His lordship then referred to recent correspondence in the *Times* with respect to the medical treatment of a great statesman, who passed from among us, and expressed his astonishment at the great amount of ignorance shown, even by the medical profession, as to the true nature of homœopathy. What especially surprised him was the persistence with which it was maintained that homœopathy was very good in slight ailments, but that of course no one would think of sending for a homœopathic medical man if seriously ill. His lordship pictured a patient who might call in a homœopathic doctor for some apparently simple complaint, but, finding himself getting worse, would say to his adviser that he would be really too ill see him any more. They must eradicate that idea. And he was not without hope that out of that controversy, which developed so much and singular ignorance, good might come, as people would be led to inquire for themselves what homœopathy really is. In general practice there could be no doubt that the homœopathic practitioners beat the allopathic quite out of the field, and he had himself seen astonishing instances of skill on the part of homæopaths when, what he might call the Act of Parliament physicians, had confessed their inability to render aid. He did not remember noticing in the Report any allusion to the School of Homœopathy. That institution had been of very great assistance to the hospital by its contributions of money. Like the hospital it had encountered very great difficulties. There were a great many "ifs" and "buts" to be considered and arranged, but its Medical Council and Committee of Management had successfully carried it through the dangers of its infancy. With regard to the scheme for amalgamating the hospital and the school, it would unquestionably be of great advantage to both these scientific institutions to do so, by bringing prominently before the public the true

principles of homœopathy. Until that was done they would never reach the position they ought to have. Those who believed in the wonderful skill and knowledge of the Founder of the system knew best that a combination of all their forces was necessary in order to reach the highest point. Hahnemann, great as he was, was not like that Manchester machine which was called "the mule" simply because it was believed to be so perfect that no one could invent anything better. That should not be the motto of homœopathy. (Cheers.) The success of the past must only stimulate us to further efforts in the future. There were many items he might deal with, but perhaps he had said enough. His lordship said he accordingly approved the Report, and asked them to signify their approval also. (Cheers.)

The Earl of Dunmore begged to second the motion for the adoption of the Report, and said he had listened with great satisfaction to the speech of the noble lord.

The motion was carried unanimously.

Dr. Yeldham then proposed a vote of thanks to the Chairman, the Board of Management, the House Committee, the Treasurer, and Sub-Treasurer, and referred to the services which Lord Ebury had rendered to the hospital. He (Dr. Yeldham) had never been absent from an annual meeting for thirty years, and he did not remember an occasion when his lordship had been absent. It was very gratifying to have associated with any institution a nobleman who took so great an interest in it as Lord Ebury took in the London Homœopathic Hospital. He earnestly hoped that his lordship would be spared for many years to take the same kindly care in its welfare. (Cheers.) The well-wishers of the hospital were also much indebted to those gentlemen who, in the offices of Treasurer and Sub-Treasurer, and as members of the House Committee and Board of Management, did so much useful work. Their Treasurer was a most important officer in the hospital (Hear, hear), particularly when we are in want of funds. (Laughter.) On those occasions we draw freely on his resources, and the readiness with which he responds makes

the Treasurer an invaluable member of the Board of Management. They owed him a debt of gratitude. Then as to their Sub-Treasurer, Mr. Crampern (cheers), he was sure that that gentleman, although for the present incapacitated from ill-health, continued to take the deepest interest in the affairs of the hospital, and for many years past had not ceased to devote a great amount of time and labour to the duties of his office and of the House Committee. They were all glad to see him present (cheers) that afternoon. As to the Board of Management, there could be no doubt it was the backbone of the institution: without a good Board of Management an institution was certain to decline. A great sign of progress during the last twelve months was the fact stated in the Report that the income had become equal to the expenditure. That was a very gratifying fact, and if I were to say anything further about the Board of Management it could not add to the force of that pregnant fact. (Applause.)

Dr. Burnett said he had listened to the remarks which had been made by Dr. Yeldham, and he so entirely approved of all that had fallen from him that he would only second the motion in a formal way.

The motion being carried, Major Wm. Vaughan Morgan—in responding on behalf of the Board of Management—said that none could be more thankful than they were for the improvement in the state of the affairs of the hospital. The greatest difficulty which, as a Board, they had had to contend against in the past year was the defective state of the drainage. Two years ago they had spent much money on general improvements which were quite indispensable, and subsequently they found that the hospital was deficient in a matter as to which every hospital ought to be perfect; that is, in the sanitary arrangements. So long as they were deficient in that special feature of a well-regulated hospital, the skill of the Medical Staff must, to a great extent, prove nugatory. There could be no doubt that the chief essentials of a good hospital were—proper ventilation, proper nursing, and proper hygiene. It was really no good having successful physicians and sur-

geons unless they had also a proper and effective sanitary system. (Hear, hear.) To meet the expense incurred in making our hospital as efficient as possible in this important particular the Board are obliged to ask you for permission to make use of a portion of the Reserve Fund, under the law which provides for such a contingency. As to the current income, the handsome legacy of Dr. Quin (cheers) has enabled the Board to look at their expenditure with a light heart. Any one who would take the trouble to inspect the hospital would admit that they had effected a very great improvement at a cost certainly not beyond what was necessary to incur. He could not say this much without alluding to their Honorary Architect. At a great expenditure of time and labour he had organised these improvements in a manner worthy of his reputation, and in a most economical manner. Major Morgan then referred to communications which he had received from Dr. Hale respecting the expenditure of the hospital, and containing suggestions for changes intended to reduce the cost of the Hospital Staff. He explained at some length how the existing arrangements had been instituted, and assured Dr. Hale that the question of economy is one which constantly receives the most careful attention of the Board. They were however always glad to receive suggestions, and the matter should be fully laid before the Board at their next meeting. There could not be a greater mistake than to suppose that the hospital was in any way retrograde. The truth was, that it was more efficient than ever, medically, sanitarily, and officially. (Cheers.)

The Lord Ebury then proposed a vote of thanks to the anonymous nobleman who has so generously given a subscription of £200 for the first year, with a promise to increase the amount to £250 in future years.

The motion being seconded by Mr. Crampern, was carried unanimously amidst applause.

The Earl of Denbigh then proposed a vote of thanks to Miss J. Durning Smith for her continued generosity in undertaking to maintain six beds in the hospital, chiefly for patients requiring prolonged treatment. Miss Smith

had sent a first cheque for £210 in the month of May, 1880, and another in the month of March just past. His lordship said that while homœopathy was most valuable in acute diseases it was not less valuable in chronic diseases, and it was highly gratifying that a lady so munificent was interested in the hospital. It was to be hoped that her noble example would be followed by others. (Hear, hear.)

Dr. Dyce Brown said that they were extremely indebted to this lady for the munificent subscription which she had bestowed on the hospital. The idea of benefiting chronic cases was a very good one, and he quite agreed with the remarks made by Lord Denbigh as to the value of homœopathy in such cases. Formerly the Medical Staff had to ask the permission of the House Committee before they could retain any patient in the wards, but now they could, under the conditions attached to this generous annual contribution, retain at their discretion any case which a prolonged stay in the wards was likely to benefit.

Dr. Pope then moved the re-election of those members of the Board of Management who retire by rotation, namely, the Earl of Dunmore, the Earl of Denbigh, Mr. Philip Hughes, Mr. Humphries, Mr. Pite, and Mr. Rosher.

Dr. Neville Wood said he had much pleasure in seconding the resolution, and congratulated those gentlemen on their adherence to the homœopathic "heresy" which they knew to be a great medical fact (cheers), and thought they were also to be thanked for their warm support of the hospital.

Captain Davies then moved the confirmation of three medical appointments made during the year, namely, those of Dr. Sandberg, Dr. Noble, and Dr. Clarke.

Dr. Hamilton said he had much pleasure in seconding the motion, as he felt quite sure that those appointments were for the good of the hospital.

Mr. H. R. Williams then proposed a cordial vote of thanks to the Medical Staff for their valuable services during the year, and said that the measure of their services was to be gauged by their large amount of successful treatment.

Mr. Rosher having seconded the motion, it was carried unanimously.

Dr. Hamilton returned thanks for this most cordial vote. As a permanent member of the Medical Staff he could only say that although their aim was, of course, principally to relieve the sick, yet they never forgot that, as homœopaths, it was their duty to demonstrate in doing so that their system was better than any other. (Cheers.)

Major Vaughan Morgan then moved that the Governors' and Subscribers' sanction be given to the abolition of the Special Department for the Treatment of the Diseases of Children, which the Board had discontiuued, acting under the advice of the Medical Council. He then read the following paragraph from the Report:—"The Special Division for Children which has been so long maintained, under the provisions of Law XXXIV, has, after consultation with the Medical Council, been abolished, and the children are divided equally among the physician in charge of the out-patients generally. This is found to work more satisfactorily in the interests of the Medical Officers in charge of the out-patients and of the children, as they have now many more opportunities of coming for treatment. It is hoped, therefore, that the Governors and Subscribers will concur in this change."

Mr. Boodle having seconded the motiou, it was carried unanimously.

The Earl of Denbigh then moved a vote of thanks to the Lady Visitors, the Honorary Solicitor, and the Honorary Architect, and remarked that as to the first part of the resolution, no one who had ever been ill could doubt the great advantage to the sufferer of the sympathetic ministrations of the ladies. (Applause.)

The motion having been seconded by Mr. Walpole and carried,

Mr. Pite begged to thank the meeting for the kind way in which they had acknowledged his services. He regarded it as a great privilege to devote what time he could to the work necessary for the hospital.

Mr. Rosher responded on behalf of the Honorary Solicitor, who was unavoidably absent.

The Rev. Dacre Craven replied for the Lady Visitors, and, in thanking the meeting for the kind way in which the Earl of Denbigh had spoken of their services, remarked that his appointment to the Chaplaincy was very recent, and he could not claim yet to an extensive acquaintance with the hospital and its friends. But as to ladies who so kindly visit patients in the wards of a hospital, he had had considerable experience, and could say how valuable such services were, especially when rendered with the tact and kindness which most ladies displayed. (Applause.)

Major Vaughan Morgan then proposed a vote of thanks to Lord Ebury, as Chairman of that meeting and Chairman of the Board of Management. Within the last few days his lordship had reached his eightieth birthday. (Loud cheers.) There could not, therefore, be a better example of the success of homœopathy than Lord Ebury. (Applause.) Before he (Major Morgan) was a homœopath his lordship was working effectively in its service, while as Chairman of the Board he could not say enough of him. Everything done under his auspices receives his careful attention. His great experience has always been of the greatest value, and the great charm of his presence at the Board was that when wanted he was always to be relied upon. Lord Ebury had rendered very great and signal services to the cause of homœopathy, and they all wished him many years of life and happiness. (Cheers.)

Dr. Bayes said his friend Major Vaughan Morgan had said everything he could have said by way of congratulation to Lord Ebury on his recent birthday. We all deeply feel that for a nobleman of such influence to devote so much time and attention to the affairs of the hospital is of the greatest advantage to it. (Applause.)

The motion being put, was carried with acclamation.

Lord Ebury then thanked the meeting for their vote of thanks, and said he little thought that the fact of his having attained his eightieth year had become known beyond his own immediate neighbourhood. So long as he had health

and strength he hoped to continue his connection with the London Homœopathic Hospital. (Applause.) He had noticed with much pleasure that at the commencement of the last session of the School of Homœopathy there was an address on the life of Samuel Hahnemann. The Allopathic School of Medicine had its Hunter and its Jenner, and so the homœopaths had their Hahnemann. (Cheers.) He was glad that most eloquent oration had been printed, for he had almost forgotten the very eventful life of the great Founder of homœopathy. His lordship again thanked the meeting for their approbation. He was present the other day at the Guildhall, when the presentation was made to the Earl of Shaftesbury, on his lordship having reached his eightieth birthday. He did not think he was ever more gratified in his life than by what took place on that occasion. When his lordship and Lord Shaftesbury were at college together they used to play the flute together, his lordship playing first and Lord Shaftesbury playing second. (Laughter.) Well, that was reversed in actual life, Lord Shaftesbury playing first, and his lordship playing—well, he supposed, twentieth. (Much laughter.) At all events the Earl of Shaftesbury had lived a magnificent life. (Cheers.) With regard to the School of Homœopathy, they hoped for its continued progress as an institution which would instruct medical men and students in the practice of a truer medical science. (Cheers.)

Mr. Chambre then read the following telegram from Mr. Humphries, a member of the Board of Management, who was unable to be present:—"I unite with my colleagues in offering respectful congratulations to our noble Chairman, my Lord Ebury, on attaining his eightieth year. I hope his life may be spared and strength given to continue his works of doing good to his fellow-creatures."

Dr. Hale said he wished to explain that in writing to the Treasurer, all he had desired to do was to bring about, if possible, some reduction in the expenditure, with a view to the best development of the hospital.

The meeting then resolved itself into a

SPECIAL GENERAL MEETING,

and the Secretary having read the notice convening it, which notice set forth the resolution to be considered by the meeting,

LORD EBURY moved the resolution as follows:

"To empower the Board of Management and the Trustees to appropriate from the Reserve Fund, for the use and service of the London Homœopathic Hospital, a sum of £1000, being the amount of a contract with Mr. Bostel, sanitary engineer, for remodelling and renewing the entire drainage system of the hospital, as well as all closets and apparatus for the supply of water throughout the building; and also for the cost of certain unavoidable structural alterations."

The resolution was seconded by Major WM. VAUGHAN MORGAN, and carried unanimously.

APPENDIX A.

REPORT OF IN-PATIENTS UNDER TREATMENT DURING THE YEAR ENDING MARCH 31st, 1881.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or unfit.	Total.
General Diseases:—								
A.—Febricula	5	...	...	...	...	1	...	6
Scarlatina	1	...	...	...	...	...	...	1
Rötheln	1	...	...	...	...	...	...	1
Variola hæmorrhagica	...	...	...	...	1	...	...	1
Typhoid	3	...	...	...	...	...	...	3
Diphtheria	1	...	...	...	...	...	...	1
Croup	1	...	...	...	...	...	...	1
Pertussis	1	...	...	...	...	...	...	1
Erysipelas	3	...	...	...	...	...	...	3
Continued fever	4	...	...	...	...	...	...	4
B.—Rheumatism—								
Acute	14	3	...	...	...	3	...	20
Subacute	3	6	...	...	...	1	...	10
Chronic	1	4	4	...	...	...	1	10
Rheumatic gout	...	6	..	2	...	2	...	10
Gout	...	1	...	...	...	...	...	1
Syphilis	...	3	...	...	...	...	...	3
Cancer—								
Uterus	...	...	1	2	1	1	1	6
Mamma	...	...	...	...	...	...	1	1
Liver	...	...	...	1	1	...	...	2
Larynx	...	...	...	...	2	...	...	2
Rectum	...	1	...	...	...	...	...	1
Lip	1	...	...	...	...	...	...	1
Labium	...	...	2	...	...	...	1	3
Sarcoma of knee	...	...	...	...	...	...	1	1
" shoulder	...	...	...	1	...	...	...	1
Scrofula	...	...	2	1	...	1	...	4
Phthisis pulmonalis	...	3	1	2	3	1	...	10
Tabes mesenterica	...	1	...	...	...	...	...	1
Rickets	...	1	1	1	...	...	...	3
Morbus coxæ	1	3	3	...	...	1	2	10
Chlorosis and anæmia	1	8	...	...	...	1	...	10

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under treatment.	Discharged at own request or unfit.	Total.
Diabetes mellitus	...	1	...	...	...	1	1	3
Debility	2	...	...	...	...	...	...	2
Malingering	...	...	...	...	...	...	1	2
LOCAL DISEASES:—								
a. Nervous System—								
Brain and its membranes—								
Meningitis	1	...	...	...	...	1	...	2
Acute cerebral softening	...	...	...	...	1	...	...	1
Cerebral congestion	...	1	...	...	...	1	1	3
" abscess	...	...	...	...	1	...	...	1
Spinal cord and its membranes—								
Spinal irritation	1	3	...	1	...	...	...	5
Nerves—								
Ménière's disease	...	...	2	...	...	...	...	2
Paraplegia	...	...	...	2	...	...	...	2
Hemiplegia	...	1	1	...	...	...	1	3
Paresis	...	...	1	1	...	1	...	3
Locomotor ataxia	...	...	2	1	...	...	...	3
Functional diseases—								
Epilepsy	...	1	...	...	...	...	...	1
Chorea	1	1	...	...	...	...	...	2
Hysteria	1	2	1	...	...	...	2	6
Neuralgia	...	...	...	...	...	...	1	1
Sciatica	1	1	...	...	...	...	...	2
b. Diseases of Eye—								
Strumous ophthalmia	1	2	...	...	...	...	...	3
Rheumatic iritis	...	1	...	...	...	...	...	1
Strabismus	1	...	...	...	...	...	...	1
Hæmorrhagic retinitis	...	...	1	...	...	...	...	1
c. Diseases of Ear—								
Deafness	...	...	...	...	...	...	1	1
d. Circulatory System—								
Heart and its membranes—								
Valvular disease	...	8	3	1	1	3	1	17
Dilatation	...	...	...	...	1	...	...	1
Fatty degeneration	...	...	...	...	1	...	...	1
Varicosis	...	2	1	...	...	...	...	3
e. Absorbent System—								
Addison's disease	...	...	...	...	...	...	1	1
f. Respiratory System—								
Laryngitis, chronic	...	2	...	...	...	...	...	2
Bronchitis, acute	5	3	...	...	...	...	...	8
" chronic	1	6	2	...	1	...	...	10
Bronchitis and emphysema	...	...	...	...	2	...	...	2
Asthma	...	...	...	...	...	1	...	1
Broncho-pneumonia	...	...	...	...	1	...	...	1

