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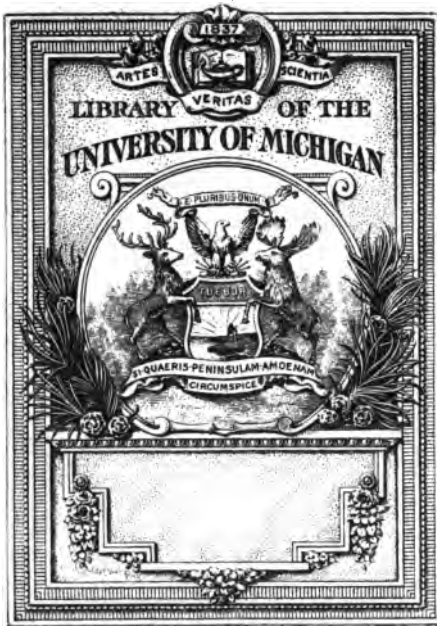
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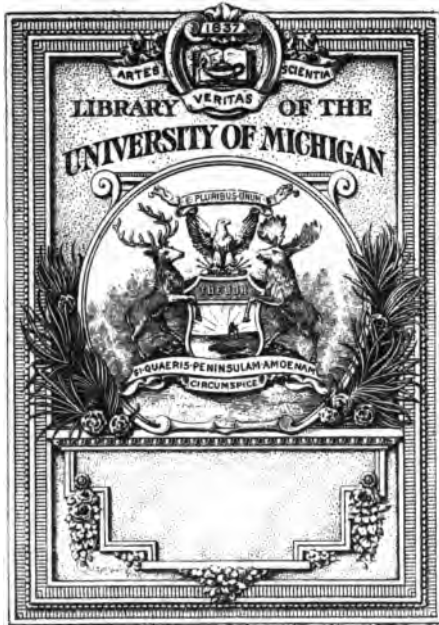
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# The Journal

OF THE

# British Homoeopathic Society

*NEW SERIES*

**VOL. V.**

SESSION 1896-1897

EDITED BY

RICHARD HUGHES, M.D.

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CORRIGENDA.

- Page 361, line 9 from bottom, supply comma after "*Chronicle*."  
,, 372, line 2 from bottom, for "transverse" read "transversely."  
,, 380, line 3 from bottom, for "enchondromata" read "enchondroma."

EXCHANGES.



- Allgemeine Homöopathische Zeitung.
- L'Art Médical.
- The American Homœopathist.
- The American Institute of Homœopathy, Transactions of.
- The Calcutta Journal of Medicine.
- The Charlotte Medical Journal.
- The Clinique.
- The Dental College of Victoria, Melbourne.
- The Hahnemannian Monthly.
- Homœopathic Journal of Obstetrics.
- The Homœopathic Physician.
- The Homœopathic Recorder.
- The Homœopathic World.
- The Indian Homœopathic Review.
- The Journal of Ophthalmology, Otology and Laryngology.
- The Journal of Orificial Surgery.
- Journal Belge Homœopathique.
- The Medical Century.
- Medical Advance.
- Medical Era.
- Medical and Surgical Record.
- Minneapolis Homœopathic Magazine.
- The Monthly Homœopathic Review.
- New England Medical Gazette.
- North American Journal of Homœopathy.
- Pacific Coast Journal of Homœopathy.
- Revista Homeopática.
- Revue Homœopathique Francaise.
- Revue Homœopathique Belge.
- Southern Journal of Homœopathy.
- Zeitschrift der Berliner verein Homöopathische Aertz.

## NOTICE.

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This volume comprises the proceedings of the BRITISH HOMŒOPATHIC SOCIETY during its Fifty-second Session, 1896-97.

The Council does not hold itself responsible for the statements, reasonings, or opinions expressed in the various Communications published in the Journal.

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- 1863 DR. QUAGLIO, Munich.  
1863 DR. NOACK, 4, Rue des deux Maisons, Lyons.  
1863 DR. LADELCI, Rome.  
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1875 DR. LUDLAM, 1823, Michigan Avenue, Chicago.  
1875 DR. TALBOT, 685, Boylston Street, Boston.  
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1876 DR. LEON SIMON, 24, Place Vendôme, Paris.  
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1878 MAHENDRA L'AL SIRCAR, M.D., 51, Sankaritola,  
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1892 DR. LAMBREGHTS, fils, Rue Stoop 1, Antwerp.  
1892 DR. BONIFACE SCHMITZ, Longue rue Neuve, 134,  
Antwerp.  
1893 DR. WILLIAM TOD HELMUTH, 299, Madison  
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1893 DR. SULZER, Lützowstr. 88, Berlin.  
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- 1888 ALEXANDER, ARCHIBALD SPEIRS, M.D., C.M.Glasg.; Honorary Physician and Physician for Diseases of the Eye, Ear and Throat to the Devon and Cornwall Homœopathic Dispensary and Cottage Hospital; 6, Sussex Terrace, Plymouth.
- 1890 ALEXANDER, SAMUEL PHILIP, M.D., C.M.Glasg., M.R.C.S. Eng., Tecumseh House, Kent Road, Southsea.
- 1893 ARNOLD, FRANCIS SORELL, B.A., M.B., B.Ch.Oxon., M.R.C.S.Eng., L.S.A.; 332, Oxford Road, Manchester.
- 1894 BARRETT, JOHN JAMES, M.D.St. And., L.R.C.P.Lond., M.R.C.S.Eng.; 170, Ramsden Road, Balham, S.W.
- 1891 BARROW, ROGER WILLIAM, M.D.Brux., L.R.C.P., L.M. Edin., M.R.C.S.Eng.; Physician to the Bristol Homœopathic Dispensary; 3, White Ladies Road, Clifton, and 7, Wine Street, Bristol.
- 1868 BELCHER, HENRY, M.D.Univ.Erlang., L.R.C.P.Edin., M.R.C.S.Eng.; Honorary Physician to the Sussex County Homœopathic Dispensary; 28, Cromwell Road, West Brighton, and Steine House, 55, Old Steine, Brighton.