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or unfit.	Total.
Pneumonia, acute	5	1	...	...	...	1	...	7
" chronic	...	7	1	...	...	1	2	11
Emphysema	...	1	...	...	...	...	...	1
Pleurisy	3	...	...	...	...	...	...	3
Empysæma	...	1	...	...	...	...	...	1
g. Digestive System—								
Tonsillitis	3	...	...	...	...	...	1	4
Gastritis, subacute	2	2	...	...	...	1	...	5
" chronic	...	5	1	2	...	1	2	11
Dyspepsia	3	3	2	1	...	...	2	11
Hæmatemesis	3	...	...	...	...	...	1	4
Enteritis	...	...	...	2	...	...	...	2
Hæmorrhoids	...	...	...	...	...	...	1	1
Constipation	1	3	...	...	...	...	...	4
Fistula in ano	1	...	...	...	...	...	...	1
Fissure of rectum	1	1	...	...	...	...	...	2
Liver—								
Cirrhosis	...	...	...	...	1	...	...	1
Jaundice	...	1	...	...	...	...	1	2
Obstruction of gall-duct	...	...	...	...	1	...	...	1
Hepatic colic	...	1	...	...	...	...	...	1
Peritonitis	...	...	...	...	1	...	...	1
h. Urinary System—								
Bright's disease, acute	1	...	...	...	...	...	...	1
" " chronic	...	...	1	...	1	...	...	2
Hæmaturia	...	2	...	...	...	...	...	2
Diuresis	1	...	...	...	...	...	2	3
Cystitis	1	...	...	...	...	...	...	1
Vascular tumour of urethra	2	1	...	...	...	...	1	4
Enlarged prostate	...	...	...	...	...	...	1	1
Floating kidney	...	...	...	...	...	...	1	1
Abscess of kidney	...	...	1	...	...	...	...	1
i. Generative System—								
Males: Orchitis	...	1	...	...	...	1	...	2
Epididymitis	1	...	...	...	...	...	...	1
Hydrocele	...	2	...	...	...	...	...	2
Phymosis	...	...	...	...	...	...	1	1
Females: Ovaritis	1	2	1	1	...	1	...	6
Ovarian cyst	...	...	...	2	1	...	...	3
Tumour in labium	2	...	...	...	...	...	...	2
Perimetritis	...	...	2	...	...	...	...	2
Endo-metritis	1	1	2	...	...	1	...	5
Uterine ulceration	3	2	3	...	...	...	...	8
Fibroid	...	1	...	2	...	1	...	4
Polypus	1	...	...	...	...	...	...	1
Retroflexion	...	1	1	1	...	...	...	3
Prolapsus	...	1	...	...	...	1	...	2
Amenorrhœa	...	1	...	...	...	...	...	1
Dysmenorrhœa	...	3	...	...	...	1	3	7
Menorrhagia	...	2	...	1	...	...	1	4

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or unfit.	Total.
k. Organs of Locomotion—								
Periostitis	...	...	1	1	...	1	...	3
Caries	...	1	1	...	...	1	...	3
Necrosis	1	...	...	...	...	1	3	5
Exostosis	...	...	...	...	...	1	...	1
Synovitis, acute	4	...	...	...	...	1	...	5
Bursitis patellæ	5	2	...	...	...	1	...	8
Disease of knee-joint	...	...	...	...	...	...	1	1
Spinal curvature	...	...	1	1	...	...	1	3
l. Cutaneous System—								
Ulcer	7	...	2	...	...	...	1	10
Tinea tonsurans	...	...	...	...	...	...	1	1
Erythema	5	...	1	...	...	...	...	6
Purpura	...	...	...	...	...	...	1	1
Eczema	2	2	1	1	...	1	2	9
Psoriasis	...	...	...	...	...	...	1	1
Lupus	...	1	...	...	...	...	...	1
Carbuncle	1	...	...	...	...	...	...	1
Herpes zoster	2	...	...	...	...	...	...	2
Pustular scabies	1	...	...	...	...	...	1	2
Condylomata	1	...	...	...	...	...	...	1
Abscess	8	1	1	2	...	...	1	13
m. Poisons—								
Lead paralysis	...	...	...	1	...	...	...	1
Delirium tremens	1	...	...	...	...	...	...	1
n. Injuries—								
Rupture of muscle	1	...	...	...	...	...	...	1
Contusions	3	...	...	...	...	...	1	4
Strain of leg	...	2	...	...	...	...	1	3
Laceration of cornea	1	...	...	...	...	...	...	1
Fracture of thigh	1	...	...	...	...	...	...	1
„ fibula	1	...	...	...	...	...	...	1
„ clavicle	1	...	...	...	...	...	...	1
„ ribs	2	...	...	...	...	...	...	2
Old fracture of arm	...	...	...	...	...	...	1	1
Compound fracture of skull	1	...	...	...	...	1	...	2
Burn	...	1	...	...	...	1	...	2
Hæmorrhage	1	...	...	...	...	...	...	1
o. Operations—								
Excision of mamma	4	...	...	...	...	...	...	4
Necrosis of carpus	...	...	...	...	...	...	...	...
Amputation	1	...	...	...	...	...	...	1
Cancer of larynx	...	...	...	...	...	...	...	...
Tracheotomy	...	1	...	...	...	...	...	1
Perineal section	1	...	...	...	...	...	...	1
Circumcision	1	...	...	...	...	...	...	1
Removal of cyst	1	...	...	...	...	...	...	1
„ hæmorrhoids	2	...	...	...	...	...	...	2
Strabismus	1	...	...	...	...	...	...	1
	153	132	50	34	22	39	54	484

APPENDIX B.

Classified Summary of the Results of Treatment of 484 In-patients during the Year ended March 31st, 1881.

	Cured.	Much improved.	Improved.	Unimproved.	Died.	Under Treatment.	Discharged at own request or unfit.	Total.
GENERAL DISEASES—								
Section A	20	...	...	...	1	1	...	22
Section B	23	41	14	10	7	12	10	117
LOCAL DISEASES—								
a. Nervous System	5	10	7	5	2	3	5	37
b. Eye.....	2	3	1	...	...	...	...	6
c. Ear.....	...	...	...	...	...	...	1	1
d. Circulatory System ...	...	10	4	1	3	3	1	22
e. Absorbent System.....	...	...	...	...	...	...	1	1
f. Respiratory "	14	21	3	...	4	3	2	47
g. Digestive "	14	16	3	5	3	2	8	51
h. Urinary "	5	3	1	...	1	...	5	15
i. Generative "	9	17	9	7	1	6	5	54
k. Locomotor "	10	3	3	2	...	6	5	29
l. Cutaneous "	27	4	5	3	...	1	8	48
m. Poisons	1	...	...	1	...	...	...	2
n. Injuries	12	3	...	...	...	2	3	20
o. Operations.....	11	1	...	...	...	...	...	12
Total	153	132	50	34	22	39	54	484

Total Number of Patients during the year ending March 31st, 1881.

In-patients	485
Out-patients	6217
Total	6702

Return of Dental Cases from April 1st, 1880, *to March 31st,* 1881.

Extractions in Adults	187
Do., in Children under 14	75
Irregularities of the Teeth treated surgically and mechanically	4
Advice Cases	18
Total Number of Patients seen	284

Annals of the Society.

TWO CASES OF CHRONIC ECZEMA.

By Washington Epps, L.R.C.P. Ed., &c.

(Read October 6th, 1881.)

Mr. President and Gentlemen,—I have been asked by our honoured Secretary to give a paper on two or three cases of a skin disease, in order to start a discussion.

Of the most common skin diseases, and at the same time the most difficult to cure, as far as my experience goes, are *Acne* and *Eczema*, when of long duration, especially the latter, which I have therefore chosen for my paper, as by doing so I hope to gain much valuable information from our more experienced Fellows and Members.

—I will first narrate as briefly as possible my two cases, with the treatment in each, and afterwards will give a short *résumé* of the remedies, internal and external, I have found of most use in *eczema*.

I had better mention here that I should perhaps have been more correct if I had called my paper "Two cases of impetiginous," instead of chronic, "eczema."

Case 1.—Mrs. H—, æt. 29, very fair, thin, mother of five children in a short period, three now living; non-pregnant, regular. Habits of life regular and temperate.

Previous history.—Patient suffered from eczema as a girl: treated with *Arsenic*. Free from all skin disease for many years, with the exception of an occasional breaking

out behind the ears. Patient has always had a profuse discharge from the nose, less of late. Patient's mother suffered from eczema.

Special symptoms.—Eruption on the thighs, groins, vulva, and spreading towards the anus. The eruption began as a very red patch on each thigh and in each groin, which has now spread over the pudenda and towards the anus. With the intense redness, much swelling of the parts involved, great heat, with burning, pricking and itching, also a copious discharge of serum which stiffened linen.

This condition gradually became worse for six weeks, until patient consulted me (September 30th, 1880), when she was almost unable to walk on account of the swelling, pain and tenderness. Intense itching prevented sleep. On the parts covered with hairs, and on the labia, there were pustules. The lymphatic glands in the groins were much swollen.

General symptoms.—Patient was very weak from constant suffering, the copious discharge, and want of sleep. Appetite was very bad.

Treatment.—*Croton tiglium* was given in the 3x dilution, five drops in water for a dose (not five minims by measure, which equal ten drops) every four hours. The drug was chosen because of the character and locality of the eruption, and the intense itching. Locally a lotion of *Bicarbonate of Potash* (gr. x ad Oj) to be applied frequently on linen to all the weeping surfaces. The use of this lotion I have found, in numbers of cases, of very great service in neutralising the acid discharge, thus lessening the inflammation and irritation resulting therefrom. Rest was advised, the diet regulated, all salted and seasoned articles of food being strictly prohibited, also all alcoholic and malt drinks.

Patient continued this treatment for nearly a fortnight. I should state that patient lived at a distance, and that the whole of the treatment, &c., was carried on by correspondence.

The next report (October 10th) stated that patient was no better. I cannot give details, as I have lost the letter. Medicine was changed to *Merc. corr.* 3x, five drops in water every three hours; lotion continued. The next letter

(October 28th) reported still no improvement, indeed, the eruption was worse. The patches discharged more than ever and had spread. The lotion temporarily relieved the itching and pain. General health somewhat improved, appetite much better. Two new symptoms had appeared, namely, cracks in the fingers like chaps, and a gathering under the nail of the forefinger; the latter was probably due to inoculation of a sore finger when scratching. *Rhus* 3x was ordered, five drops in water every three hours, and a lotion of *Borax* gr. xxx, dissolved in a pint of hot water and applied on linen when cold.

The next report (November 15th) stated that the discharge was rather less the first day or two, but afterwards increased, spreading the eruption over the surrounding parts, especially the abdomen. At this time there was great weakness and obstinate constipation.

At this point I made a great mistake in the treatment, as I learnt later. Instead of repeating *Rhus* in a higher dilution, I changed the medicine and thereby lost a whole month. *Petroleum* 3x, two drops in water, was given every three hours, with an ointment of the same.

The next report (November 25th) stated, still no improvement. The discharge was still going on and appearing to spread the disease. Patient suffering from insomnia, accompanied by restlessness and great weakness. This insomnia occurred when the itching was absent, and patient could otherwise have slept.

These symptoms induced me to give *Arsenicum* 3x, five minims for a dose, three times a day, although the patches were weeping, which was a counter-indication. The ointment was repeated. The next letter (December 6th) said that matters were getting worse instead of better. The eruption had appeared on the face, ears, corners of the mouth and eyes; the original patches had spread, but the discharge was rather less, and had a tendency to form very thin, pale-coloured crusts. The nights were still very bad, patient getting no rest till after midnight, and then only in snatches.

This report showed me my mistake, and I gave *Rhus* in

a higher potency, the sixth centesimal, three drops in water, three times a day. Ointment repeated.

The next report (December 17th) told a different tale. All the patches were much better, except those behind the ears, which were giving considerable trouble, and had caused some enlargement of the glands in the neck. Patient's strength much better. *Rhus* 6 was repeated, and *Calc. carb.* 12 was also given for the enlarged glands, and some other symptoms that appeared to indicate it.

This ends the detailed report. It is only necessary to mention further that the patient steadily improved under these remedies, and in the following February her husband reported her quite well.

There are a few points I should like to mention here, that may perhaps account for the slowness of the cure. First, and most important of all, the weather, which last November to February was almost Arctic in severity; secondly, patient's means prevented the carrying out of directions as to rest and perhaps diet; thirdly, the disadvantage of not seeing my patient, and only hearing of her at several days' interval.

Case 2.—Miss J. A—, æt. 19, dispensary patient, blue eyes, brown hair, thin skin, slightly made. This patient had three attacks of eczema. The first lasted about three months (Dec.—April). The eruption was principally confined to the skin behind the ears, and patient was under treatment about seven weeks, the attendance being rather irregular. *Merc. corr.* 3x was the principal remedy given during the weeping stage, and *Silica* 12 afterwards for profuse sweating of the feet. Patient remained free from eruption for nearly five months.

The second attack began in August and lasted till the end of January; the scalp, ears, and axillæ being principally affected; there were also several pustules on other parts of the body. The treatment during this attack was rather more regular than that during the first. The chief medicines given were *Merc. iod.* 3x, *Hep. s.* 6, *Sulph.* 12, and *Arsenicum* 3x, in the order given, in one or two drops

or grains for each dose. Externally either *Borax* lotion or *Petroleum* ointment was applied.

The third attack began within a month of the termination of the second, in fact, patient had not entirely lost the redness and scurfiness remaining from it.

At this time patient took a chill and had a sharp attack of influenza, with severe pains in the forehead, sneezing, rawness, and tightness of the chest, with great thirst and feverishness, for which she received *Arsenicum* 3x. After a week or so she lost her cold, and the catarrh of the mucous membranes appeared to be transferred to the skin, and eczema declared itself. The disease this time attacked the axillæ, the skin between and beneath the mammæ, the scalp, behind the ears, and the backs of the knees. The disease was most marked in the axillæ and beneath the breasts, these parts being of a dull scarlet colour, swollen, almost raw, and giving off a copious serous discharge which spread the disease and stiffened linen. The patch beneath the right breast was very painful and tender, and looked like the intertrigo so often seen in scrofulous infants. Other symptoms were: want of appetite, moist tongue, pulse 108, burning of feet, with at times much perspiration, but considerably less than in previous attacks, perspiration of axillæ smelling like onions, falling off of hair and constipation. Patient also suffered from acute pain the first day of the catamenia, which were regular. Patient was really in a very lamentable condition, and much discouraged by the return of the disease.

She received *Merc. corr.* 3x in two drop doses ($\frac{1}{1000}$ gr.) three or four times a day; her diet was regulated, and locally a very weak solution of *Bicarbonate of Potash* (gr. v ad Oj.) was applied on linen rags to the weeping surfaces to neutralise the very acrid discharge. This plan of treatment was continued for about a fortnight, with considerable relief; all the patches excepting those beneath the mammæ ceasing to discharge, when the treatment had to be stopped for a fortnight on account of patient having a severe cough, for which she received *Acon.* 1x and *Bry* 2x, and afterwards *Hep. s.* 6.

She then returned to the *Merc. corr.* 3x, in decreasing doses (♏j ad ♏ss), and the *Potash* lotion, which were continued for about four weeks.

The patches by that time had all ceased weeping, had become dry, very red and scaly, with very great itching. Patient also at this time had many scaly red patches, like psoriasis, on other parts; her health being generally below par. *Arsenicum* 3x was given, beginning with two drops for a dose, and gradually reducing the dose until she received only one quarter of a drop, three times a day. This last medicine was continued, with short intervals, for some four months, with marked benefit, all the patches gradually disappearing, and the skin recovering its natural appearance.

To prevent a recurrence, *Silica* 6 and 12 were given, one pilule night and morning for a month.

This completed the treatment, and the eczema has now been in abeyance for nine months.

In this case, as in the first, the treatment extended over some months. I had the disadvantage of only seeing the patient every ten or fourteen days, as she came from a distance, but apart from this, there was nothing to prevent the patient recovering. I was much discouraged in both cases at the length of time taken to effect a cure.

Treatment.—I have not tried even half the fifty and odd remedies mentioned by Lilienthal as indicated in eczema; having principally confined my attention to some twelve or fifteen, eight frequently, namely, *Mercurius, Rhus tox., Petroleum, Arsenicum, Aconitum, Belladonna, Croton,* and *Cantharis,* and occasionally *Calcarea carb., Silicea,* and *Hepar Sulph.*

I would make a few brief remarks on these drugs. *Mercurius:* Dr. Russell, in his monograph on the skin, published many years ago, remarks, "There is no medicine to compare with *Mercury* in the treatment of this disease" (eczema). I can corroborate this statement, but do not use the remedy as he did, in the form of an ointment. I employ *Mercury* in the form of *Merc. corr., Merc. iod.,* and *Merc. sol.,* but much prefer the first in the 3x, 3rd, and

6th dilutions. There does not appear to me any advantage in going higher. The *Merc. iod.* is preferable where there is a history of scrofula or syphilis. *Rhus tox.*: until lately, I have failed to get very good results from this drug. In other skin diseases, as erysipelas and herpes, I have found *Rhus* answer admirably in the 2x and 3x dilutions, but in eczema I have found these dilutions fail to do good, and in some cases they have aggravated. Since I have used *Rhus* in the 6th dilution I have found it more useful.

Petroleum is most useful in eczema on the hands, arms, scalp, and occasionally on the genitals; the guiding symptom being bloody rhagades, with scanty discharge and thick crusts, accompanied by much irritation. The dilutions I have used are 3x and 3, and externally as an ointment.

Arsenicum is required in many of the severe cases at the end, when the discharge ceases and the patches become dusky red, dry, and scaly with heat. It is occasionally necessary to give appreciable doses of the drug, as the $\frac{1}{100}$th or $\frac{1}{200}$th of a grain; but in the majority of cases the 3x, 3rd, and 6th dilutions are sufficient.

Croton and *Cantharis* have frequently failed in my hands. *Cantharis* 3x has done well in erysipelas and herpes. Both these remedies probably require to be given in higher dilutions.

Aconite and *Belladonna* are both very useful at the beginning of the disease; the first when there is much fever, either given alone or in alternation with *Merc. corr.* In many cases the *Merc. corr.* appears to have a more rapid effect when alternated with *Aconite*. *Belladonna* is required when the disease at its onset resembles erysipelas more than eczema. I give both these remedies in low dilutions, 1x and 2x.

Calcarea carb., *Silicea*, and *Hepar sulph.* are required at the close of the disease in a few cases, but not nearly so often as *Arsenicum*. In the two cases given, *Calcarea* seemed indicated in the first, and appeared to be beneficial, and *Hepar sulphuris* and *Silicea* certainly were of use in the second. I usually give them in this disease in the 12th, occasionally the 6th and 30th.

Sulphur: I have rarely found this of use in eczema, in fact it generally appears to do harm; for when the disease has almost come to an end, with only a pale stain and slight scaliness remaining, if you give *Sulphur* in any form from 3x trituration to 12th dilution, you will in many cases cause a fresh outbreak.

External treatment.—Baths of warm water and oatmeal or bran-water are very useful, and at the same time very comforting to the patient, but they must always be followed by some application to the parts to prevent evaporation, as wet linen with india-rubber tissue or oil-silk, or better, greased linen (olive oil being preferred) and a light bandage. Baths are only required when the disease is extensive; in less severe cases, packings with a watery solution of *Bicarbonate of Potash* (gr. iii—v. ad Oj) or *Borax* (gr. v—xx ad Oj), or bran-water can be used with advantage. These must be continued until the discharge has almost ceased, when some greasy application is useful, such as simple ointment, petroleum, or vaseline ointment.

Now, gentlemen, let me thank you for bearing with me so long, for I cannot but feel that my cases are far from perfect, and that there is nothing new in the few remarks I had to make about treatment.

Discussion on Dr. Washington Epps' paper.

Dr. Drury expressed himself gratified with the candour of the essayist, who had not disguised his failures. He agreed with him as to the obstinacy of the disease. In reference to his use of *Borax* as a local application, he mentioned that he had found it effective in the pruritus pudendi symptomatic of diabetes.

Dr. Galley Blackley agreed as to the inveteracy of chronic eczema, especially in the impetiginoid form. He related a case in which *Arsenic* was useless, but *Hepar sulphuris* cured—having been indicated by a suppurating inguinal gland. The disappearance of the eruption was followed, after a chill, with some constitutional symptoms—anasarca, enlarged liver, diarrhœa, loaded urine, and profound anæmia. Under *Mercurius* and *Chininum arsenicosum* the patient finally recovered. He did not think much of alkaline lotions, and questioned the indications assigned for them—the acidity of the serous discharge. He

commended Martin's india-rubber bandage in old cases. As to medicines,—he thought better of *Sulphur* than Dr. Epps; it was good in acute cases, and even in chronic ones, where the eruption was pustular. He used it locally also as ointment. Its homœopathicity appeared from the fact that its too free use in scabies is apt to change it from vesicular to pustular. *Belladonna* he found excellent in the erysipelatous form.

Dr. Dyce Brown thought that the existence of diathetic taint was to be specially borne in mind in the treatment of eczema; the medicines most useful therein being related to scrofulous, gouty, or rheumatic tendencies. He agreed with Dr. Blackley about *Sulphur* and *Belladonna*, but would mention *Lycopodium* in chronic cases, and in acute ones *Aconite*, with *Rhus*. He also questioned the value of alkaline applications. For itching, he advised weak *Carbolic acid* lotions.

Dr. Edward Blake agreed as to the obstinacy of eczema, though he thought acne more rebellious still. If the latter did not yield to *Sulphur* it never yielded at all. The so-called bromic and iodic acne had been recently shown to be not really such, but mere vesiculating dermatites, so the bromides and iodides were not true similars to the diseases. He did not think that the homœopathic treatment of eczema need be disparaged in comparison with that of the old school, or that Dr. Epps should be discouraged because his cases took five months to get well. He had seen persistent facial eczema symptomatic of uterine catarrh, and disappear with its removal. Eczema he thought frequently a symptom of insufficient renal depuration; and hence, possibly, the value of such medicines as *Copaiba*, which he especially esteemed in its treatment, though the ordinary remedies, with suitable local applications, had proved of good service in his hands as in those of others.

Dr. Burwood had had three bad cases lately. *Mercurius corrosivus* and *Veratrum viride* were his remedies, and all recovered, though one required a course of bran-baths to complete the cure. He thought *Sulphur* apt to aggravate.

Dr. Dudgeon considered eczema a manifestation of many morbid states, and treated it accordingly. In infants it was very difficult to cure, but was self-limited. In adults he had been fairly successful with the remedies already mentioned, to which he added *Graphites*.

Dr. Hughes rose only to bear his testimony to the value of the last-named medicine. It was to chronic eczema what *Rhus* was to acute. But it must be persevered with; the malady was one of months, not of weeks.

Mr. Noble agreed that eczema might have constitutional sequelæ, and related a case analogous to Dr. Blackley's. He esteemed *Rhus*, internally and externally, the main remedy for the eruption. He had cured a case of twelve years' standing with this medicine and *Staphisagria*, after arsenical treatment

had been persevered with in vain; the cure was effected in three or four months. *Sulphur* he esteemed only at the close of cases. He found greasy applications bad, but *Glycerine* good; and had much esteem for *Cod-liver oil* taken internally.

Dr. Clarke thought most of *Mercurius* (*sol.* or *corr.*), and *Graphites;* but related a case in which a universal eczema in an old man was cured in fourteen days by *Rhus venenata,* with milk diet. The remedy was prescribed by Dr. Bayes.

Mr. Engall felt obliged to revive the old objection to most local applications, viz. that—medicines being absorbed by the skin—two would be given at the same time. He thought, therefore, that we should not employ a different remedy externally and internally. He found much difficulty in the differential diagnosis of eczema in children.

Dr. Pope (in the chair) commended the practical character of the paper. Eczema, he reminded the members, is modified by many diatheses, and these are important factors in determining the choice of remedies. The concomitant symptoms of the case must also be considered. He quite thought that *Rhus venenata* should be more used, as its action on the skin was sharper than that of the toxicodendron variety. He must say that he found external applications of no little importance.

Dr. Epps (in reply) referred only to the question of the acid reaction of the discharges in eczema. He had ascertained the reality of this in some cases, and had found a *Potash* lotion useful accordingly.

HOMŒOPATHIC THERAPEUTICS IN SURGERY.

By W. D. Butcher, M.R.C.S.

(Read November 3rd, 1881.)

Gentlemen,—The original destination of my paper for this evening was the International Homœopathic Convention, for which it was in part prepared, and for which it is perhaps more adapted than to its present audience.

The question of the importance of "Homœopathic Therapeutics in Surgical cases" is one giving but little opportunity for discussion, much less room for difference of opinion. It had been my intention at the Convention to have insisted on the urgent and special need for the creation, development, or resuscitation of a school of homœopathic surgery in Great Britain, according as my audience might determine that there is a real school at present in existence, that there had been one at some past, or should be one at some future time; a school, that is to say, *worthily* representing British homœopathic surgery.

A portion only of this subject I will, with your permission, discuss this evening.

The progress of surgery during the last half century has been one long and magnificent triumph; a progress so palpable, so easily seen, with such brilliant results as will always appeal to the imagination with peculiar force. It is well known that Great Britain shares with America the honour of inaugurating the greater part of the discoveries which have accompanied this progress.

The genius of the British character, too, lends itself with greater facility to the study of surgery than to that of

medicine, and we must all have seen how individual fame, the reputation of special schools of medicine, and the renown, spread far and wide, of certain hospitals, is owing far more frequently to surgical than to medical treatment. It is in vain that the sister science has bestirred herself, and in some measure emancipated herself from the formal bonds which had held her for centuries past, and has made real and solid progress during the same period of fifty years. She can never appeal to the popular imagination with the same force as her more brilliant rival. It is, therefore, with great regret that we cannot fail to recognise that, whereas the progress of orthodox medicine owes much to Hahnemann, homœopathy plays but an insignificant part in the undoubted progress of the more popular candidate for public favour. This is not to be wondered at—indeed, homœopathy, as we all know, is but the science of drug selection, whereas drugs are fallen into deserved disrepute in the practice of surgery. The employment of medicine administered according to the old school is almost entirely neglected by our best surgeons. "Give me *Quinine* and *Opium*," says a noted teacher and professor; "give me *Mercury* and *Iodide of Potash*, and throw the rest of your physic to the dogs." Having witnessed the ill effect of so much medication of the old rough-and-ready sort, it is not strange that our great surgeons were but too ready to "reform it altogether." The neglect of a therapeutic rule is not therefore to be wondered at.

Yet this is the more to be regretted as I feel sure that surgeons, as a rule, are more liberal, not so wedded to authority, and more open to conviction than their medical brethren. The air of the College of Physicians, together with the fetish worship of etiquette therein, seems to have a wonderfully benumbing and petrifying influence on the medical intellect.

On the other hand, in this country especially, there have been enormous difficulties to prevent the development of a good school of homœopathic surgeons.

That we have had and still have so many fairly good ones is the marvel, seeing we lack, not so much the raw mate-

rial, as the very pasture and food, the means of education, army and navy, hospital and poor-law appointments, are all closed to us.

Yet we have among us, I would venture to say, surgeons and specialists who would not disgrace any school or hospital. Various specialities have worthy representatives in our ranks, and there is no doubt that plenty of purely surgical talent would be at our command if the means and encouragement for its development, and the sphere for its practice were to be found. I think you will all agree that it is now time that all practitioners of homœopathy should do their best endeavour to help the development of such a British school of Surgery. That there are difficulties in the way I will readily admit; the reputation and resources of the principal surgeons and specialists of the old school make them formidable rivals, but for myself, I should consider the advantages of a rational medical treatment would far outweigh any possible advantages to be gained by a superiority in experience, or a greater manual dexterity, possessed by the old-school operator.

After all we, the representatives of the medical profession, are but the "humble and faithful servants" of our master, the public. And could the public, or a considerable minority thereof, awake to the loss in life and health caused by our exclusion from the surgical wards of our hospitals, their voice would soon override the absurd considerations of etiquette which at present exclude us from the very schools in which we have learned and served.

After all there is abundance of good homœopathic material which, there is no manner of doubt, needs only to be fairly tried in our surgical wards to produce an abundant harvest of ease and health to the sick and of honour to our cause.

It is with a mixed feeling of shame and indignation that one looks from bed to bed along the wards of our magnificent hospitals and sees the amount of preventible suffering and disease. What splended fields for enlightened therapeutic practice lying waste or fallow; what harvests of clinical experience ungathered! When we think of the

thousand suppurations without *Hepar* to quicken or *Silica* to check, of the pains and fevers without *Aconite* or *Belladonna*, of the bruises all *Arnica*-less, the bone diseases without *Silica*, the cancers without *Arsenic* and *Phosphorus*, and the strumous disease without *Calcarea*, shall we not register a vow that England shall no longer remain far behind her American cousins, and that homœopathy shall ere long be adequately represented in the surgical hospitals and schools of Great Britain?

Although surgery in its original meaning and derivation is the healing by the hand or by manual operation, yet the modern definition of surgical diseases should, I imagine, include all those whose principal symptoms or results are external and easily discernible to sight, and also such morbid processes as are chiefly recognised or characterised by objective phenomena, whether primary or secondary,—all that have a tendency to structural changes of a durable character, necessitate extensive reparative effort, deformities, congenital or acquired, and all abnormal action due to trauma. The pathological conditions accompanying surgical diseases, such as inflammation, pyæmia, and shock, are also included in the term. It will be readily admitted by most surgeons that in this list of morbid processes there is no surgical disease, however formidable, which is wholly outside the range of homœopathic therapeutic treatment, and homœopathy under this view is a new division of surgical art, for which we may justly claim the title of true conservative surgery.

I had thought to have given you a few extracts from my note-book showing some marvellous results of homœopathic treatment in purely surgical cases, but I almost doubt if I had not better forbear. We are suffering now from a plethora of undigested and, I must say, very indigestible raw material.

No school, perhaps, in ancient or modern times has written so much and learnt so little as that of Hahnemann. He deserves well of the republic of letters who shall contribute to the sifting, classifying, and ordering, rather than to the augmentation of the already enormous "*indigesta*

moles" of too often isolated and *un*proved experiments; and not till each single observation is repeated and verified, should any one venture to lay his contribution on this unsifted dust heap. It seems verily childish thus to gather and garner with minute care the very chips and refuse of our intellectual workshop. Happy the man who one day shall burn the collected fragments and gather thence the few stray grains of shining gold.

It would seem that surgical diseases would fall under one or other of the following catagories:—I. Error of nutrition; II. Modification of nerve force; III. Abnormal variations in blood distribution.

To take the last first. The supply of blood to the body may be compared to the supply of gas to a house. An injury acts on the vaso-motores (the stop-cocks, as it were, regulating the supply), and causes an abnormal afflux of blood to the part. It is true that counter-irritation, by increasing the supply in the hall, may indeed decrease the pressure in the garret; but a homœopathic similar is the appropriate alarum calling attention to the excess, bringing into action the regulators with which nature has furnished every part of the body.

In this manner is best carried out the maxim that for an injured part to recover its function it must have physiological rest, but this rest can only be procured by diminution in the pressure and quantity of the blood supply, brought about by an excitement of the regulating mechanism at the call of a simillimum. It is indeed this inhibitory or regulating nervous mechanism that explains the *modus operandi* of much of our homœopathic medication, especially in the cure of tumours. A tumour is growing in the breast, for example, and is therefore constantly sending to the spinal cord, *viâ* the sensitive nerves, demands for a larger supply of blood and a greater amount of nutriment.

If we can find a drug, which by acting on the same tissue in a similar manner, can set up, as it were, a false alarm or an artificial stimulation, we shall arouse the regulating mechanism and deaden the call of the morbid tissue

for fresh material, thus exercising a powerful inhibitory action on its growth.

As an illustration of the first category, viz. errors of nutrition, let me direct your attention to the *rôle* that unoxidised phosphorus seems to play in the cure of disease depending on degeneration of tissue. I say unoxidised phosphorus because I believe that the ordinary preparations of phosphorus are in reality largely composed of phosphorous acid.

My observations have reference to a preparation of phosphorus preserved in syrup from oxidation, and as far as possible, freed from all impurity of acid. This I have usually given in doses of $\frac{1}{1000}$th of a grain. It is particularly in cases of cancer and epithelioma that I have seen a marvellous effect from it. On the other hand, in cases of lung mischief the pilules or the trituration prepared from *Tincture of Phosphorus* are far more potent than the syrup or simple tincture. More especially in cases of sinuses leading down to bone, where the pus has a fatty, greasy appearance, I have seen marked and immediate benefit from *Tinct. Phosphorus* 3x. In these cases too, the oxidation of the *Phosphorus* seems to exercise a beneficial effect.

When my observations have been verified, I shall hope to bring to your notice certain cases of cancer of breast, face, and rectum, which seem to have been cured in some, and in other cases arrested by this drug.

Under my second category, viz. abnormal alteration and modification of nerve supply or action, let me draw your attention to some cases of obstruction of the bowels, so-called, which have been recently under my care. It is well known in the healthy state of the digestive tract the intestinal nervo-muscular system is set and regulated to a twenty-four-hour clock-like motion. It is also well known that habit enables a man to have for years together a natural motion at the same hour and minute of the day. If, however, the presence of foreign matter in the rectum is not followed by its due evacuation, a retrograde peristaltic action takes place. Again and again I have satisfied

myself of the fact, which hitherto I have not seen recorded in any work, that the rectum is often completely emptied a short time after a call to stool has been disregarded.

If this retrograde motion goes on from time to time, a period arrives when the muscular and nervous tissues of the bowel refuse to contract on the softened fæces. But in the diurnal voyage up and down the large intestine, the fæces lose little by little a portion of their moisture. In a case of injury by a railway accident, six months elapsed before some charcoal-stained fæces were evacuated, small as peas, and of the consistence of marble. More than this, just as the œsophagus in certain abnormal states is able to pass solid matter better than liquid food, so the rectum soon becomes unable to grip soft or fluid fæces, but passes them more readily when they become hard. If we follow this upward and downward ebb and flow of fæces, we see how easily it lends itself to colic, wind, and spasms, and I feel sure that many cases of obstruction of the bowels are thus occasioned. The accumulation and distension of the bowels causes temporary paralysis of the muscular coat, and hence stoppage. A case recently under my care affords a good example of this.