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- 1854 †BELL, VERNON, M.D.Edin., L.R.C.S. and L.M.Edin.;  
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- 1890 BENNETT, HENRY, L.R.C.P., L.R.C.S., L.M.Edin.,  
L.A.H., L.M.Dub.; 323, Holloway Road, N.
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Stanwell Road, Penarth, Glamorganshire.
- 1894 BLACK, GEORGE, M.B., C.M.Edin.; Greta Bank, Tor-  
quay.
- 1871 \*BLACKLEY, CHARLES HARRISON, M.D.Brux., M.R.C.S.Eng.,  
3, Albany Road, Southport. (V.-P. 1881-2, 1886-7.)
- 1872 \*BLACKLEY, JOHN GALLEY (*Treasurer*), M.B.Lond., M.R.C.S.  
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of the Skin to the London Homœopathic Hospital;  
29, Devonshire Place, W. (P. 1892. V.-P. 1884,  
1891. S. 1885-1891.)
- 1865 \*BLAKE, EDWARD THOMAS, M.D.Aberd., M.R.C.S.Eng.;  
Berkeley Mansions, 64, Seymour Street, Hyde Park,  
W. (V.-P. 1887-9.)
- 1862 \*BLAKE, JAMES GIBBS, M.D., B.A.Lond., L.S.A.; Physician  
to the Birmingham Homœopathic Hospital, Consulting  
Physician to the Mason Orphanage; 23, Waterloo  
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- 1896 BLAKE, VICTOR JONATHAN, M.B., B.S.Lond., M.R.C.S.  
Eng., L.R.C.P.Lond.; Elsinore, Alpine Road, Ventnor.
- 1892 BLUMBERG, HENRY D'ARNIM, L.R.C.P., L.R.C.S.Edin.,  
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Homœopathic Dispensary; Linden House, Oakland  
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Street, W.C.
- 1860 BRADSHAW WILLIAM, M.D.Aberd., M.R.C.S.Eng., L.S.A.;  
122, Holland Road, W.
- 1883 BROOKS, SAMUEL BREWER, M.R.C.S.Eng., L.R.C.P.Edin.,  
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- 1892 BROTCHIE, THEODORE RAINY, M.D., C.M.Aberd.; 102, Great Victoria Street, Belfast.
- 1871 \*BROWN, DAVID DYCE, M.A., M.D., C.M.Aberd.; Consulting Physician to the London Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley, Kent; 29, Seymour Street, Portman Square, W. (P. 1884. V.-P. 1883. C. 1892.)
- 1872 BRYCE, WILLIAM, M.D.Edin.; 31, Charlotte Square, Edinburgh.
- 1889 BURFORD, GEORGE (*Council*), M.B., C.M.Aberd.; Physician for Diseases of Women, London Homœopathic Hospital; Consulting Physician for Diseases of Women to the Homœopathic Hospital, Tunbridge Wells; to the Devon and Cornwall Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley; 18, Wimpole Street, W. (C. 1892, 1895.)
- 1879 BURNETT, JAMES COMPTON, M.D.Glasg.; 2, Finsbury Circus, E.C.
- 1892 BURNS, ALFRED HUGH, L.R.C.P.I., L.S.A.Lond.; 3, Josephine Avenue, Brixton Hill, S.W.
- 1873 BURWOOD, THOMAS WESLEY, L.R.C.P., L.M.I., L.R.C.P., L.M.Edin., Physician to the Ealing and West Middlesex Homœopathic Dispensary; Strathmore, Florence Road, Ealing, W.
- 1844\*†CAMERON, HUGH, M.R.C.S.Eng.; 62, Redcliffe Square, S.W. (P. 1893. V.-P. 1865-6, 1871.)
- 1864 †CAMPBELL, HON. ALLAN, L.R.C.P.Edin., L.F.P.S.Glasg., Honorary Medical Officer to the Adelaide Children's Hospital; North Terrace, Adelaide, South Australia.
- 1890 CAPPER, EDMUND, M.D., C.M.Edin.; 2, Newsham Drive, Liverpool.
- 1892 CAPPER, PERCY, M.B., C.M.Edin.; Honorary Surgeon to the Tunbridge Wells Homœopathic Hospital; Westbourne, 14, Lansdowne Road, Tunbridge Wells.
- 1861 \*CARFRAE, GEORGE MANN, M.D.Edin.; Consulting Physician for Diseases of Women, London Homœopathic Hospital; 4, Hertford Street, Mayfair, W. (P. 1888, 1889. V.P. 1882-83.)