Partial obstruction for six weeks, with an occasional small liquid evacuation; no motion at all for sixteen days; the patient dying from exhaustion, enormously distended, and vomiting fæcal matter. Just below the umbilicus was an evident accumulation of flatus which I tapped with a very fine trocar. The air blew off for a considerable time, and I took care to withdraw the trocar with due antiseptic precautions before the flatus had finished passing. The result appeared at first disappointing; for two days the bowels rested before they recovered the tone they had lost from the enormous tension; then a copious natural evacuation put an end to the obstruction, and the case got perfectly well. In this case, any attempt to excite peristaltic action would have failed, for whatever action might have been set up would probably have been in an upward direction.

It is of good augury that in every direction the progress

not only of physical science, but practical surgery seems to follow on the lines of the law of similars.

While on the one side Darwin lends his aid to the theoretical, and Lister to its practical elucidation; and while Butler shows that the modern development of electro-therapeutics and electro-surgery is in accordance with the great laws discovered by Hahnemann, the late discoveries of Pasteur illustrating the doctrine of the germ theory of disease is equally in accordance with our theories.

Indeed were I to indicate the most important of past discoveries, and the most promising and fertile field for future experiment and investigation, it would be that connected with the modern doctrine of this germ theory of the origin of disease.

The method of vaccination has long been shown to be allied to the theory of similars. Vaccination is of curative as well as of preventive efficacy, and I would, at a fitting opportunity, be prepared to maintain that vaccinated virus is in fact a true simillimum and not a mere identity.

It is not however, to vaccination pure and simple of germs identical with the cause or product of the disease, but to the introduction into the animal economy of living but less virulent bacteria, that we must look for the development of true homœopathic treatment in accordance with the germ theory.

I lay the more stress on this matter because there are signs that the methods of vaccination will be widely extended in the treatment of surgical diseases. I do not so much refer to the already abandoned method of syphilisation, but would remind you of the recent report of M. Pasteur's address at the late Medical Congress, which contains the latest development of the germ doctrine.

M. Pasteur has discovered that the malignant sources of charbon or anthrax are producible by inoculation. You will all doubtless remember how the germs discovered in the blood of a diseased animal are artificially dissolved in animal solutions (broth), and are attenuated in truly homœopathic fashion; that thus the virus, by exposure to oxygen, by modification of temperature and dilution, be-

comes at last a true simillimum, and is able to produce a similacrum of the original disease in a mild and local form, with the result that sheep vaccinated by this new method are perfectly safe from attacks of the original disorder.

The attenuated anthracoid microbe is being used in France as fast as it can be prepared, and is already estimated to save the country a million pounds per annum.

Another of the famous discoveries in surgical science is the so-called Listerian treatment. It would be a curious irony of fate if it should prove, as is not at all impossible, that this modern and fashionable treatment is founded on the law of similars. There are evidences to show that some at least of the effects of carbolic acid are due to the setting up in the tissues of a similar, and therefore curative, inflammatory process.

The more recent experiments, indeed, seem to show that the Listerian *theory*, at any rate, cannot be taken as true in its entirety, although there is no doubt that its *practice* has been wonderfully successful.

It is true that carbolic acid and its congeners are able in certain quantities to destroy the life of the bacteria and to prevent the development of its germs.

But it would seem that these microscopic organisms are not so much the cause as the accompaniment of putrid excretions. As well might we regard the ascarides as the cause of the unhealthy intestinal mucus which affords them a nidus; and the salt-water injection as the appropriate cure of the morbid state, because it destroys the thread-worms which are the accompaniment and index of that state.

I would rather believe that these bacteria have another and a more beneficent *rôle* to play in the economy of nature, and that, as a rule, they in some way contribute to the wellbeing of their host; although under occasional and altered circumstances they may aggravate the disease they have not induced. It is well known that some bacteria at least are innocuous, and that they eat up the pabulum, and hence protect the fluid from the development of more deadly germs, just as a well-tilled garden grows few weeds, and a

strong and healthy fermentation is an obstacle to the development of some varieties at least of germ poisons.

If then, the good effects of carbolic acid are *not* due to its germ-destroying qualities, where shall we look for an explanation of its *modus operandi?*

At a future time I hope to bring forward particulars of its homœopathic action.

In conclusion. The laws of variation and heredity are in no sense opposed to that of similars, for disease may be regarded as the exaggeration of a natural variation, useful under other circumstances of time and place. And from the science of variation, heredity and descent, we may perchance some day get a series of medicines—a living cure for living diseases. The altered descendents of the deadly poisonous vibrios of charbon and anthrax may be converted by generations of descent into innocuous and beneficent organisms, just as the mosquito after the sea-sickness, starvation, and lassitude of a long voyage becomes deprived of its poisonous sting, so may we imagine these micro-organisms attenuated by altered externals. We shall need no longer the fanciful, infinitesimal dilutions of the *products* of diseases, such as a certain school is fain to introduce, when the very causes of disease are pressed into the service of a beneficent and intelligent homœopathy.

In a former paper I have endeavoured to establish the following axioms:

1st. That life is a mode of motion, more complicated and minute, but not otherwise differing from ordinary physical motion, and amenable to the same laws as govern the motion of the spheres.

2nd. That disease is an alteration in the velocity, extent, phase or quantity of the normal molecular motion of a certain organ or tissue.

3rd. That a motion once set up, or an alteration of motion, has a tendency to continue even after the original force is removed.

4th. That the only means of arresting abnormal motion is the introduction of a vibration similar in frequency and phase.

The maxim, therefore, "Tolle causam," is not sufficient to cure diseased action. There would seem, indeed, to be a tendency in the ordinary healthy tissue to a spontaneous arrest or modification of slight abnormal modes of motion, but this "vis medicatrix naturæ" by itself is seldom sufficient. The presence and action of a neutralising force is necessary, the *modus operandi* of which can barely be pictured even with a free use of the scientific imagination.

A great theologian has pointed out how analogy is a fitting guide in mundane affairs, and enables us to imagine things supernatural by comparing them to the analogy of nature. Let us apply this method to the case in point. Let us regard, then, the human frame as a great body politic, traversed by arterial railways and nervous telegraph wires, subject to alternate periods of excitement and lethargy, and having local congestions caused by local irritants. A great commotion has convulsed it, whence the cure? it may perchance be equally arrested by diplomacy or war. Shall we send a diplomat or an army? Which will cause least distress? There are, indeed, invasions of foreign bodies that need the opposition of an army—there are also certain apathies, congestions, or inflammations, which the contagious energy of a single orator or preacher is sufficient to cure. Nor is the effect at all commensurate with the magnitude of the cause. It is a shock to the medical mind to be told that tumours long thought incurable will waste away under the influence of a minute portion of a drug, or that what required a severe surgical operation may be cured under the sweet influence of a $\frac{1}{100}$ potency. But a Beaconsfield or a Gladstone is but a small dose, *but one* vibrating unit among the twenty million of his fellow countrymen,—and just as the morbid action of a few atoms has a tendency to spread, so the sanitive excitement of a noble emotion is also contagious. There is no need of an allopathic dose of agitation to sway the people, it is only necessary to introduce as a factor a similimum, capable of vibrating in union with the popular voice. These are political analogies, which though fanciful are yet true. How the excitement of war subdues ordinary passions.

How a people occupied with a healthy emotion are free from ignoble and petty crimes. How the populace is ever ready to dance in tune and measure, if only piped to by those whose organism is in unison with its own. If on the other hand we prefer physical analogies, we may compare atoms and molecules to suns, stars, comets, and planets; then physiology would be the astronomy of the human body, pathology would be the science of the perturbations, and therapeutics the discovery of means competent to eliminate any such perturbations.

Thus I have briefly attempted to show that all progress of modern thought is on the lines of homœopathy, and that the homœopathy of surgery is but another illustration of the universality of the reign of law in nature.

In view of certain criticisms on my last paper, perhaps it may not be impertinent here to note, that an absolute belief in the reign of "law" in the production of health and disease, and that the theory of evolution and hereditary descent applies to modes of motion as well as to forms of matter—that this belief I say by no means necessarily excludes a recognition of the existence and continued action of a personal creative agency. For myself, I cannot reconcile my reason or my imagination to the idea of a mere abstraction called law as the ruler and creator of the universe.

"I cannot believe," says a German philosopher, "that instead of the Divine eye, there must glare on us an empty, black, bottomless eye socket," or that the microscopic stars and galaxies which form as it were the planetary system of our frame, are but an everlasting storm which no man can guide.

Discussion on Mr. W. D. Butcher's paper.

In the discussion which ensued

Dr. Dudgeon questioned the possibility of preparing unoxidised *Phosphorus*. He pointed out that Hahnemann was one of the earliest advocates of the germ theory, in maintaining that cholera was produced by a swarm of minute organisms, which his *Camphor* was designed to destroy. Hahnemann had also

preceded Mr. Butcher in the political analogies in which he had indulged. He questioned the homœopathicity of vaccination, believing the *rationale* of its efficacy to be simply that it induces a mild form of the disease it is desired to prevent.

Mr. Cameron could have wished that the paper had been more distinctively surgical, as we wanted experience of this kind. He considered that as long as *Phosphorus* was inflammable it was unoxidised, but no longer. He agreed with Dr. Dudgeon about vaccination, and thought the law of similars applicable only to drug action. Lymph was not a medicine.

Dr. Lang said that Mr. Gamgee had conclusively proved the identity of variola and vaccinia.

Dr. Cooper agreed in looking to Pasteur's experiments with great interest. It was a curious fact that vaccination was prophylactic of "distemper," to which it was far from being homœopathic. He noted that epithelial growth—as illustrated by warts—were peculiarly given to spontaneous disappearance: in this way he was inclined to explain the case of Marshal Radetzky. He thought highly of the local application of oxalic acid, in saturated solution, to them. He had the highest opinion of the use of *Arnica* in preventing pyæmic infection. In intestinal obstruction he was accustomed to inject warm oil in full quantity *per rectum*.

Dr. Byres Moir said that while he had been house surgeon to the hospital the wards were admittedly in an unsatisfactory sanitary condition; and that nevertheless, under homœopathic treatment, operations succeeded excellently well. *Lachesis* had seemed to check threatened pyæmia.

Dr. Carfrae spoke of the same experience; and he saw much surgery there in his time,—Mr. Ayerot being surgeon to the hospital. There was much (he thought) to be done here as elsewhere in the application of homœopathy; and the purgation of our literature was nowhere more necessary.

Dr. Galley Blackley agreed rather with Mr. Butcher about vaccination. It seemed to him that by dilution the virus was modified in kind and not only in degree. He remarked how valuable animal viruses in general were in surgical cases, instancing *Lachesis*, *Crotalus*, and *Apis*.

Dr. Yeldham said a few words urging the cultivation of homœopathic surgery.

Dr. Hughes could not agree with Mr. Butcher that we had too much clinical experience on record, and pointed out several important subjects in which we needed more practical information as to what homœopathy could do for surgery. He thought that, whatever the true theory of vaccination—in respect of which he urged that Chauveau's experiments contradicted those of Gamgee, M. Pasteur's results in the prophylaxis of charbon, &c., could not be claimed for homœopathy. They were simply developments of the old practice of inoculation for smallpox.

Dr. Kennedy related a case in which the effects of vaccination presented a striking similarity to the phenomena of variola. *Apropos* of the general subject, he mentioned a case in which a fatty tumour was entirely dispersed by *Silica* 6.

Dr. Pope (in the chair) having made a few remarks,

Mr. Butcher, in reply, thought that the true vaccine virus of Jenner's time was no mere modification of variola, but something *per se*. He believed that in the future the infectious matter of diseases would, after some modification, prove their cure.

ON SOME OF THE EFFECTS OF SILVER.

By J. C. Burnett, M.D.

(Read December 1st, 1881.)

Mr. President and Gentlemen,—Whenever we approach the study of any drug from its pathogenetic side we are sure to find the subject a very difficult one. Last session Dr. Black brought the subject of *Digitalis* before us, and in the course of his remarks he practically admitted two things; first, that he had studied the pathogenesis of *Digitalis* for about forty years, and secondly, that he had not quite mastered it. And Dr. Black has done good work in the pharmacological field, and shown no small aptitude for it. The fact is, to *really know one drug well* is a most difficult affair. The importance to practitioners of scientific medicine of a thorough knowledge of drugs can hardly be exaggerated; without such knowledge it is simply not possible to be a scientific practitioner at all. And yet, when we read the reports of the various orthodox medical societies, we notice that drug-lore is almost entirely ignored. This fact alone demonstrates that the medical orthodoxy of the age in which we are living is anything you like, but it is *not* scientific.

The glory of homœopathy is its *Materia Medica*, its pharmacology; and hence I need not apologise to a body of scientific practitioners for inviting attention to a drug considered in regard to its effects upon our bodies in health and in disease.

They say the prettiest flowers are in the neighbour's garden, and that amounts to asserting that we set the highest value upon what we do not possess. May be that

is the reason why I set such a high value upon *Silver*. At any rate, I do value it very highly, not only in its ordinary receptacle *near* the stomach, but *in* the stomach itself.

Silver has an old and well-merited reputation in dyspepsia in this country, more especially through the exertions of the late Sir James Eyre, who spent a good part of his professional life in trying to impress upon the profession the really remarkable benefit that may be obtained from the use of the *Salts of Silver* in dyspepsia. Sir James met with a good deal of opposition, and he at length became quite embittered against the opponents of his views; the general profession did not believe in the antidyspeptic virtues of his pet remedy, and did not want to know anything about it.

It is a curious fact that Sir James Eyre was an ardent hater of homœopathy, and was all the while doing his very best to prove the truth of our therapeutic law, for he showed conclusively that *Silver* can cure desperate cases of indigestion; and you all know well that *Silver* when proved on the healthy sets up a condition of the stomach exactly like that which Sir James was daily in the habit of curing with it: he was a homœopath *malgré lui*, and without knowing it. He prided himself on the, to him, empiric fact that *Silver* cures severe dyspepsia and that without knowing or caring *how* it did so, and at the same time affected superiority over the scientific homœopaths who were his superiors in that they also cured *dyspepsia* with *Silver* and likewise knew the reason why. The same miserable farce is still being played by the leaders of the allopathic majority in the profession, for which they deserve the most unqualified contempt, and, so far as I am concerned, they have what they deserve. But that is only by the way, and alters nothing, as in this country government is by majority, and we know that the portion of minors is not great.

My real object, however, in asking your attention to the virtues of *Silver* was originally to discuss its effects in dyspepsia, but I discovered so many grave errors in its pathogenesis, as given in Allen's *Encyclopædia of Pure Materia Medica*, that I have thought it might be more

useful to dwell on these errors first and to revert to its uses in dyspepsia at the end. On referring to the *Supplement* to this encyclopædia, pp. 324-5, article *Argentum nitricum*, you will read these words:—"The following, taken from the original, is deemed worthy of insertion in place of the fragmentary reference in vol. i." I should not feel so strongly on the subject of these errors (which I will presently point out) if they had been quoted at second hand, or if they had slipped into the body of the work; for there would have been some excuse for a few mistakes in that case in such an enormous undertaking. But here, in the *Supplement*, there was no hurry about the matter, there was no absolute necessity for further information on the subject of *Argentum nitricum* at all; and we are explicitly told that this supplemental information was "taken from the original."

I shall now proceed to show that so many grave errors are contained in this article that we shall have to admit that it is indeed from the original, and a very long way from it too.

The title of Krahmer's work is *Das Silber als Arzneimittel betrachtet*, and Dr. Allen gives it in such a crippled form that it is hardly recognisable. To begin with, the word *Silber* is printed with a small *s* instead of with a capital; unless, indeed, Dr. Allen belongs to the *Neu-Deutsche Partei*. Then a comma is placed after *Silber*, and the word *als* is omitted, so that one does not know what is meant. Thirdly, "*Arzn.*" is not a recognisable abreviation of the word *Arzneimittel*.

There are two clerical errors in the next line. Here, of course, "intermo" should be *interno*, and the commas after this word and after "Regimont" should be full stops. Thus there are five errors in two lines, not graves ones certainly, but still errors, and five, even tiny, errors in two lines do not exactly inspire confidence in what follows, but we will pass them by as trivial. I will now ask some gentleman who happens to read German, to take Allen's *Supplement* and Krahmer's work and compare them as we go on, so that my criticisms may be duly criticised; for I

feel that to cast doubt upon Allen's *Encyclopædia* is a serious matter. Allen begins with the pronoun *he*. From the context this *he* might apply to either Krahmer himself or to Schachert; when I first read it, I thought Krahmer was the person meant, but the *he* stands for Schachert.

Allen tell us that he—*i.e.* Schachert—"took $\frac{1}{8}$ grain of *Nitrate of Silver* in distilled water, frequently repeating the dose; slight burning in the stomach."

The original reads thus: "Nach $\frac{1}{8}$ Gr. Höllenstein in einer halben Unze destillirtem Wasser gelöst, des Morgens nüchtern genommen, bemerkte er nur einen sehr unangenehmen metallischen Geschmack und ein gelindes Brennen im Schlunde. Eine mehrmalige Wiederholung des Experimentes brachte keine andere Erscheinungen hervor."

Thus you see that Allen's rendering is almost as bad as it could possibly be. First of all we are told that the burning was in the *stomach;* but the German word *Schlund* does not mean the stomach at all, but the throat, in the sense of *pharynx,* it really means the "swallow."

Then the original informs us that there was produced "a very disagreeable metallic taste," which Allen leaves out altogether.

Then Allen gives us to understand that the *slight burning* was from $\frac{1}{8}$th grain doses of *Argentum nitricum frequently repeated.* But this was not how it happened; the burning was produced from *one* dose of $\frac{1}{8}$th grain and no more. He repeated the *experiment* several times, but did *not* repeat the *dose* in the same experiment. Again, the experiment was performed in the morning on an empty stomach, which Allen does not tell us. He also does not tell us *how much* distilled water; it was half an ounce.

The sentence should therefore be rendered thus:

"Schachert took $\frac{1}{8}$ grain of *Nitrate of Silver* in half an ounce of distilled water, in the morning on an empty stomach (fasting), and only remarked a very disagreeable metallic taste and slight burning in the throat. He repeated the experiment several times but without producing any other symptoms."

So you see the $\frac{1}{8}$th grain dose of the *Nitrate of Silver* in half an ounce of distilled water, taken fasting in the morning, produces a very disagreeable metallic taste and a slight burning in the throat, and you may repeat the experiment but you get no other symptoms. Allen continues: "Afterwards took $\frac{1}{4}$ grain, then $\frac{1}{2}$ grain, daily." The sense here conveyed is that Schachert took $\frac{1}{4}$ grain, for a non-defined number of days, every day, and then $\frac{1}{2}$ grain in the same way.

The original says: "Nach dem Genuss von $\frac{1}{4}$ Gr. dauerte das Brennen im Schlunde etwas länger. Es wurden nun drei Tage, täglich $\frac{1}{2}$ Gr. salpetersaures Silber in einer halben Unze Wasser gelöst, genommen." That is: "After taking $\frac{1}{4}$ grain the burning in the throat lasted a little longer. Then, for three days, he took $\frac{1}{2}$ grain of *Nit. Arg.* dissolved in half an ounce of water."

Allen goes on: "The burning sensation in the stomach became quite severe. The tongue showed in various places a dark bluish colour, and in the stomach there was a sensation of increased warmth and some nausea; these symptoms disappeared after taking food. The stools and pulse were not affected."

The original of this is: "Die brennende Empfindung im Schlunde wurde ziemlich stark, die Zunge zeigte sich an einzelnen Stellen dunkelbläulich gefärbt, im Magen entstand ein Gefühl vermehrter Wärme und gelinder Übelkeit, Erscheinungen, die auf den Genuss von Speisen verschwanden. Die Stuhlentleerungen und der Puls wurden durch das Mittel nicht veraendert."

Which means that the burning sensation was in the *throat* and not in the stomach, and the burning was not "quite severe," but "ziemlich stark," or "*rather* severe."

Then "some nausea" should be "slight nausea"—"*gelinde* Übelkeit." If we pass on a couple of sentences we find Allen saying "The warmth in the stomach increased to nausea and retching, without actual vomiting, and after a few hours gave place to a persistent, periodically aggravated sensation of compression in the stomach."

The original reads: "Das Gefühl vermehrter Wärme im

Magen steigerte sich zur Uebelkeit und zum Würgen, ohne dass es zum wirklichen Erbrechen gekommen wäre, und machte endlich der Stunden hindurch anhaltenden, periodisch sich steigerenden Empfindung von Zusammendrückung des Magens Platz."

Apart from philological criticism, it must strike us as very strange that "the warmth in the stomach increased to nausea and retching." It should read "the *feeling* of increased warmth, &c."

Again, "after a few hours" is a total misconception of the sense of the sentence; the sensation in the stomach was first one of warmth, then of nausea, then there was retching, without its actually coming to vomiting, and *finally* (endlich) [*not* after a few hours!], it gave place to a sensation of compression of the stomach [*i.e.* feeling as if the stomach were pressed together], this sensation increasing periodically and lasting several hours.

So that the compressive sensation of the stomach followed not *after a few hours* after the nausea and retching, but at once and became periodically aggravated, and lasted during a period of several hours.

In the next sentence Allen tell us that "Towards evening diarrhœa set in, and continued during the next day, with RELIEF of the pressure in the stomach." The original runs thus: "Gegen Abend stellte sich Diarrhoe ein, welche auch den folgenden Tag andauerte. Damit HÖRTE die Empfindung von Druck im Magen AUF." Which means that when the diarrhœa set in the feeling of pressure in the stomach *ceased*. And this is a very important difference, inasmuch as it affects the character of the sensation which *ceases* when diarrhœa sets in, not *merely* relieved. Allen's next sentence is this: "The evacuations seemed thin, but their colour was normal." In the original: Die Ausleerungen erschienen flüssiger, in ihrer Farbe nicht verändert." Which means "The evacuations were thinner (than usual) but not altered in colour." Here, of course, Dr. Allen has completely misunderstood the sentence. If evacuations *seem* thin, that would be a *subjective* symptom, but it is a question of their appearance to the *eye*, or allowing *seem*

to mean appear, then we must have the adjective in the comparative at any rate.

Allen's next passage reads thus: "In addition to these, sometimes there was a distressing dull headache, seated especially in the forehead, and associated with a certain prostration and restlessness." The only fault to find with this one is that the word "sometimes" is interpolated, there being no equivalent to it in the original. If you cross out "sometimes" and substitute therefore "phenomena" or "symptoms," you will have an exact rendering.

Passing now to the next sentence, we read "Changes in respiration, pulse, and secretion of urine, were not marked," while the original reads "Veraenderungen in der Respiration, im Pulse und in der Urinsecretion wurden nicht mit Bestimmtheit wahrgenommen," and means that changes in respiration, pulse, and secretion of urine were not with certainty made out at all; they were not only not "marked," but it is doubtful if there were any at all.

The statement that on the third day all the symptoms had disappeared is correctly given, but the next two or three are incorrect. For our encyclopædist tells us that "Eight days afterwards Schachert took 1½ grain in the morning fasting. He experienced nausea and efforts to vomit. He felt unwell through the day, and suffered from dull headache;" of this the original runs: "Nach wiederum 8 Tagen nahm Schachert 1½ Gr. des Morgens nüchtern, und unterdrückte sofort die dadurch eintretende Uebelkeit und Brechneigung durch den reichlichen Genuss von Nahrung. Er befand sich indess den ganzen Tag unwohl und litt an stumpfen Kopfschmerzen," and means that after a further period of eight days—in a week's time—Schachert took said quantity of silver, and *at once suppressed* the nausea and inclination to vomit, which was thereby produced, *by eating a very copious meal*, but that he, *nevertheless*, felt unwell the whole day and suffered from a dull headache.

This complete translation gives a very different sense to that of Allen, for we find that the experimenter not only had nausea and inclination to vomit from his grain and a half of silver nitrate, but that he would have actually

vomited had he not at once eaten a copious meal. So that the drug under consideration and in the given dose is shown by Schachert not only to cause nausea and inclination to vomit, but also vomiting itself; and, moreover, a kind or degree of vomiting that can be stopped by *at once* eating a copious meal, but though so stopped, or *because* so stopped, its ingestor feels ill all day and has a dull headache.

From this review of Schachert's experiments, as quoted by Krahmer, and mis-translated and crippled by Allen, let us pass on to Krahmer's own experiments and see if these are handled any better. I am afraid I am tiring your patience somewhat, but many of you have time and again insisted upon the necessity of a real revision of our *Materia Medica Pura*, and in this view I most cordially join. My paper this evening is intended as a practical illustration of how *I* individually should like to see the work done, viz. a thorough ferreting out of every symptom, and a merciless sifting and winnowing of the whole. I would not cast out any well-proved drug, for we might very soon find ourselves sadly in need of the outcast, but let us throw a strong light upon every symptom, so that at least the groundwork of our homœopathic house may be immovably firm and solid. But to return from this little interlude to—

Krahmer's experiments on himself.—First of all we are struck with the fact that Allen intensifies the symptoms, which is a grave fault in a translator. Krahmer experimented with the *Nitrate of Silver* on himself, he being at the time in perfect health and strength, but after the proving he did not find himself exactly ill, but still he was not in the same high state of health as previously. Allen makes him say that he "afterwards was sick," *i.e.* ill.

"Zur Zeit, wo ich mit dem Silbergebrauch anfing, befand ich mich vollkommen wohl und kräftig, nach der Zeit war diess nicht mehr in demselben Masse der Fall."

Allen makes Krahmer say that his stomach suffered for "many" days after he had discontinued the use of the *Silver*. Krahmer's words are "*Mehrere Tage*," which mean *several* days, and not "many." Allen next makes Krahmer say: "But in their place there soon appeared an almost

uninterrupted neuralgic pain in the left infraorbital region, which for some moments became most terribly severe, and lasted with interruptions the whole following winter;" and this is supposed to give the meaning of "Dagegen zeigte sich nach der Zeit fast ununterbrochen ein neuralgischer Schmerz in der linken Infraorbitalgegend, der zwar äusserst selten und nur auf Momente eine grössere Heftigkeit erhielt und mich im Ganzen nur wenig incommodirte, aber doch den ganzen folgenden Winter hindurch ununterbrochen anhielt." So you perceive that the word "soon" is interpolated, and the rendering should be, "On the other hand, there afterwards appeared," or, better still, "On the contrary, after that time there appeared," &c. The seat of the pain is correctly given; it was truly in the left infraorbital region, and it was "almost constantly" that the neuralgic pain appeared, the word "ununterbrochen" being here an abverb and not an adjective. At first sight this may seem practically the same thing, but, looked at a little closer, we find that Krahmer means to convey the idea that the left infraorbital neuralgic pain of *Silver* appeared almost constantly but varying in intensity. This most important point Allen entirely omits, for he describes a neuralgia "which for some moments became most terribly severe;" whereas Krahmer says, "There appeared almost constantly a neuralgic pain in the left infraorbital region, that indeed, but extremely seldom, and then only for a moment or two at a time, became very violent, and on the whole did not put me out very much, but *yet* continued uninterruptedly the whole of the following winter." That is, he evidently felt surprised that such a comparatively insignificant pain, which on the whole incommoded him but little (but very rarely getting very violent), should continue the whole following winter. He sets up an antithesis, although the neuralgia was not severe, *yet* it lasted uninterruptedly all the winter. This Allen puts down as one "which for some moments became most terribly severe *and* lasted *with interruptions* the whole following winter!" which is the very opposite of what Krahmer really says about it. You study Allen, and find that the silver neuralgia is in the left infra-

orbital region terribly severe for some moments and lasting *with* interruptions all the winter; whereas the real argentic neuralgia is only occasionally violent, one which puts the patient out but little, and yet lasts *without* interruption all the winter!

What an injustice to offer such a trashy translation to physicians as a ground work for scientific practice.

Allen's next sentence has reference to the heart, and runs thus: "At the same time the action of the heart became irregular, and the beats at times omitted, when I had a distinct disagreeable sensation in the chest"; the original runs thus: "Gleichzeitig damit wurde die Thätigkeit meines Herzens etwas unregelmässig. Der Herzschlag setzte zuweilen aus, wovon ich eine deutliche, unangenehme Empfindung in der Brust hatte," that is to say, the heart's action became "somewhat" irregular, not simply irregular. "The beats at times *omitted*" is not English at all, it should be "*inter*mitted." And then it should be *not* "*when* I had a distinct disagreeable sensation in the chest," but "*of which*"—that is, of the intermittency of the heart's action.

Allen's next sentence runs thus: "To this was added a constant sensation of faintness in the precordial region." Gentlemen, would you be surprised to hear that the original says *fulness* (Vollsein) and *not* faintness, and that this fulness was in the region of the heart itself (Herzgegend)? And, moreover, that it should not be simply "to this was added" but "I was plagued," or "I was also tormented or troubled." The original runs: "Dabei plagte mich eine beständige Empfindung des Vollseins in der Herzgegend," which means that he was, in addition to the other miseries, tormented with a constant feeling of fulness in the region of the heart. That is a very different thing to having a constant feeling of faintness (!) in the precordial region!

We next read: "I found that on turning my attention to the action of the heart, its irregularity became more marked, but on moving about freely the sensation at times entirely disappeared," which is again false. Witness the original: "Wendete ich meine Aufmerksamkeit auf die Herzthätig-

keit, so empfand ich diese Unregelmässigkeit stärker, bewegte ich mich frei, so verging diese Empfindung fast ganz," which I would render thus: "If I turned my attention to the heart's action I felt this irregularity more strongly, but if I moved briskly about, it [this sensation] almost entirely disappeared." So you perceive that "at times" is interpolated, and "entirely" should read "*almost* entirely."

Skipping now one sentence we come to this: "The paroxysms of anxiety at the heart were not associated with it," which, if it means anything, must mean that there were paroxysms of anxiety at the heart. The original reads: "Anfälle von Herzensangst sind *nicht* damit verbunden gewesen." That is, "there were *no* paroxysms of anxiety connected therewith!" Krahmer makes this specific statement to call attention to the absence of any cardiac angina, notwithstanding the fulness in the cardiac region and the intermittency in the heart's beat.

We next read in Allen: "Physical movement was uninterrupted, only sudden violent muscular action, as, for example, jumping or rapid running upstairs, or after emotional excitement, caused violent palpitation; the disagreeable sensations were least marked in a horizontal position, and in the evening in bed." Krahmer says: "Die Bewegung meines Körpers waren ungehindert, nur plötzliche starke Muskelthätigkeit z. B. die Anstrengung beim Springen, ein schnelles und anhaltendes Treppensteigen, so wie Gemüthsbewegungen verursachten ein stärkeres Herzklopfen." This means "The movements of my body were not interfered with," which is a very different thing from "uninterrupted." "Only sudden violent muscular action, as, for example, jumping or rapid running upstairs, should be "Only sudden violent muscular action, as, for instance, the exertion in jumping, going quickly upstairs without stopping (*anhaltend*)." Allen omits the "without stopping" altogether, and makes Krahmer speak of "rapid running upstairs," whereas it is not a question of "running" at all, but only of "going quickly." This is a very material difference. Then the end of Allen's sentence is simply the very reverse of the truth; Allen says, "The dis-

agreeable sensations were *least* marked in a horizontal position, and in the evening in bed." Krahmer says, "Am deutlichsten traten the geschilderten unangenehmen Empfindungen bei einer horizontalen Körperlage hervor, daher des Abends in Bett." In verbatim English, "The said disagreeable sensations came most clearly to the fore —stood out most prominently—in a horizontal position (*not* LEAST marked!), *hence* in the evening in bed." In fact, simply this: they were worse when lying down, which is the very opposite to what Allen says. Moreover it is *not* "*and* in the evening in bed," but "*hence* (consequently) in the evening in bed," *i.e. because* he was then in the recumbent posture, not because it was evening—that is, the argentic cardiac symptoms are worse when lying down, better when moving about, while Allen says the very opposite!

The next sentence in Allen reads thus: "Sleep was rarely disturbed by palpitation," and Krahmer's words are these: "Mein Schlaf ward nur äusserst selten durch Herzklopfen unterbrochen," which means literally, "My sleep was but *extremely* rarely (not simply rarely) interrupted by palpitation of the heart."

Allen continues: "Towards the end of the winter the attacks diminished in intensity." We may fairly ask, What *attacks?* The original gives the answer. "Gegen Ende des Winters verloren die Zufälle an Intensität." Here we find Allen has mistranslated the word *Zufälle,* which means accidents, symptoms, or phenomena. *Anfälle* would mean attacks. So it should read "Towards the end of the winter the *symptoms* diminished in intensity."

Gentlemen, I fear you are getting impatient at all these criticisms, but my excuse for wearying you must lie in the importance of the subject. Verily, our *Materia Medica* does need revising. Only two or three more remarks, and then we will revert to the practical side of our subject, so as to afford an opportunity of a discussion on the clinical merits of *Silver.*

Krahmer tells us that he did nothing essential to stop the evolution of the argentic proving, he allowed the sym-

ptoms to evolve. This is worth knowing, but Allen withholds this information.

Allen, however, gives us a false impression in the next sentence where he tells us "Physical signs of anything about the heart were entirely wanting, as I was assured by an eminent medical friend." The word "entirely" is interpolated, as is also the word "eminent;" and "anything about the heart" is rather a loose translation of "*Herzfehler.*" Let that, however, pass; but the interpolations are unwarrantable. Allen says, further, "The next summer all morbid symptoms had entirely disappeared." Krahmer says, "*Mit dem Sommer.*" I think he means with the beginning of the warm weather, but I am not sure; certainly many argentic symptoms *are* worse in cold weather.

Finally, were all the described symptoms really due to the *Silver* which the heroic Krahmer had ingested? or were they merely *post hoc?*

Allen is quite sure about this. Listen to his words: "That these changes in my condition were really the results of the *Silver* I have no manner of doubt; there is no other explanation of them, and I make this communication in the hope that my colleagues, who may have the opportunity to make similar observations, may be able to verify them."

Gentlemen, I am sure you really will be *very much* surprised to learn that Krahmer said nothing of the kind. That the symptoms *were* due to the ingested *Silver* is, no doubt, perfectly clear; but Allen purports to give us *Krahmer's* words. Here they are: "Dass diese Veränderungen in meinem Befinden wirklich Folgen des Silbergebrauchs waren davon bin ich keineswegs fest überzeugt. Sie sind aber der Zeit nach später eingetreten und ich kenne keine weitere Veranlassung dazu. Ich mache diese Mittheilung, um daran die Bitte zu knüpfen, dass diejenigen meiner Herren Collegen, welche vielleicht zu ähnlichen Beobachtungen Gelegenheit haben, mir dieselben zugänglich machen möchten. Vielleicht könnten sie dann einen neuen Aufschluss über die Wirkungsweise des Slibers geben." In English that means:—"That these changes in my condition were really due to the use of the *Silver* I am *by no means*

(firmly convinced) sure. But in regard to time they occurred later (= they were *post hoc*), and I know no other cause for them. I make this communication in order to add the request that those of my colleagues who may have an opportunity of making similar observations may bring the same to my knowledge. Perhaps they might then be able to throw some new light on the subject of the mode of action of silver."