## ELECTED.

- 1879 CASH, ALFRED MIDGLEY, M.D., C.M.Edin., M.R.C.S.Eng. ;  
Physician to the Torquay Homœopathic Dispensary ;  
Surgeon to the Incurable Hospital for Children,  
Babbicombe ; Limefield, Falkland Road, Torquay.
- 1892 CAVENAGH, JOHN PAUL, L.R.C.P., L.R.C.S., L.M.I. ; 57,  
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- 1873 CHALMERS, ANDREW CRICHTON, M.D., L.R.C.S.Edin. ;  
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- 1895 CHAPMAN, GEORGE WILLIAM, M.R.C.S.Eng., L.R.C.P.Lond. ;  
Resident Medical Officer to the London Homœopathic  
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- 1880 \*CLARKE, JOHN HENRY, M.D., C.M.Edin. ; Consulting  
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Clarges Street, Piccadilly, W., and 3, Newman's  
Court, Cornhill, E.C. (V.P. 1888.)
- 1861 \*CLIFTON, ARTHUR CROWEN, M.D., (Hon.) New York,  
M.R.C.S.Eng. ; Consulting Physician to the North-  
ampton Homœopathic Dispensary ; 9, East Park  
Parade, Northampton. (C. 1894.)
- 1892 CLIFTON, FREDERICK WILLIAM, M.R.C.S.Eng., L.R.C.P.,  
L.M.Edin. ; 356, Glossop Road, Sheffield.
- 1873 CLIFTON, GEORGE, J.P., L.R.C.P.Edin., L.M., L.F.P.S.  
Glas. ; Consulting Physician to the Leicester Homœo-  
pathic Dispensary ; 48, London Road, and 7, Bowling  
Green Street, Leicester.
- 1892 COLLINS, CHARLES PHILLIPS, M.D.Clev., M.R.C.S.Eng.,  
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- 1894 COMPSTON, EDMUND LEACH, M.B., Ch.B.Vict. ; Craw-  
shawbooth, Manchester.
- 1892 †COOK, EDMUND ALLEYNE, Ph.D.Marburg, L.R.C.P.,  
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- 1393 CORBETT, HERBERT HENRY, M.R.C.S.Eng. ; 19, Hall Gate,  
Doncaster.

## ELECTED.

- 1892 COX, RICHARD PERCY, M.D., C.M.Edin.; 335, Oxford Road, Manchester.
- 1890 COX, WILLIAM SPENCER, M.R.C.S.Eng., L.S.A.; Physician to the Kensington, Notting Hill and Bayswater Homœopathic Dispensary; 12, Sheffield Gardens, Kensington, W.
- 1892 CRAIG, JOHN, L.R.C.P.Edin., L.F.P.S.Glasg.; Shelton House, Stoke-upon-Trent.
- 1892 CRAIG, JOHN SMITH, M.B., C.M.Aberd.; 137, Steelhouse Lane, Birmingham.
- 1862 CRONIN, EUGENE FRANCIS, M.D.St. And., M.R.C.S.Eng., L.S.A.; Old Manor House, Clapham Common, S.W.
- 1892 CROUCHER, ALEXANDER HENRY, M.D., C.M.Edin.; Physician and Surgeon to the Leaf Homœopathic Cottage Hospital; to the Eastbourne Homœopathic Dispensary; and to the Eastbourne Homœopathic Convalescent Home; Onslow House, 6, Burlington Place, Eastbourne.
- 1867 CROUCHER, ALEXANDER RICHARD, M.D. St. And., M.R.C.S. Eng., L.S.A., L.M.; Physician to the Buchanan Cottage Hospital, and to the Hastings and St. Leonards Homœopathic Dispensary; 26, Grand Parade, St. Leonards.
- 1887 \*DAY, JOHN ROBERSON (*Council*), M.D.Lond., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.; Physician for Diseases of Children and Anæsthetist to the London Homœopathic Hospital; Visiting Physician to the Margaret Street Infirmary for Consumption; Hon. Physician to the Kentish Town Medical Mission; 31, Netherhall Gardens, Hampstead, N.W.
- 1892 †DEANE, HERBERT EDWARD, M.R.C.S.Eng., L.S.A.; Surgeon-Major, Army Medical Staff, c/o Surgeon-General, H.M. Forces, Madras, India.
- 1875 †DECK, JOHN FIELD, M.D. St. And., M.R.C.S.Eng., L.R.C.P. Lond.; Ashfield, Sydney, New South Wales.



## ELECTED.

- 1847 \*DUDGEON, ROBERT ELLIS, M.D., L.R.C.S.Edin.; Consulting Physician to the London Homœopathic Hospital; 53, Montagu Square, W. (P. 1879, 1890. V.-P. 1874-5, 1881. T. 1883-93. S. 1846-48. C. 1892-95.)
- 1896 DUKE, ALLEN ABRAHAM, M.D., L.R.C.S., L.M., Edin., L.S.A.; Montpelier, North Street, Worthing.
- 1893 EATON, HENRY ARNOLD, M.B., C.M.Edin.; 2, Eldon Square, Newcastle-on-Tyne.
- 1887 ELLIS, JOHN WILLIAM, M.B., Ch.B.Vict., L.R.C.P., L.R.C.S.Edin.; Honorary Medical Officer to the Hahnemann Hospital, Liverpool; 18, Rodney Street, Liverpool.
- 1875 \*EPPS, WASHINGTON (*Vice-President*), L.R.C.P.Edin., M.R.C.S.Eng.; Physician to the London Homœopathic Hospital; 55, Queen Anne Street, W., and 89, Great Russell Street, W.C. (C. 1893-94.)
- 1889 FERNIE, WILLIAM THOMAS, M.D.Durh., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.; The Nook, Great Malvern.
- 1892 FINLAY, JOHN THOMAS, L.R.C.P., L.R.C.S., L.M.Edin., L.A.H., L.M.Dub.; Greystone House, Rawtenstall, Lancashire.
- 1893 FLINT, FREDERICK, M.D., C.M.Aberd., M.R.C.S.Eng.; 8, Ramshill Road, Scarborough.
- 1885 FROST, GEORGE, L.R.C.P.Lond., M.R.C.S.Eng.; Surgeon to the Hahnemann Convalescent Home; Ophthalmic Surgeon to the Bournemouth Homœopathic Dispensary; Clovelly, Poole Road, Bournemouth.
- 1881 GILBERT SYDNEY, L.R.C.P., L.R.C.S.Edin., L.A.H., L.M. Edin. and Dub.; Somersfield Cottage, Reigate.
- 1893 †GILES, FREDERICK WILLIAM, M.B.Durh., M.R.C.S.Eng.; Hotel Continental, Cannes, France.
- 1881 \*GOLDSBROUGH, GILES FORWARD, M.D., C.M.Aberd.; Assistant Physician to the London Homœopathic Hospital; Cedar Lodge, 133, Coldharbour Lane, S.E. (P. 1895. V.P. 1893-94.)