So Krahmer, although knowing no other cause to account for the series of post-argentic phenomena that were evolved in him, was by no means firmly convinced that they were *propter hoc*, and he does not say that he made the communication in order to have them verified, but in order to get some new light thrown on the subject of the mode of action of silver, to the end that it might be thoroughly comprehended.

I had intended to bring now proof of the clinical value of *Silver*, notably in dyspepsia, but I will break off here as time will hardly admit of it, and I will beg our President to allow the discussion to spread itself out in that direction. Before sitting down I may remark that I have here only criticised a part of what is given by Allen as from Krahmer. But I may say that I have gone over the remainder of it in Allen's *Supplement*, and emphatically condemn a considerable portion of it as utterly unreliable. For instance, if you turn to p. 327 in Allen, you will find some would-be information about the effects of *Silver* on the urine. This is partly a mere jumble of two or three things, and partly absolutely false. For instance, you learn from Allen that the amount of urea was not perceptibly changed, but the very opposite was the case. The amount of urea was notably *diminished!* Allen says the whole amount of urea daily excreted was 1·5 gramme, whereas that is precisely the amount of its *diminution, i.e.* the daily *diminution* in the amount of urea excreted was 1·5 gramme!

I had always felt proud of Allen's great work—my pride has been very considerably humbled only through the investigation of what he brings from Krahmer.

Discussion on Dr. J. C. Burnett's paper.

In the discussion which ensued,

Dr. DUDGEON hoped that Dr. Burnett would on a future occasion give us some of the clinical uses of *Silver*. He confirmed, in many particulars, what had been said as to the inaccuracies of Allen's *Encyclopædia*.

Dr. ROTH reminded members of the correcting and expurgating work which his brother of Paris had done for the *Materia Medica Pura* and *Chronic Diseases* of Hahnemann—chiefly in the *Revue Critique et Retrospective*. He was followed up herein by Dr. Langheinz, of Darmstadt. Dr. Roth directed attention also to the collection of clinical cases by the same brother (under the pseudonym of Beauvais de St. Gratien), which contained 5000 observations of cures by single medicines.

Dr. JAGIELSKI complimented Dr. Burnett on the philological treat he had given to the meeting. He illustrated the difficulties of translators by the instance of the word "ziemlich."

Dr. YELDHAM said we were coming to appreciate the absolute necessity of purifying our materia medica, and recommended its being done by a committee.

Dr. POPE (in the Chair) said that Dr. Allen had supplied an important source of knowledge and rectification in giving the authority for all his symptoms.

Dr. BURNETT, in reply, said that there was an immense amount of chaff in the *Encyclopædia*, even in the *Supplement*, where there was little excuse for it.

NOTES ON THE ANTAGONISTIC ACTION OF MEDICINES; WITH SOME REMARKS ON CHRONIC POISONINGS.

By John H. Clarke, M.D.

(Read January 5th, 1882.)

Of late years a distinction has been drawn between antidotism and antagonism. Formerly an antidote meant any substance which would annul the effects of a poison acting in an animal organism. Such is still the meaning of the term in common speech. But, in scientific language, the late researches on the action of drugs have rendered more precision necessary. There are two ways in which the effects of a poison may be counteracted—by a drug acting on the same part as the poison, or by a drug acting on a different part. For example, *Strychnia* acts on the spinal cord, exalting its sensibility. *Chloral* also acts on the spinal cord, depressing its sensibility. *Chloral* is said, therefore, to *antagonise Strychnia*. On the other hand, *Curara* will stop the convulsions of *Strychnia* as effectually as *Chloral*, not by acting on the cord, but by paralysing the endings of the spinal nerves in the muscles. *Curara* is, therefore, in the new terminology, called an *antidote* to *Strychnia*—it annuls the symptoms, but does not act on the same part. From this it will be seen that the antidotism to which Hahnemann is constantly drawing attention would in these days be called antagonism.

This distinction is purely arbitrary, and though useful for certain purposes, is not without its drawbacks. It introduces a confusion between the use of the same term in former and present times; and, considering how little is definitely known of the true seat of the action of drugs,

it is apt to give rise to the drawing of distinctions between things quite indistinguishable.

In a paper on the "Nature and Limits of Physiological Antagonism," by Dr. H. C. Wood, of Philadelphia, read before the Materia Medica Section of the International Congress, the author called especial attention to this distinction, as containing in it a demonstration of the mixed truth and falsity of homœopathy. I quote from the abstract of his paper.

"Take," he says, "the action of *Veratroidia* upon the heart. In large doses it paralyses, in small ones it stimulates the pneumogastrics. Supposing the pneumogastrics to be depressed, and the heart's action consequently too rapid, *Veratroidia* in minute doses might be useful. Supposing, on the other hand, that the heart has been paralysed by an excessive dose of *Veratroidia, or some similarly stimulant drug*, could it be expected that minute doses of *Veratroidia* would restore the action of the heart?" We are not concerned with what could or could not be expected, we have to do with what *is*. Dr. Wood assumes that all that is true in homœopathy depends on the fact that some drugs act oppositely in large and small doses. With this I do not trouble myself to-night. But he makes another assumption. He says that a minute dose of a medicine will not antagonise the effect of a large dose of the same, or *of a similarly acting* drug. In support of this he adduces not one particle of proof. In the discussion which followed the reading of this paper, I ventured to point this out, and adduced a case which controverted the latter part of it, a case which I shall bring before your notice later on. I shall, I think, show to demonstration that homœopathic medicines do antagonise each other and that quite independently of dose.

We are all familiar with Hahnemann's notes on the medicines which antidote, or antagonise one another, and we have no difficulty in conceiving of such antagonism when the quantities of the two drugs are not excessive in either case. When, however, we are confronted with a patient thoroughly saturated with some medicinal substance,

which is producing in him its characteristic poisonous effects, it seems a hopeless undertaking to attempt to remove those effects by homœopathic medicines so long as the poison is still in his system, or so long as he continues to be exposed to its operation. We fear that unless we can get the poison out of him, or him out of the way of the poison, there is little or nothing to be done. Who, in the words of Dr. Wood, could expect anything from a medicine having the same action as the poison? Certainly I for one did not, but none the less I made a trial, and as a reward got more than I looked for. Do not let it be understood that I do not advocate getting rid of the poison wherever that is possible, but there are cases where that is impossible, and it is well to know that in them homœopathy can do some good. I will now proceed to relate to you some of the facts which have brought me to this conclusion.

On the 12th of March of last year a young man, æt. 23, brass-finisher, tall, muscular, though not broad, very dark, black hair and eyes, sallow, with distinctly greenish hue of skin, came to my clinic at the hospital complaining of a pain at the chest, doubling him up at times, confined state of the bowels—large, dry, hard, difficult motions—sight becoming defective, general languor and miserable feeling, and a short dry cough.

He told me that this came on two years previously, and that the first thing he noticed was a bad taste in the mouth, headache, and costiveness.

He had never been very strong, but had enjoyed fairly good health up to that time. Family history excellent. He was married and had two children both in very good health.

He had always been steady, had worked at his trade several years. The last two and three quarter years had worked in a "general" shop where "*turning*" as well as "finishing" was carried on, and that, he said, was more injurious than the latter. Besides this the shop was very draughty.

His tongue was coated and dirty, teeth black with tartar,

gums receding. His sleep was heavy and his head heavy on waking. He had no cramp.

One had only to look at him to see he was saturated with brass. To that I attributed his sufferings, and had not much hope of benefiting him. I prescribed *Nux vomica* 1, drop doses three times a day, for a fortnight.

The following week a fellow-worker of his, whose case I will relate next, came to me, and it was interesting to compare the two.

The patient received some slight benefit from *Nux;* he was less languid and miserable, and his bowels was a little less costive. I repeated the medicine. The next fortnight he was much in the same condition, cough troublesome in the day, pains sharp on motion, nostrils stopped. I gave *Bryonia* 1 in the same way.

The next report was that the pain in the chest was a little better, but he had had an attack of diarrhœa and sickness, which has left him very weak. *Arsen.* 3.

May 14th.—Throat and cough the same. The inside is sore when he coughs. Sickness is less.

Reconsidering the whole case it seemed to me that *Kali bichrom.* was more accurately homœopathic to his conditions than any of the medicines I had given him before. I gave it in the 3rd dilution, drop doses three times a day.

The change when he presented himself three weeks later agreeably astonished me. He declared himself well except a sensation of sinking at the epigastrium. I gave him the same medicine with a dose of *Actæa* 1 to take occasionally. This removed the sickness and he remained much improved. Even his complexion improved to a certain extent.

Since then he has been from time to time under my care with one or other of the old symptoms, chiefly the cough, causing a pain at the chest, doubling him up, and pain in the shoulder. *Kali bichrom.* has almost entirely relieved the former, and the latter disappeared under *Bryonia* 3. The stopped state of his nostrils has never altogether got well but has improved. Both nostrils are not stopped at a time, but first one and then the other,

changing in a few hours' time. His general health improved immensely, and all the time the conditions of his work and living were unchanged. He had previously to consulting me been under allopathic treatment without benefit.

On March the 19th of the same year, R. H—, æt. 44, also a brass-finisher, small, dark hair, blue eyes, consulted me. He complained of a cough with much expectoration and retching in the morning, at times great difficulty in getting his breath, much wind at the stomach—which he usually has—spasms at the epigastrium, restless nights—he awoke half an hour after falling asleep and cannot get to sleep after—loss of appetite, cold in head, thick nasal discharge. He was subject to attacks of this kind. Three or four years ago had one. This had lasted a fortnight. Tongue cracked, thin white coat, bowels regular. I examined his chest and found no bronchial râles. The heart sounds were normal. I prescribed *Ars.* 3, one drop three times a day.

He reported himself in a week no better, cough almost incessant from 2.30 to 3 a.m., much crampy pains, especially in the lower abdomen. Retching in the morning, much expectoration during the day, the spitting relieving the cough. No night sweat. Wind not quite so bad. Teeth very dirty but all sound, green deposit all round gum margin. Lower left canine and bicuspid numb. *Kali carb.* 6, one drop every four hours.

The next week he reported that for the first part of the week he had been much better, had slept better, then he had taken cold and became worse, phlegm difficult to raise, pain in the right side of the chest when he coughed, hoarseness, pharynx congested. *Bryonia* 3.

In a fortnight the only change was that the cough was a little better, but he was still hoarse. *Hepar* 6.

April 30.—Cough better, still hoarse, nose stopped, phlegm hard to raise. *Kali bichrom.* 3, one drop three times a day.

May 14th, a fortnight later, he reported himself as much better generally, the phlegm was very much easier; the

nose was still stopped. I repeated the medicine and he did not return.

The success of *Kali bichrom.* in this case suggested it to me in the case previously reported, though the symptoms, when once thought of, were evidently homœopathic enough.

Though different in many minor points, these cases were very similar to each other. Both men were evidently full of the minute particles of brass, and to this I have no hesitation in ascribing much of their sufferings. They were not common colds that they suffered from, though cold may have had a share in producing the symptoms. But the character of the symptoms suggested a common cause in the two cases which was not far to seek. In both instances *Kali bichrom.* was emminently homœopathic, and in both it, in infinitesimal doses, antagonised the action of the metal as completely as it is possible for one drug to antagonise another.

According to the logical inferences for Dr. Wood's assertion, *Kali bichrom.* ought to have done nothing but aggravate the evil.

The next case is more striking and conclusive.

A single lady, æt. about 67, very small, and of delicate make, of considerable intellectual gifts, contracted the opium habit in early life, opium having been prescribed her for some painful affection by a medical man. This habit she has continued with little interruption for fifty years. She now takes eighty drops of the *liquor morphiæ hydrochloratis* in the twenty-four hours. Some time ago she consulted me about a distressing pain in the sacral region and constipation. The latter she had had for years—indeed, she could not recollect the last time she had a natural motion—always having recourse to artificial means, chiefly enemata. I said the cause was only too plain, and I did not expect homœopathic medicines would do anything so long as the habit remained. Still I gave *Æsculus hippocast.* 1, drop doses every three or four hours. To her great astonishment, and mine no less, she had soon after a perfectly natural and easy motion, and the pain in the sacrum vanished. This continued as long as she took the *Æsculus.* At times the motions were natural and came without assistance, and

when the enema was had recourse to there was far less difficulty than formerly.

In this case there could be no doubt of the cause of the constipation, and there could be no doubt that *Æsculus* was in that particular a like-acting drug to the *Morphia*. Between the massive doses of *Morphia* and the hundredth of a drop of the tincture of *Æsculus* there could be no comparison. And yet the latter completely antagonised the former in its sphere.

The same effect followed in the same patient when she was taking *Acid nitric* 1 for a different affection, an inflamed toe consequent on a badly cut corn, not only did the toe improve, but the difficulty with the bowels was completely relieved.

Again, this same patient, in spite of her narcotic, is a very bad sleeper. She usually wakes many times in the night, and latterly she got so that she could hardly sleep at all. Half a drop of *Coffea cruda* 1, taken two or three times during the day and once at bedtime, obtained for her such sleep as she had not had for months, and this good effect has now lasted some time after leaving it off. It will be understood that during the whole of this time the daily dose of *Morphia* has been taken.

The sleeplessness of *Opium* is well known as an alternating effect with its drowsiness, and it thus becomes in infinitesimal doses one of our best remedies against sleeplessness. In this case *Coffea* was perfectly homœopathic, and completely antagonised the effect of the other drug.

I shall now merely mention two cases of arsenical poisoning. I have often been puzzled in watching cases I have known to be caused by *Arsenic* to see them improve under remedies when their conditions remained unchanged. It is true the contrary has much more often been my experience, and the good effects of treatment have seldom been permanent until the conditions have been altered. At the same time, I have seen enough to convince me that even *Arsenic* can be antagonised by homœopathic remedies sometimes, even when the poison is present in quantity and the antagonist given in infinitesimal doses.

The cases have already appeared in the *Monthly Homœopathic Review* of June, 1881, so I need do no more than refer to them briefly.

March 19th, 1881.—Mrs. H. K—, æt. 55, housewife, dark, florid, spare, complained of pain at the epigastrium, of scraping character, fulness after food, flatulence, passing both upwards and downwards, great weakness and faintness. She waked with burning pain in bregmatic region of head, much pain across the eyes and burning in them, sight dim. Tongue dirty at back, bowels confined, appetite fair; conjunctivæ darkly congested in lower half; pharynx dark; gums healthy, but she has had much neuralgia and has lost many teeth. She has been ailing many years.

Annie K—, æt. 26, daughter of above, thin, pale, dark, unhealthy looking, suffering much as her mother, scraping pain at epigastrium before and after food, much flatulence comes upwards, lassitude and fainting. Tongue thinly coated white, bowels regular, appetite very good. Catamenia regular; pulse small and quick; teeth and gums healthy; pharynx dark; conjunctivæ congested; sight good.

In addition to this I was told that the whole family had had feverish attacks coming on every six weeks since they had lived in their house. The mother described such an attack to me as it affected her. A triangular patch of her forehead, the apex at the root of the nose, burned, became red, the burning spread all over the head, and was accompanied with smarting. Eyes became bad, and she got into a state of burning fever all over.

I need not say I had little difficulty in finding the cause of all this. I need not repeat here the details of the discovery, suffice it to say the house was papered with hangings of the worst description, five or six deep in the different rooms.

I could not promise them much unless they got away from such unhealthy surroundings, but I gave them each *Carbo veg.* 6, one drop three times a day. In a fortnight they both returned very much better, especially in regard to the gastric trouble. The improvement continued for a

month, when they were both worse again, having had their usual feverish attack. The flatulence, however, remained better in the mother's case in spite of the fever. As I did not see either of them again I conclude that they took my advice and got out of the house.

In a case of similar gastric disorder from the same cause, I gave *Carbo veg.*, but with no effect on the flatulence until the patient got away from the influence of the *Arsenic.*

My case is now as complete as I have time to make it, though not by any means as complete as it might be made. I submit, however, that I have made out that, whatever conclusions our expectations might lead us to adopt, it is a fact that a medicine will sometimes antagonise the action of another medicine acting like itself, and on the same part as itself, even when this has been taken in massive doses for long periods of time. In cases of acute poisoning with massive doses I have had no experience, but, judging from what I have seen in chronic cases, there seems to me no reason why the homœopathically-indicated medicine should not be of service there also when the poison has got beyond the reach of stomach-pump and emetics.

In conclusion, I have a few observations to offer on chronic poisonings generally. The more I know of medicine the more does my respect grow for the powers of endurance and accommodation possessed by the human body. In studying chronic poisonings this is most striking. Again and again I have watched cases, thinking the end could not be far off, and yet it has not come. One such especially recurs to me now. It was the case of a woman, aged forty-five, who had lived in a house papered throughout with arsenical papers for eleven years, and who presented in her unfortunate person a perfect repertory of arsenical symptoms. Never free from pain, never enjoying a particle of food, and vomiting almost all she took, fainting several times in the day, she was reduced to the last state of weakness, as I thought. She was so situated that she could not get away from the house, and those who ought would not trouble themselves to get it put into better condition. I had fully made up my mind to bring the case before the

coroner when the end should come. One day I received a hurried message to go and see her, as she had been assaulted in her garden and had her purse stolen. This I thought would certainly prove too much for her, and as I went along I debated with myself how much blame should be apportioned to the poison and how much to the assailant. I found her suffering from severe shock and badly bruised. Contrary to my expectations she got over these, and gradually regained her usual ill health, and for aught I know is living still. Whether such a life as her's is worth living is another question.

We are all familiar with the accounts of the Styrian mountaineers, and the common habit grooms have of dosing their horses with *Arsenic*. In the case of the horses, when an unfortunate purchaser buys one that has been so dosed, unless he continues the practice he finds the animal "go all to pieces" on his hands, and has to turn him off for six months before he is of any use. Still, during the time of the dosing no ill effects are apparent, and the same is said of the Styrians. Why this should be so, when in such cases as that I have just mentioned the sufferings are so severe, I cannot say. Perhaps the constant open-air life and exercise of the Styrians and the horses may partly account for their exemption. But why one suffering so extremely as my patient, and being constantly exposed to the poison, should still linger on is more difficult to explain. I am inclined to think that the state of invalidism induced has something to do with it. This renders the bodily wear and tear so small that the little food that is assimilated suffices to repair the waste.

Brass-workers say that there are among them many old men who have worked all their working days at their trade, and have become perfectly green in hue, even their hair being green, and who still enjoy excellent health.

We are all acquainted with stories of venerable topers who have attained great ages in spite of their indulgence.

Are we to conclude from these considerations that chronic poisoning, though it may derange health, does not shorten life? I think not.

Sir Robert Christison, in his lectures, when on the subject of *Opium*, mentioned a once celebrated law-suit respecting the liability of an insurance company in the case of the death of an opium-eater. As usual in such cases, there was great diversity of opinion among the medical witnesses as to whether the habit did or did not shorten life. The case was eventually decided for the company, and Sir Robert was strongly of opinion that the decision was right. He said that the habit greatly predisposed to certain diseases, notably apoplexy, and distinctly tended to shorten life. This I think is the case in most chronic poisonings. The poisons do not as a rule destroy life by their own dynamic power, but create a strong predisposition to certain natural diseases, to which their victims in the end fall an easy prey. We see this in the case of drinkers. For one who dies of cirrhosis, how many are there who die of diseases less directly produced by alcohol? In exceptional cases this predisposition may never find a proximate cause to draw it out, and the sufferer may drag his life out to its proper span, as if he had taken no poison. But these cases are quite the exception.

I had thought of making a few remarks on the different moral, mental, and physical effects of the chief of the poisons we meet with acting chronically, but this I must reserve. My materials are not yet mature enough to be worked into presentable shape, and besides it would lead us too far afield. Discussion spread over a wide area is apt to lose in point and value, and I think the ground traversed already affords scope for the time at our disposal to-night. I now, gentlemen, leave the paper and the subject in your hands.

Discussion on Dr. John H. Clarke's paper.

In the discussion which ensued,

Dr. Dudgeon mentioned that there were eaters of *Corrosive sublimate* as well as of *Arsenic*. He thought that the daily use of alcohol, tobacco, tea and coffee illustrated the same tolerance of the human frame for poisons; and, indeed, in the case of some

at least of these it was an advantage to have it so, as they brightened the dulness of life.

Dr. Galley Blackley said that lead poisoning supplied a sufficient contradiction to Dr. H. C. Wood's position. When in Vienna he saw much of it (from twenty-five to thirty cases) at the Gumpendorf Hospital, which has quite a reputation for the treatment of the colic; *Opium* 1x is the only remedy employed, and it effects a speedy cure. He inquired whether the symptoms of brass-founders should be ascribed to the copper or to the zinc.

Dr. Edward Blake objected to the application of the terms "antagonistic" and "antidotal" to the physiological action of medicines, he thought they should be reserved for the chemical sphere. For symptoms analogous to those observed in brass-founders he recommended the use of *Brass* itself, in trituration, rather than that of either of its constituents. He would suggest a caution against the assumption that all symptoms occurring in persons exposed to arsenical influence were necessarily of arsenical origin.

Dr. Hughes commented upon the curious fact of toxic symptoms appearing only on the discontinuance of habitually-used poisons, as *Arsenic* and *Corrosive sublimate.* He pointed out, however, that they also occurred on their first employment, *i.e.* at the making and the breaking of the current. He advocated Dr. Cigliano's explanation of this—that the very quantity of the drug, gradually introduced and kept up, made it insoluble in the arterial blood, and so kept it inert.

Dr. Pope (in the chair) having said a few words,

Dr. Clarke, in reply, said he preferred *Æsculus* to *Plumbum* in the case of constipation from *Opium*, because of the presence of the sacral pain. In the brass-founders he considered that the copper symptoms predominated over those of zinc; but thought it possible that either neutralised the other.

Annals of the Hospital.

REPORT OF CASES OF SKIN DISEASE TREATED DURING THE YEAR 1881.

By J. Galley Blackley, M.B. Lond., Physician in charge of the Skin Department.

A special out-patient department for cutaneous diseases was instituted by the Board of Management on the recommendation of the Medical Council in November, 1880, and commenced operations on January 1st, 1881, the patients being seen every Thursday at 3 p.m. During the period which has since elapsed, 182 cases have been treated in the out-patient department and 18 in the wards, making a total of 200 cases, which have been distributed as follows:

Erysipelas	6	Fatty tumour	1
Erythema	5	Nævus	1
Roseola	1	Warts	1
Intertrigo	2	Condyloma	1
Urticaria	1	Molluscum	1
Prurigo		Lupus	5
Lichen	3	Pruritus	3
Strophulus	1	Tinea tonsurans	8
Pityriasis	10	„ decalvans	1
Psoriasis	16	Eczema marginatum	1
Herpes	13	Scabies	5
Eczema	59	Phthiriasis	3
Impetigo	1	Cutaneous syphilis	12
Ecthyma	2	Purpura	1
Acne	11	Varix	3
Sycosis	3	Dysidrosis	2
Stearrhœa	6	Melasma	2
Ulcer	4		
Boil	4		200
Onychia	2		

The number of cases presenting special points of interest has not been very large, but the following have been selected as having some interesting features:

Purpura urticans.—Case 10. Mary M—, æt. 61, no occupation, admitted an out-patient on January 2nd, 1881, suffering with a rash which had existed some months. Had soft chancre followed by bubo when a young woman. The rash presents the following characteristics:—The flexor aspect of the forearm and the inner side of the thighs are thickly covered with a discrete rash of a livid colour, the spots being elevated above the level of the surrounding skin, the rash in fact bore a perfect resemblance to nettlerash in every respect but that of colour, and mingled with it were numerous spots of dried blood, evidently the results of violent scratching. The patient says the rash is worse in the evening, the itching being so troublesome as to effectually prevent her getting any continuous sleep.

I prescribed *Quin.* 3x, gr. j, t. d., and directed her to leave off beer, which she is in the habit of drinking, and to bathe the skin at night with warm vinegar and water. Under this treatment, continued steadily for six months, the rash slowly diminished in extent, each spot as it faded leaving behind an ecchymosis, which only disappeared after going through the usual phases, and even now brown pigment stains are left on the site of some, resembling the stains left after prurigo senilis.

Psoriasis.—Cases 33 and 84, both of very old standing, after treatment with internal remedies for some months without success, were ordered an ointment of *Chrysophanic acid* (gr. v ad ℥j). Directions were in each case given to commence the application on a small patch of the affected skin, the size of this to be gradually increased. Applied in this way, and of the strength above given, I have rarely seen any unpleasant effects produced by the use of the ointment. The relief experienced by the patient in each of the above cases soon led them to anoint the whole of the diseased skin, with the effect that they were reported as practi-

cally cured at the end of six and seven months respectively, and hitherto neither patient has reported any relapse. The great obstacle to the use of the ointment, especially amongst the poor, is the injury done to linen and bedclothes, the dark-brown stains of the acid being practically indelible.

Eczema.

Case 11. *Acute eczema assuming the impetiginoid form.* —William E—, æt. 46, chapel-keeper, admitted April 27th, stating that a week ago a copious rash broke out upon his arms. Had never had such an attack before. On admission both arms and hands, and the ears and face, were covered with a fine papular and vesicular rash, seated on a somewhat inflamed base, and discharging copiously. *Rhus tox* 1x, gtt. j, every four hours, the parts to be dressed with oiled rags and washed twice daily with bran-water. A full diet was allowed. For a week the case continued to improve, all the patches becoming dried and not so inflamed.

May 6th.—Hands and face still better, but the rash has broken out over both legs. Temperature last night was 101·4°, and is 99° this morning. To have *Sulphur* 3, a pilule three times a day.

7th.—Temperature last night 101·2°, this morning 99°. The rash on the legs has become distinctly pustular. Face continued to improve. One arm was therefore dressed with starch and zinc powder, the other being meanwhile dressed with oiled rags as before. For six days the evening temperature continued above 100°. The arms continued to discharge freely.

On May 13th the arm dressed with oil was manifestly much better than the other; the use of the starch and zinc powder was therefore discontinued; *Ant. tart.* 3x, gr. j, t. d., was substituted for the *Sulphur*.

17th.—Temperature normal night and morning. Rash still fading, but slowly. *Arsen.* 3x, gtt. j, t. d. From this date the rash continued to fade slowly, and on the 29th the patient was discharged "nearly well."

CASE 6. *Eczema impetiginodes (chronic form).*—Rose P—, æt. 5. Admitted November 8th. The hairy scalp is covered with a closely-set pustular rash, through which straggling hairs appear here and there. The rash appeared when she was eleven months old, and has never disappeared since. The child has also an unhealthy ulcer on the left cheek, about the size of a sixpence. For the first fortnight the child received *Ant. tart.* 3x, gr. j, t. d., bread-and-water poultices dusted over with the same being applied to the scalp, the hair having been cut short, a generous diet being given at the same time. After leaving off the treatment the scalp speedily became covered with dense waxy scabs of the colour of honey, the ulcer on the cheek having also scabbed over.

November 22nd.—*Sulph.* 3x, gr. j, t. d., and the following ointment to be applied to the scalp after clearing away the scabs with a plain bread poultice. ℞ *Ung. sulph.* ʒss, *Ung. petrol.* ad ℥j. M. ft. ung.

This treatment was continued uninterruptedly until the 12th of January, 1881, when the patient was discharged much improved. The child continued the same medicine as an out-patient until April 7th, when she was considered cured. She has since (August 4th to 31st) been under treatment for severe cold, but there had been no return of the rash, and at her last visit she had a fine crop of hair, one inch and a half long.

CASE 21. *Eczema and pityriasis, followed by acute pulmonary tuberculosis; death.*—Jane M—, æt. 13, was sent to the hospital from an orphanage on September 1st, suffering from a rash which made its appearance about a month previously, a few days after being vaccinated. The case is interesting as bearing somewhat upon the question of the suppression of rashes in general.

When admitted, the whole of the body was found to be more or less thickly covered with an eczematous eruption, assuming here and there an impetiginoid character, and for which she was ordered *Sulph.* 3, gtt. j, t. d., and inunctions of *Vaseline* to allay the very considerable irritation. The

chest was not examined for some days after admission, during which time the skin made rapid progress, the vesicular rash having given place to a dry branny condition. The skin was noticed to be very hot and pungent, and the temperature night and morning, six days after admission, was 101·2° and 98·4° respectively. Has a troublesome cough with scanty mucopurulent expectoration. On examining the chest both lungs were found duller on percussion than normal; over the left apex were the usual indications of a small cavity. The nurse says she has never perspired since admission. Left cheek persistently flushed. Medicine changed to *Acon.* and *Phos.*, and was ordered a wet-sheet pack in the evening. From this date until the end of the month the condition of the skin steadily improved, and at the beginning of October it was normal, except in the matter of perspiration, which only takes place when she is in the pack. The lung mischief, on the other hand, made rapid progress in spite of the usual remedies, and the patient died on the 21st of October.

The autopsy showed both lungs of the consistency of very hard sponge, and studded in every part with grey miliary tubercles. In the left lung was one large cavity of the size of a walnut, with several smaller ones. The abdominal viscera were free from any appearance of tuberculous deposit.

Lupus.—In several cases of lupus vulgaris I have given *Hydrocotyle Asiatica* during the past twelve months, but without sufficient encouragement to enable me to speak confidently of its utility in this intractable disease.

CASES FROM OUT-PATIENT PRACTICE.

By Chas. Lloyd Tuckey, M.B., C.M.

Case 1.—M. L—, æt. 35, wife of an artisan, admitted as an out-patient on January 8th, had for about three years suffered from the following symptoms:

Great sinking at the pit of the stomach, relieved for a short time only by food; pain under the left breast; palpitation of the heart, greatly increased by exercise, excitement, and eating a full meal; nearly every day and all day violent hot pain in the forehead and over the eyes, with flushed face and cold feet. She had had rheumatic fever, but there was nothing organically wrong with the heart or other organs, and the functions were carried on naturally. ℞ *Cimicifuga* 3.

A fortnight later the patient called to say that all these long-standing symptoms had disappeared and she has not since returned.

Case 2.—E. L—, æt. 18, needlewoman, was admitted as an out-patient on March 19th, 1881.

She complained of throbbing headache, worse in the frontal region but more or less over the whole head. The headache had first come on at the time the catamenia appeared, and it was always worse at that period, though she was hardly ever entirely free from it.

On the top of head under the hair could be felt a small tumour, apparently glandular, and when the headache was severe, and at the period, this swelling, the patient said, always became much larger, painful, and throbbing. She was a florid, large, fair young woman, and the functions seemed to be regularly performed. ℞ *Belladonna* 3.

April 2nd.—Much better, hardly any headache since beginning the medicine, and the gland under the scalp had given no trouble. Repeat medicine.

16th.—Had had no headache, but the gland had been painful and tender during the period. ℞ *Iodium* 3.

30th.—Had been pretty well in every way, and the gland appeared smaller. At this stage the patient ceased attending.

Case 3.—K. L—, sister of the above, æt. 27, machinist. In all respects very much resembling her sister, but without the glandular swelling, and suffering more severely from headache, which was never absent.

March 19th.—℞ *Bell.* 3.

April 2nd.—She reported that she had had only two days headache instead of the usual fourteen, and that she was much better in her general health also. Repeat medicine.

16th.—Again better, only one headache during the fortnight.

This patient continued to attend for a few more weeks, and her tale was always that she had been quite free, or had had but one headache during the fortnight.

Case 4.—F. G—, æt. 18, machinist, admitted May 7th. For about six months this patient had been troubled with a cough, worse at night and on rising in the morning.

She complained of the chest feeling dry, though there was free expectoration, the throat also felt dry and swollen.

There was pain at the lower part of the back, headache, of a dull and heavy character, over the vertex; the tongue was clean, appetite good, bowels regular, but scanty and infrequent catamenia.

There were no physical signs of disease in the chest. ℞ *Belladonna* 3.

May 21st.—No better. ℞ *Pulsatilla* 3.

June 4th.—Better. Repeat medicine.

18th.—Much better, no cough, catamenia had come on abundantly and in good time. Repeat medicine.

The patient did not return.

Case 5.—L. B—, æt. 19. A school teacher, admitted May 14th, 1881.

About three weeks before coming to the hospital this patient noticed that the skin of the entire surface of the body had become very dry and itching, and that on scratching quantities of fine branny scales became detached. Her general health suffered, she could not sleep because of the itching, the bowels became irregular, and her appetite was lost. At the same time there was constant headache and a general feeling of illness.

On examination the arms were seen to be very red, rough, and dry, and on applying friction quite a cloud of fine, white, epithelial scales separated. The surface of the body, however, appeared nearly natural, and only slightly red and roughened. There was no fever, nor sign of organic disease. ℞ *Apis* 3.

May 21.—Much better. Has been able to sleep as the itching has subsided, and the headache is gone. The arms are still red, slightly swollen and dry, but with much fewer loose scales. Repeat *Apis*.

June 4th.—Not so well as last time. There is again some itching and more formation of epithelium. *Staphysagria* 3.

18th.—Much better. Repeat.

July 2nd.—The skin was now natural all over the body, and the patient only appeared to ask advice for some nervous symptoms for which *Ignatia* was prescribed, and she did not return.

She was a fair, well-nourished young woman.

Case 6.—E. W—, æt. 22, an artificial flower maker, admitted June 18th, 1881.

For eight years this girl, who looks strong and healthy, has had a constant succession of papules over the arms and hands, from which she has never been free; they itched a good deal, but what she chiefly minded was the disfigurement of them.

On examination of one arm and hand about twenty were counted in different stages of development; first slight

raised red marks about the size of a millet seed, these itched a great deal, and scratching produced papules, which became pustular, and finally dried up without bursting or leaving any mark. General health good. ℞ *Hepar* 3x.

July 2nd.—Better. Repeat.

16th.—Not much progress in the last fortnight. ℞ *Calc. carb.* 3x.

August 6th.—As bad as ever again. ℞ *Iodine* 3x.

20th.—Better. Repeat.

September 17th.—Better. Repeat.

October 15.—No new spots. Repeat.

29th.—Skin quite free from spots, and looks quite healthy.

The patient is still attending for slight general symptoms, but the *Iodine* has apparently cured the long standing skin disease.

Case 7.—M. D—, æt. 40, a shopwoman, came to the hospital June 18th, having suffered from quite typical sciatica of the right side for some weeks. The pain was very severe, worse at night, of a burning character, and varied in intensity from a mere aching to almost unbearable paroxysms. ℞ *Arsenic* 3.

June 25th.—The patient returned, having only taken the medicine for a week instead of a fortnight, and said she was rather worse if anything. ℞ *Colocynth* 3.