## ELECTED.

- 1892 GORDON, JOHN NEWLANDS, M.B., C.M.Aberd.; Ophthalmic Surgeon to the Hahnemann Hospital, Liverpool; 70, Upper Parliament Street, Liverpool.
- 1886 GOULD, EDWARD GARDINER, L.R.C.P.I.; 1, Streatham High Road, S.W.
- 1892 GREEN, CONRAD THEODORE (*President, Liverpool Branch*), M.R.C.S.Eng., L.R.C.P.Lond.; Honorary Medical Officer to the Wirral Homœopathic Dispensary; 33, Grange Mount, Birkenhead.
- 1892 GREEN, VINCENT, M.D.Edin.; Physician to the Hammer smith, Chiswick, and Gunnersbury Homœopathic Dispensary; 49, Linden Gardens, Chiswick, W.
- 1895 GREIG, WILLIAM, M.B., C.M.Aberd.; New Wells House, Wakefield.
- 1876 †GUINNESS, ARTHUR, M.D.Glas., F.R.C.S.I., L.M.Dub., Fell. Dub. Coll.; 4, Selkirk Parade, Cheltenham.
- 1876 HALL, EDGAR ATHELING, M.B., C.M.Edin.; Physician to the Surbiton, Kingston, and Norbiton Homœopathic Dispensary; Laurel Villa, Victoria Road, Surbiton.
- 1892 HALL, FREDERICK, L.R.C.P., L.R.C.S.I., L.M.; Oak House, Bacup, Lancashire.
- 1847 \*†HAMILTON, EDWARD, M.D. St. And.; 16, Cromwell Place, S.W. (V.P. 1865-6, 1878-9. T. 1848-1881.)
- 1892 HAMILTON, JOHN, L.R.C.P.Edin., L.F.P.S.Glas.; 16, Eldon Square, Newcastle-on-Tyne.
- 1894 HARDY, JAMES EBENEZER, M.B., C.M.Edin.; 183, Bath Street, Glasgow.
- 1859 HARPER, JAMES PEDDIE, M.D.Edin., L.R.C.S.Edin.; 43, Hertford Street, Mayfair, W.
- 1878 HAWKES, ALFRED EDWARD, M.D.BruX., L.R.C.P., L.M., L.R.C.S.Edin.; Medical Officer to the Hahnemann Hospital, Liverpool; 22, Abercromby Square, Liverpool. (P. 1892. V.-P. 1893. *Liverpool Branch*.)
- 1888 HAWKES, EDWARD JOHN, L.R.C.P., L.R.C.S., L.M.Edin.; 4, West Cliff Road, Ramsgate.
- 1886 HAYLE, THOMAS HAHNEMANN, M.B.Lond.; 154, Drake Street, Rochdale.

## ELECTED.

- 1892 HAYWARD, CHARLES WILLIAMS, M.D., C.M.Edin., D.P.H. Camb., M.R.C.S.Eng., L.R.C.P.Lond.; Assistant Surgeon and Surgeon to the Throat, Nose and Ear Department, Hahnemann Hospital, Liverpool; 117, Grove Street, Liverpool.
- 1892 HAYWARD, JOHN DAVEY, M.D.Lond., M.R.C.S.Eng., L.S.A.; Surgeon to the Hahnemann Hospital, Liverpool; 15, Prince's Avenue, Liverpool.
- 1868 \*HAYWARD, JOHN WILLIAMS (*Council*), M.D., St. And., M.R.C.S.Eng., L.S.A., M.D. (Hon.) New York; Consulting Physician to the Hahnemann Hospital, Liverpool; 61, Shrewsbury Road, Birkenhead. (*P. Liverpool Branch, 1895.*)
- 1885 HILBERS, HERMANN GERHARD, B.A.Camb., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.; Honorary Physician to the Sussex County Homœopathic Dispensary; 49, Montpelier Road, Brighton.
- 1887 HILL, WILLIAM REED, M.B., C.M.Edin.; 38, Berners Street, Ipswich.
- 1861 \*HUGHES, RICHARD (*Editor, C.*), M.D. (Hon.), L.R.C.P.Edin., M.R.C.S.Eng.; Physician to the Brighton Homœopathic Dispensary; 36, Sillwood Road, Brighton. (*P. 1887. V.-P. 1885-6. S. 1879-84.*)
- 1892 HUXLEY, JOHN CHARLES, M.D., C.M.Aberd.; 91, Harborne Road, Edgbaston, Birmingham.
- 1882 JAGIELSKI, VICTOR APPOLINARIS, M.D.Berlin, M.R.C.P. Lond.; Physician to the Infirmary for Consumption, Margaret Street; 54, York Terrace, Regent's Park, N.W.
- 1894 JOHNSTONE, JAMES (*Council*), B.A., F.R.C.S.Eng., M.B., C.M., D.P.H.Aberd.; Assistant Surgeon and Pathologist to the London Homœopathic Hospital; 47, Sheen Road, Richmond.
- 1887 †JONES, DAVID OGDEN ROEBUCK, M.D.Trin. Coll., Toronto, L.R.C.P.Lond.; Physician to the Grace Hospital (Homœopathic); 126, Carlton Street, Toronto, Canada.

## ELECTED.

- 1893 JONES, GEORGE REGINALD, L.R.C.P.Lond., M.R.C.S.Eng.;  
House Surgeon to the Homœopathic Institution,  
Manchester; 143, Lloyd Street, Greenheys, Man-  
chester.
- 1866 JONES, JAMES, M.D.Edin., M.R.C.S.Eng., L.R.C.P.Lond.  
(*Address not communicated*).
- 1881 JONES, THOMAS REGINALD, L.R.C.P.I., L.M., M.R.C.S.  
Eng.; Physician to the Wirral Homœopathic Dis-  
pensary; 26, Lorne Road, Claughton, and 23,  
Hamilton Square, Birkenhead.
- 1879 KER, CLAUDIUS BUCHANAN, M.D.Edin.; Consulting  
Physician to the Cheltenham Homœopathic Dis-  
pensary; Hadley House, Cheltenham.
- 1875 †KITCHING, CHARLES WATSON, M.B.Lond., M.R.C.S.Eng.,  
L.S.A.; 6, Church Street, Cape Town, S. Africa.
- 1872 †KYNGDON, BOUGHTON, L.S.A.; Bowral, near Sydney, New  
South Wales.
- 1893 LAMBERT, JAMES RUDOLF PAUL, M.D., C.M.Edin.;  
Medical Registrar and Ophthalmic Clinical Assistant  
to the London Homœopathic Hospital; 5, Alfred  
Place West, Thurlow Square, South Kensington, S.W.
- 1891 LOUGH, GEORGE JOHN, L.R.C.P.I., L.M.; Surgeon to the  
Buchanan Cottage Hospital, and Ophthalmic Surgeon  
to the Hastings and St. Leonards Homœopathic Dis-  
pensary; 35, Wellington Square, Hastings.
- 1850 \*MACKECHNIE, JOHN HAMILTON, M.D. St. And.; Physician  
to the Hahnemann Free Dispensary, Bath; Hartley  
House, Manvers Street, Bath. (P. 1885. V.-P. 1872.  
S. 1867-69.)
- 1893 MACNISH, DAVID, M.A., M.B., C.M.Edin.; Assistant  
Physician to the London Homœopathic Hospital; 4,  
Leinster Square, W.
- 1886 MCKILLIAM, ROBERT, M.D., C.M.Aberd.; 6, Grote's  
Buildings, Blackheath, S.E.

## ELECTED.

- 1892 McLACHLAN, JOHN, M.D., C.M., B.Sc.Edin., F.R.C.S.Eng., L.S.A.; Physician to the Oxford Homœopathic Dispensary; 38, Beaumont Street, Oxford.
- 1876 \*MADDEN, EDWARD MONSON (*President*), M.B.Edin., M.R.C.S.Eng.; Physician to the Phillips Memorial Hospital; Burlington House, Bromley, Kent. (V.-P. 1892-93. C. 1894.)
- 1892 MAHONY, EDWARD, M.R.C.S.Eng., L.S.A.; Honorary Medical Officer to the Hahnemann Hospital, Liverpool; 30, Huskisson Street, Liverpool.
- 1895 MARCH, EDWARD GERALD, M.D.Brux., F.R.C.S.Edin., M.R.C.S.Eng., L.R.C.P.Lond.; 41, Castle Street, Reading.
- 1885 MARSH, THOMAS CHARLES, L.R.C.P.Edin., M.R.C.S.Eng., L.M.; Assistant Physician to the London Homœopathic Hospital, and Visiting Physician to the Margaret Street Infirmary for Diseases of the Chest and Throat; 31, Gower Place, W.C.
- 1885 MASON, HENRY, M.D., C.M.Glasg., M.R.C.S.Eng.; Medical Officer to the Leicester Homœopathic Provident Dispensary; 52, London Road, Leicester.
- 1888 †MATTHIAS, WILLIAM LLOYD, L.R.C.P.Lond., M.R.C.S.Eng.; Sydney, New South Wales.
- 1893 MEEK, WILLIAM OMBLER, M.B., C.M.Edin., F.R.M.S.; 256, Oxford Road and 26, King Street, Manchester.
- 1893 MILLER, ROBERT GIBSON, M.B., C.M.Glasg.; 10, Newton Place, Glasgow.
- 1892 MITCHELL, JOHN JAMES, L.R.C.P.Lond., M.R.C.S.Eng.; 1, Howard Place, Stoke-on-Trent.
- 1882 \*MOIR, BYRES (*Council*), M.D., C.M.Edin.; Physician to the London Homœopathic Hospital; 16, Upper Wimpole Street, W. (P., 1894. V.-P. 1891, 1892. C. 1892-95.)
- 1892 MOIR, DOUGLAS, M.D., C.M.Aberd.; 333, Oxford Road, Manchester.
- 1889 MOLSON, JOHN CAVENDISH, L.R.C.P.Lond.; Assistant Physician to the London Homœopathic Hospital; 13, Lingfield Road, Wimbledon.

ELECTED.