July 24th.—Sciatica cured. She had had no more pain after taking the medicine for about a week. For other symptoms *Nux vomica* was ordered, and she did not return.

This woman was of a very rheumatic diathesis, but she had never had any other form of neuralgia, and she attributed this attack to sitting on a damp seat.

Case 8.—E. G—, æt. 43, a tall, dark, careworn-looking woman, supporting a large family by keeping a lodging-house, came to the hospital complaining of illness generally, and especially of pain all down the back, worse on standing, but relieved by lying and walking; fluttering and pain about the heart, headache on the vertex—constant

and dull, giddiness, low spirits, loss of appetite, foul taste in the mouth, and sleeplessness. ℞ *Cimicifuga* 3. In a fortnight she returned to say that she felt better than she had done for years, and that she had lost all the symptoms, weakness only remaining. *China* was prescribed, and she did not return.

Case 9.—A. S—, æt. 19, shopwoman, came to the hospital July 23rd, 1881, having suffered for a long time from the following symptoms:—Constant headaches, she wakes with the pain in the morning, and it then lasts all day and affects the whole head; restlessness during the night, and a state of stupor in the morning; pain and tenderness over the stomach; catamenia almost absent; bowels very confined, flatulence, and heartburn. In appearance she was bilious and anæmic looking. ℞. *Ferrum met.* 6.

August 13th.—Much better in every way. Repeat.

September 10th.—Still better.

24th.—Only one or two slight headaches during the fortnight, which soon passed off. Looks very much brighter; sleeps well; bowels regular. ℞ *Belladonna* 3.

October 15th.—Headaches almost gone, and is really fairly well, but still sees too little at the period. ℞ *Pulsatilla* 3.

This patient did not return.

Case 10.—L. G—, æt. 22, housemaid, came to the hospital on October 29th. She was a dark, sallow girl, and very anæmic looking. She complained of a number of symptoms pointing to the state of the blood, such as headache on exertion, giddiness, and singing in the ears, palpitation, distaste for meat, flatulence, and constipation, but especially of swelling of the right foot below the ankle. This, on examination, was puffy, and so tender over the instep that it looked like a case of periostitis. No boot could be worn, but only a very lacerated shoe, and even with that she walked quite lame. ℞ *Ferrum redactum* 1x, one grain three times a day.

At the end of a fortnight the symptoms had entirely

disappeared, she could wear an ordinary boot and walk as usual, and would take no more medicine. All the symptoms had been of over two months' standing.

Case 11.—J. R—, æt. 50, wheelwright, came to the hospital August 20th, suffering from ulcerated leg of three years' standing. Examination of the left leg showed an ulcer the size of half a crown on the lower third, in front. It was deep, with thickened purple margins, and was covered with a very slight purulent discharge, no signs of healthy granulation being visible. The man looked fairly nourished, there was no great enlargement of the veins, and he did not know how the disease commenced. ℞ *Hamamelis* 1, and *Ung. Hamamelis* to be applied night and morning.

September 3rd.—Better. Repeat.

16th.—Much better; ulcer nearly healed by healthy granulation. Repeat.

This patient did not return, but undoubtedly would have done so were he not pretty well. This case is one of many of the "bad legs" which are such a trouble in practice among poor people. Most of them have become quite or nearly well under *Hamamelis* internally and externally.

Case 12.—E. W—, æt. 5, school-boy, was brought to the hospital August 27th. Was a pale, delicate-looking child, very dark under the eyes and thin. He suffered from anal irritation, diarrhœic, slimy stools, disturbed sleep, and dry, hacking cough. ℞ *Cina* 3.

September 17th.—Much better in every way. No worms have been seen, but he no longer picks his nose, coughs, nor looks dark under the eyes. Repeat.

October 1st.—Is pretty well and stouter.

Case 13.—M. H—, æt. 11, school-girl, was brought to the hospital July 30th, suffering from nearly constant headache, worse in the morning on waking, drowsiness, and uncertain spirits during the day; short, dry cough; confined and slimy stools, and nasal and anal irritation. ℞ *Cina* 1.

August 13th.—Better; no worms seen. Repeat.

27th.—Much better in every way. Repeat.

The child was not brought again, being really quite well. In this and the preceding case the symptoms were probably due to the presence of thread-worms, which the friends did not take much trouble to find.

Case 14.—E. H—, æt. 19, needlewoman, came to the hospital September 3rd. She complained of headache, which had come on pretty regularly every second day for three years, it was chiefly in the forehead, and was greatly aggravated by stooping. There was troublesome cough, with a good deal of loose phlegm, pain between the shoulders and round the left breast (no physical signs); the bowels were confined, and the period only came on twice in three months and lasted one day each time. She was dark and sallow in appearance. Under the steady use of *Bryonia* 3 she improved from week to week, and on November 12th reported that she rarely had a headache, and then only a slight one. The cough and pains in the chest had also disappeared, and she remains under treatment for amenorrhœa and acne only.

Case 15.—J. K—, æt. 72, clerk, came to the hospital on September 10th. He had been strong and healthy all his life until the last three months. Then began slight dyspeptic troubles, for which he was treated very heroically. He rapidly became worse, lost weight at the rate of two or three pounds a week, could retain nothing on the stomach, and after eating immediately was seized with excruciating pain, which only ceased on vomiting taking place, the vomit being mixed with acid and frothy mucus. The bowels were slightly confined, the urine natural, and there was great hunger always present. Examination showed that the patient had very rapidly changed from a very stout man into a very emaciated one; the skin and conjunctiva were slightly yellow, the tongue was excoriated and patchy, and the pulse was weak and quick. Careful examination of the abdomen on several occasions completely failed to discover any tumour or thickening of the viscera, but there was

great tenderness, especially over the epigastrium, and pressure there produced nausea and retching. ℞ *Argentum nitricum* 1.

September 17th.—Much better, can eat a chop and drink a little claret without discomfort, and feels stronger and more himself; the pain is only occasional, and there is but little tenderness. Repeat medicine.

24th.—The pain keeps off, but he does not feel so well as last time. Repeat medicine.

On seeing this patient next week a new and peculiar symptom had arisen. He could eat with good appetite and without pain, but on drinking he was very nearly choked by each mouthful. He drank a little water before me, and the action was attended with evidently great pain and irregular contraction of the muscular fibres of the œsophagus. For some seconds loud, involuntary, and inarticulate noises proceeded from the mouth, and lasted until the whole quantity swallowed reached the stomach. ℞ *Belladonna* 3.

Two days afterwards I saw the patient, and found him really pretty well. The difficulty of swallowing disappeared after the second dose of the *Belladonna*, and when I saw him he was eating a raw pear.

He went into the country (Hampshire) a few days afterwards, and then, after a few weeks, many of the old symptoms returned, and he died within ten weeks of the time I first saw him.

In this case, though the disease followed its inevitable tendency and terminated fatally, yet so much relief was given by the medicines prescribed in the first and succeeding phases of its progress, that I believe had the unfortunate patient been able to remain under homœopathic treatment he would have died quietly and painlessly, perhaps after several more weeks of tolerable existence.

Case 16.—T. C—, æt. 37, clerk, came to the hospital on October 8th. He was a big, flabby, and florid man, and looked much older than his age. He complained of flatulence, colic, lowness of spirits, weight and aching about

the head, shortness of breath, and coldness with blueness and deadness of the hands and feet. For these symptoms *Lycopodium* 3 was prescribed.

October 22nd.—Headache and flatulence better, other symptoms as before. Repeat.

November 4th.—Headache nearly gone, but the other symptoms remained. The heart was now examined, and was found to be acting feebly and rather quickly, but regularly. ℞ *Agaricus* 3x.

19th.—Better. Repeat.

December 3rd.—All symptoms much improved, no headache for three weeks, no flatulence; spirits pretty good, and numbness and deadness gone from the feet. The hands still feel the same as before. Repeat.

This patient is still under treatment, and is steadily improving.

Case 17.—W. R—, æt. 19, silver plater, came to the hospital on November 5th, saying that for a year he had suffered from almost constant pain across the temples, accompanied by giddiness and often by nausea. The pain was always increased by heat and by stooping, and it was especially bad in the evening and after eating. All the functions were regular, the tongue clean, and the patient fairly healthy looking, fair, and tall. ℞ *Cocculus* 1.

November 5th.—The patient reported that for the first week he took the medicine he was decidedly better, being almost free from headache, but the second week the pain and giddiness were worse than they had been for a long time. ℞ *Cocculus* 3.

December 3rd.—The patient reported that he had had only one headache during the fortnight, and that a slight one. Repeat.

The man has not returned.

Case 18.—R. P—, æt. 16, servant, came to the hospital on October 29th. She showed her hands, both of which were affected in the same way. In front of two fingers of each hand, nearly at the extremity, were small abscesses, in

one case the abscess had burst and was discharging freely. She said that for some weeks she had been incapacitated for work from this cause, and that as one finger healed another festered. About two months before a doctor had prescribed some lotion for her feet, which had entirely stopped the profuse and offensive perspiration which had always flowed from them, and since that time she had been out of health in every way.

I prescribed the medicine indicated by the pre-existing disease—*Silica* 6—and in a fortnight the girl returned and showed me her hands quite free from swelling and tenderness. She said that the places had dried up without bursting, and that a new skin had grown over them, and that the perspiration had returned in the feet as it was before. She was also quite herself in every way, and able to work.

Case 19.—L. B—, æt. 18, upholsterer, came to the hospital on November 19th, having suffered for several years from headache. The pain came on three or four times a week, beginning when she woke in the morning and lasting all day. At the same time the glands in the side of the neck would swell and become tender and painful. The pain began in the forehead and extended all over the head and to the neck. ℞ *Belladonna* 3.

December 3rd.—She has had hardly any headache during the last fortnight. Repeat.

17th.—No headache for three weeks, and the glands of the neck are quite natural.

This patient continues under observation, but there is no return of the above symptoms.

Case 20.—A. C—, æt. 61, late a missionary, came to the hospital on December 18th, 1880, complaining of great pain and tenderness over the abdomen, sickness after food, bilious vomiting, white loose stools, prolapsus recti, piles, headache, and languor.

The man was tall, thin, and somewhat emaciated, slightly a undiced, and evidently a great sufferer. Careful examina-

tion of the abdomen revealed great tenderness over the epigastrium, and some enlargement of the liver, but no tumour or organic disease. The tongue was furred at the back and red in front, and the pulse was slow and small. ℞ *Bryonia* 3.

January 1st, 1881.—He reported that he had had no pain in the bowels or sickness for some days, and that the appetite was better. The other symptoms continued much the same. Repeat medicine.

7th.—The bowels had now become costive instead of loose, but were better coloured, and the piles were less troublesome. The headache continued and affected especially the top of the head. ℞ *Nux vomica* 3 t. d., *Sulphur* ϕ, one pilule at bedtime.

February 12.—Has been going on pretty well, but the piles and headache still trouble him. ℞ *Collinsonia* 3x.

26th.—He complains of nothing now but the headache, which is of many years' standing.

In spite of all treatment the head was not much relieved, but when he left off attending at the end of April he was better in other ways than he had been for many years.

Case 20.—E. G—, æt. 24, married and with two children, came to the hospital on February 12th, 1881. She was of moderate height, dark, thin, and had a peculiar "far off" expression in her eyes. She complained of a sensation in the head, which had come on after a bad confinement, and had lasted three years. This came on every day, and began with a feeling of heat about the back of the neck, which, gradually spreading, soon affected the whole head; the face was at first pale, but became very flushed and hot as the pain went on. She was then giddy, somewhat sick and stupid; the feet and hands at the same time becoming icy cold. These symptoms lasted two or three hours, going off gradually, and they were always worse at the period. The bowels were confined, and there were piles; the appetite was good, the tongue clean, the pulse slow and weak, but healthy; the catamenia regular, but scanty and of

too long duration, and occasionally there was a white discharge. ℞ *Amyl nitrite* 1, gtt. j, t. d.

February 26th.—The first week she took the medicine she was a good deal worse, but she is now much better, and has had several days free from discomfort. Repeat.

March 12th.—For the last week she has not been so well. ℞ *Kali brom.* gr. v, aquæ ad ℥vj, a teaspoonful t. d. for a fortnight.

26th.—Much better in every way, and she looks more natural and cheerful. Repeat.

April 9th.—Is again much better, and almost free from symptoms, except sickness, which troubled her a good deal during the last period, and was accompanied by giddiness. ℞ *Cocculus* 3.

23rd.—She is now pretty well, and has entirely lost the symptoms for which she came under treatment.

Since this time I have occasionally seen the patient for other ailments, but she continues pretty well.

Case 21.—E. G—, æt. 38, married, and with three children, came to the hospital on March 12th complaining of indigestion of several months' standing. The symptoms were—very coated tongue, nasty taste in the mouth, great flatulence, pain after eating, constipation, low spirits, nervousness, and general headache. For these symptoms *Lycopodium* 6, three times a day, was prescribed, with the result that in a fortnight the patient returned to say that the flatulence, constipation, headache, &c. were all gone, but that there was a good deal of pain under the left breast, and sinking at the stomach. These symptoms speedily yielded to *Cimicifuga* 3.

Case 22.—T. D—, æt. 23, labourer, came to the hospital on March 23rd complaining of indigestion of six weeks' duration. The symptoms in this case were—difficulty in swallowing, the food seeming to lie in the gullet, pain in the stomach and swelling there, especially after eating, confined bowels, and loss of appetite. ℞ *Nux vom.* 3x, t. d.

April 9th.—Better. Repeat.

23rd.—Better. The bowels are now regular, and there is no pain or swelling after eating, but there remains a difficulty in swallowing fluids, every mouthful of which threaten to choke him. This symptom was removed in a fortnight by *Belladonna* 1.

There has been a larger number than usual of bad cases of syphilis under my care during the past year, and I will here gives the outlines of a few of them.

Case 23.—E. A—, æt. 40, a respectable-looking married woman, came to the hospital on April 9th suffering from difficulty of swallowing, great discharge of matter from the mouth and nose, fetid taste in the mouth, and general debility. On examination of the fauces, the cause of these symptoms was at once seen. The uvula had entirely disappeared, and the posterior nares were surrounded by swollen, ulcerated, and freely suppurating mucous membrane. It was evidently a case of advanced syphilis, but no other symptoms or history of the disease could be gathered, the patient herself saying that she thought she had nasal polypus. ℞ *Baryta carb.* 6, and plenty of Condy's fluid.

April 23rd.—Better. Repeat.

May 14th.—Better. Repeat.

June 4th.—Better. Repeat.

At this date the ulceration had been well got under, and was contracting its area, there was hardly any pus formed, and there was no offensive discharge from the nose. The patient's health also had undergone great improvement. She now caught a violent cold and the ulceration began again, and on June 25th *Kali iod.*, gr. j, t. d., was prescribed. This was continued for four weeks, and she was then really pretty well. The disease was quite localised, and the ulceration was gradually healing. By the advice of Dr. Cooper I then ordered a preparation of *Mercury* in combination with *Iodide of Potassium—Merc. iod.* cum *Kali hydriod.* 2x, gr. j, t. d., and two months' steady use of this remedy seems to have completely eradicated the disease, which by the patient's account was of nearly a year's standing when she came to the hospital.

Case 24.—A. H—, æt. 34, a respectable-looking woman, who had only been married a few weeks, came to the hospital on August 13th, and showed her mouth, which was extensively but superficially ulcerated. The tongue was swollen and very sore, the hard palate had three large ulcers upon it, the larynx was affected, and the constitution was suffering greatly. She said there was great swelling and irritation of the genitals, and that the water was passed too frequently and caused much burning pain; there was also a slight yellowish discharge. ℞ *Mercurius iod.* c. *Kali hydriod.* 2x, gr. j, t. d. Under this medicine the patient has improved week by week, and the catamenia, which were at first, as she said, like dirty water, became natural. All serious symptoms have now (December) passed away, but the patient remains under observation.

Case 25.—J. P—, æt. 27, French polisher, came to the hospital on August 27th complaining of gonorrhœa of two weeks' standing.

On examination the parts were seen to be in a most shocking condition. The penis was greatly swollen, there was slight paraphymosis, and there were several ulcerated points around the glans discharging dark coloured pus very freely, and from the urethra flowed an abundant purulent discharge. The testicles were much swollen and painful, and the scrotum was deeply fissured with three lines of ulceration. These fissures had ragged angry-looking edges, and it was evident that unless checked quickly great loss of substance and deformity would be caused. The tongue was much furred, the bowels confined; no appetite, and general loss of health. ℞ *Merc. cor.* 3x.

September 3rd.—Very little better. The scrotum was in a terrible state, and the purulent discharge continued. ℞ *Merc. sol.* 3x.

17th.—A little better. Repeat.

October 8th.—A little better. Repeat, and a lotion of *Carbolic acid* to be used freely to the parts.

It was not, however, until the beginning of November that the disease really began to give way, and from that

time to the end of the month, when the patient was comparatively well, he took *Kali iod.* gr. j, t. d.

Case 25.—M. L—, æt. 23, nurse, came to the hospital on September 3rd having suffered for some days from violent neuralgia, especially affecting the supra-orbital nerve. The face was pale; the pain was worse at night, when it entirely prevented sleep, no external means seemed to relieve it, and the patient was subject to such attacks. The teeth were sound, and the tongue clean. ℞ *Chamomilla* 3.

The patient returned in a fortnight to say that two doses of the medicine had almost entirely removed the pain, and that in a day or two she had recovered her usual health.

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