- 1877 MOORE, JOHN MURRAY, M.D., C.M., L.M.Edin., M.R.C.S. Eng., M.D. New Zealand; Hon. Medical Officer to the Hahnemann Hospital, Liverpool; 51, Canning Street, Liverpool.
- 1867 MORGAN, SAMUEL, M.D. St. And., M.R.C.S.Eng., L.S.A.; Consulting Physician to the Bath Homœopathic Hospital; Physician to the Bristol Homœopathic Dispensary; 15, Oakfield Road, Clifton.
- 1890 MORRISON, STAMMERS, M.D.Phil., M.R.C.S.Eng., L.R.C.P. Lond., L.M.Eng.; Grafton House, The Pavement, Clapham Common, S.W.
- 1882 MURRAY, JOHN, L.R.C.P., L.R.C.S., L.M.Edin.; Physician to the Folkestone Homœopathic Dispensary; 15, Trinity Gardens, Folkestone.
- 1895 NANKIVELL, BERTRAM WRIGHT, M.R.C.S.Eng., L.R.C.P. Lond.; Physician to the Hahnemann Convalescent Home, and to the Bournemouth Homœopathic Dispensaries; Woodstock, West Cliff Road, Bournemouth.
- 1888 NANKIVELL, FRANK, M.D., C.M.Edin., M.R.C.S.Eng.; 60, Kirkdale, Sydenham, S.E.
- 1888 \*NANKIVELL, HERBERT, M.D.Edin., M.R.C.S.Eng.; Physician to the Hahnemann Convalescent Home, Bournemouth; Penmellyn, Richmond Hill, Bournemouth.
- 1893 NEATBY, ANDREW MOSSFORTH, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.; Physician to the Sutton Homœopathic Dispensary; Silverhurst, Brighton Road, Sutton, Surrey.
- 1885 \*NEATBY, EDWIN AWDAS (*Librarian, Council*), M.D.Brux., L.R.C.P.Lond., M.R.C.S.Eng.; Assistant Physician for Diseases of Women, London Homœopathic Hospital; 19, Upper Wimpole Street, W., and 178, Haverstock Hill, Hampstead, N.W. (V.-P. 1894-95.)
- 1885 NEILD, FREDERIC, M.D., C.M.Edin., L.R.C.P.Edin.; Physician to the Tunbridge Wells Homœopathic Hospital and Dispensary; Belvedere House, Tunbridge Wells.

## ELECTED.

- 1891 NEWBERY, WILLIAM FREDERICK HOYLE, M.D., C.M.  
Trinity College, Toronto, L.S.A.Lond. ; 109, Cazenove  
Road, Stoke Newington, N.
- 1894 NICHOLSON, THEOPHILUS GEORGE HUSBAND, M.R.C.S.Eng. ;  
Anæsthetist to the Hahnemann Hospital, Liverpool ;  
27, Catharine Street, Liverpool.
- 1892 NICHOLSON, THOMAS DICKINSON, M.D., C.M.Edin.,  
M.R.C.S.Eng. ; Physician to the Clifton Homœo-  
pathic Dispensary ; 2, White Ladies Road, Clifton,  
Bristol.
- 1895 NIVEN, CHARLES RITCHIE, M.B., C.M.Glasg. ; Stipendiary  
Medical Officer to the North End Dispensary, Liver-  
pool ; 82, Queen's Road, Liverpool.
- 1880 NOBLE, JAMES BLACK, M.R.C.S.Eng., L.R.C.P., L.M.Edin. ;  
167, Kennington Park Road, S.E.
- 1876 NORMAN, GEORGE, M.R.C.S.Eng., L.S.A. ; Physician to  
the Hahnemann Free Dispensary, Bath ; 12, Brock  
Street, Bath.
- 1892 OCKENDEN, ARTHUR JOHN, M.R.C.S.Eng. ; 25, Regency  
Square, Brighton.
- 1893 ORD, WILLIAM THEOPHILUS, L.R.C.P.Lond., M.R.C.S.Eng. ;  
Visiting Surgeon and Physician to the Bournemouth  
Hahnemann Home and Dispensaries ; Greenstead,  
Madeira Road, Bournemouth East.
- 1895 ORR, FREDERIC LAYTON, M.D.Lond., M.R.C.S.Eng.,  
L.R.C.P.Lond. ; 27, Carlton Terrace, Surrey Road,  
Norwich.
- 1886 PINCOTT, JAMES COLE, M.R.C.S.Eng., L.R.C.P., L.M.Edin. ;  
Surgeon to the Tunbridge Wells Homœopathic Hos-  
pital and Dispensary ; Calverley Parade, Tunbridge  
Wells.
- 1862 \*POPE, ALFRED CROSBY, M.D.Phil., M.D. (Hon.) New York,  
M.R.C.S.Eng. ; Watergate House, Grantham. (P.  
1881. V.-P. 1873-4.)
- 1879 POWELL, ALFRED JOHN, M.D.Erlang., M.R.C.S.Eng. ;  
Sewardstone Lees, Anerley Road, S.E.

## ELECTED.

- 1868 †PRITCHARD, JOSIAH, M.R.C.S.Eng., L.S.A. ; 63, Richmond Road, Montpelier, Bristol.
- 1893 PROCTOR, PETER, M.R.C.S.Eng., L.R.C.P.Edin., L.S.A. ; 17, Hamilton Square, Birkenhead.
- 1884 PULLAR, ALFRED, M.D., C.M.Edin. ; 111, Denmark Hill, S.E.
- 1884 PURDOM, THOMAS EADIE, M.D., C.M.Edin., L.R.C.P., L.R.C.S.Edin. ; Physician to the Croydon Homœopathic Dispensary ; Ellerslie, 25, Park Hill Road, Croydon.
- 1893 RAMSBOTHAM, SAMUEL HENRY, M.D.Edin., M.R.C.S.Eng. ; Hon. Medical Officer to the Leeds Homœopathic Dispensary ; 16, Park Place, Leeds.
- 1862 REED, ROBERT RHODES, M.D.Clev., M.R.C.S.Eng. ; Market Square, Lynn Regis, Norfolk.
- 1892 REED, WILLIAM CASH, M.D., C.M.Edin. ; Senior Physician to the Devon and Cornwall Homœopathic Hospital, and to the three Towns Dispensary ; 8, Queen Anne Terrace, Plymouth.
- 1895 REID, ARTHUR LESTOCK, M.R.C.S.Eng., L.R.C.P.Lond. ; Assistant Anæsthetist to the London Homœopathic Hospital ; Thirlmere, St. Albans Road, Watford.
- 1872 †REID, LESTOCK HOLLAND, M.R.C.S.Eng., L.R.C.P.Lond. ; Bowmanville, Ontario, Canada.
- 1894 RENDALL, JOHN MURLY, L.R.C.P., L.R.C.S.Edin., L.F.P. & S.Glas. ; Physician to the Edinburgh Homœopathic Dispensary ; 75, Leamington Terrace, Edinburgh.
- 1885 RENNER, CHARLES, M.D.Würzburg, L.R.C.P.Lond., M.R.C.S.Eng. ; 186, Marylebone Road, N.W.
- 1893 REYNOLDS, EDWARD ROBERT BRADLEY, M.R.C.S.Eng. ; Highcroft, Shepherd's Hill, Highgate, N.
- 1894 RICHARDS, GEORGE PERCY PEEL, M.B., C.M.Edin. ; 29, Hoghton Street, Southport.
- 1892 ROBERTS, ARTHUR, M.D. St. And., M.R.C.S.Eng., L.S.A., D.P.H. ; Hon. Physician to the Children's Sanatorium, Harrogate ; Kingswood House, Princes Square, Harrogate.



## ELECTED.

- 1893 ROBERTS, WILLIAM HENRY, L.R.C.P., L.R.C.S.Edin., L.M.; Physician to the Dublin Homœopathic Dispensary; 63, Lower Mount Street, Dublin.
- 1878 ROCHE, ELEAZER BIRCH, L.R.C.P.Lond., M.R.C.S.Eng., L.M.; Physician to the Norwich Homœopathic Dispensary; Hon. Medical Officer to the Orphans' Home, Norwich, and to the Norwich City Mission; 27, Surrey Street, Norwich.
- 1892 ROCHE, WILLIAM, L.R.C.P.I., L.M., M.R.C.S.Eng.; Physician and Surgeon to the Leaf Homœopathic Cottage Hospital; to the Eastbourne Homœopathic Dispensary; and to the Eastbourne Homœopathic Convalescent Home; Cornfield House, Devonshire Place, Eastbourne.
- 1891 ROSS, WILLIAM, L.R.C.P., L.R.C.S.I., L.M.; Physician to the Northampton Homœopathic Dispensary; 65, Abington Street, Northampton.
- 1892 ROWSE, EDWARD LEOPOLD, M.D.Brux., L.R.C.P.Lond., M.R.C.S.Eng.; 114, Upper Richmond Road, Putney, S.W.
- 1880 SANDBERG, ARTHUR GREGORY, M.D. (Hon.)Verm., L.R.C.P., L.R.C.S., L.M.Edin.; 151, Brixton Hill, S.W.
- 1893 SANDERS, HORACE, L.S.A.; 77, Camden Road, N.W.
- 1895 SCOTT, WILLIAM, M.D., L.R.C.S.Edin.; Melbourne House, Huddersfield.
- 1892 SCRIVEN, GEORGE, M.D., B.Ch.Dub., L.M., F.R.G.S.; Physician to the Dublin Homœopathic Dispensary; 33, St. Stephen's Green, Dublin.
- 1856 SCRIVEN, WILLIAM BARCLAY BROWNE, A.B., M.B.Dub., M.R.C.S.Eng., L.M.; Physician to the Dublin Homœopathic Dispensary; 33, St. Stephen's Green, Dublin.
- 1895 SEARSON, JAMES, M.D.Brux., L.R.C.P., L.R.C.S.I.; Esthonia House, Ealing, W.
- 1885 SHACKLETON, HENRY, B.A., M.D.Dub., M.R.C.S.Eng., L.M.K.Q.C.P.I., L.M. Rot. Hosp., Dub.; 12, West Hill, Sydenham, S.E.

## ELECTED.

- 1883 \*SHAW, CHARLES THOMAS KNOX (*Secretary, C.*), L.R.C.P. Lond., M.R.C.S.Eng.; Surgeon and Ophthalmic Surgeon to the London Homœopathic Hospital; Consulting Surgeon to the Buchanan Cottage Hospital, St. Leonards, to the Tunbridge Wells Homœopathic Hospital, and to the Phillips Memorial Hospital, Bromley; Consulting Ophthalmic Surgeon to the Hastings and St. Leonards Homœopathic Dispensary; 19, Upper Wimpole Street, W. (P. 1891. V.-P. 1890).
- 1885 SHAW, FRANK HERBERT, M.R.C.S.Eng.; Surgeon to the Buchanan Cottage Hospital, and to the Hastings and St. Leonards Homœopathic Dispensary; 33, Warrior Square, St. Leonards-on-Sea.
- 1895 SHIRTLIFF, EDWARD DICKINSON, M.R.C.S.Eng., L.R.C.P. Lond., L.S.A.; Holmwood, Cowleigh Road, Malvern.
- 1888 SIMPSON, THOMAS, M.D. St. And., M.R.C.S.Eng.; Hon. Medical Officer to the Hahnemann Hospital, Liverpool, and to the Bootle Homœopathic Dispensary; 10, Crosby Road, Waterloo, Liverpool.
- 1885 \*SMITH, GERARD, M.R.C.S.Eng.; 37, Gloucester Place, Portman Square, W., and Craigholm, Upper Clapton, N.E.
- 1896 SMITH, PHILIP DOUGLAS, M.B., C.M.Edin.; 154, Drake Street, Rochdale.
- 1892 SMITH, ROBERT GORDON, M.B., C.M.Aberd.; Hon. Medical Officer to the Hahnemann Hospital, Liverpool; 164, Upper Parliament Street, Liverpool.
- 1893 STACEY, HERBERT GLEESON, M.D.BruX., L.R.C.P., L.M. Edin., M.R.C.S.Eng., L.S.A.Lond.; Honorary Physician to the Leeds Homœopathic Dispensary; 28, Park Square, Leeds.
- 1893 STALEY, JOHN CHRISTOPHER GEORGE, L.R.C.P.I.; Physician to the Rochdale Convalescent Home; The Mount, St. Anne's-on-Sea.
- 1890 STANCOMB, ERNEST HENRY MURLY, M.B., C.M.Edin.; Westbourne, College Place, Southampton.

## ELECTED.

- 1892 STEINTHAL, WALTER OLIVER, L.R.C.P.Lond., M.R.C.S. Eng., L.S.A.; 128, Tweedale Street, Rochdale.
- 1866 †STEPHENS, SAMUEL SANDERS, M.R.C.S.Eng.; Stedcombe Manor, Axminster, Devon.
- 1889 STONHAM, THOMAS GEORGE, M.D.Lond., M.R.C.S.Eng.; 128, Broadhurst Gardens, West Hampstead, N.W.
- 1887 STORRAB, WILLIAM MORRISON, L.R.C.P., L.R.C.S.Edin., L.M.; Senior Physician to the North of England Children's Sanatorium; Physician to the Southport Hydropathic Hospital; 15, Hoghton Street, Southport.
- 1892 STUART, PETER, L.R.C.P., L.R.C.S.Edin., L.M.; Assistant Physician to the Hahnemann Hospital, Liverpool; 36A, Rodney Street, Liverpool.
- 1877 SÜSS-HAHNEMANN, FREDERICK LEOPOLD ROBERT, M.D. Leipzig; 14, Highbury Crescent, N.
- 1892 THOMAS, BERNARD (*Secretary, Liverpool Branch*), M.B., C.M.Edin.; Stipendiary Medical Officer to the Roscommon Street Dispensary, Liverpool; 44, Grove Street, Liverpool.
- 1886 THOMAS, EDWARD JOHN HAYNES, L.R.C.P., L.R.C.S.Edin.; Physician to the Chester Free Homœopathic Dispensary; 18, Pepper Street, Chester.
- 1891 THOMAS, HAROLD WYNNE, M.R.C.S.Eng., L.R.C.P.Lond.; Resident Medical Officer to the Phillips Memorial Hospital, Bromley; 55, Park Road, Bromley, Kent.
- 1895 THORNTON, FRED WHITFIELD, M.R.C.S.Eng., L.R.C.P.I.; 35, New North Road, Huddersfield.
- 1896 TINDALL, ERNEST EDWARD PARTRIDGE, R.N., M.R.C.S. Eng., L.R.C.P.Lond.; 12, Wellington Square, Hastings.
- 1886 VAWDREY, THEOPHILUS GLASCOTT, L.R.C.P.Lond., M.R.C.S. Eng.; Stipendiary Medical Officer to the Devon and Cornwall Homœopathic Dispensary; Surgeon to the Cottage Hospital; 4, Buckland Terrace, Plymouth.

ELECTED.

- 1893 **WADDINGTON, CHARLES EDWIN**, L.R.C.P.Lond., M.R.C.S. Eng. ; 2, Marlboro' Road, Manningham, Bradford.
- 1895 **WATKINS, FRANK AUGUSTUS**, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A. ; Normanhurst, Elm Road, Beckenham, Kent.
- 1862 †**WATSON, CHARLES GEORGE**, L.R.C.S., L.R.C.P.I., L.M. ; Hobart, Tasmania.
- 1858 †**WAUGH, J. N.**, M.D. St. And., M.R.C.S.Eng., L.S.A. ; Brisbane, Queensland.
- 1893 **WEDDELL, JAMES CALL**, M.D., C.M., L.M.Edin. ; 1, Park Place East, Sunderland.
- 1894 **WHEELER, CHARLES EDWIN**, M.D., B.S., B.Sc.Lond., M.R.C.S.Eng., L.R.C.P.Lond. ; Manor House, West London Road, Norbiton, Kingston-on-Thames.
- 1861 **WHEELER, HENRY**, L.R.C.P.Lond., M.R.C.S.Eng. ; 43, Alkham Road, Stoke Newington, N.
- 1893 **WILDE, STANLEY**, L.R.C.P., L.R.C.S., L.M.Edin. ; Physician to the Cheltenham Homœopathic Dispensary ; Ingleside, Bayshill, Cheltenham.
- 1893 **WILDE, HERBERT**, M.B., C.M.Edin., L.R.C.P., L.R.C.S. Edin. ; 18, Clifton Terrace, Brighton.
- 1893 **WILDE, JOHN**, L.R.C.P.Edin., M.R.C.S.Eng., L.S.A. ; Physician to the Weston-super-Mare Homœopathic Dispensary ; Park House, Weston-super-Mare.
- 1891 **WILDE, PERCY ROBERTS**, M.D., C.M.Aberd. ; Physician to the Bath Homœopathic Hospital ; 23, Circus, Bath.
- 1891 **WILDE, ROWLAND STANLEY**, M.B., C.M.Edin. ; Physician to the Weston-super-Mare Homœopathic Dispensary ; Park House, Weston-super-Mare.
- 1892 **WILKINSON, ALFRED GEORGE**, M.R.C.S.Eng., L.S.A. ; 28, Newland, Northampton.
- 1892 **WILKINSON, CLEMENT JOHN**, M.R.C.S.Eng., L.S.A. ; Leh House, Windsor.
- 1892 **WILLIAMS, EUBULUS**, M.D. St. And., M.R.C.S.Eng., L.M., L.A.C. ; Physician to Müller's Orphan Houses ; 2, Beaufort Road, Clifton.

## ELECTED.

- 1892 WILLIAMS, LEMUEL EDWARD, M.R.C.S.Eng. ; Surgeon to the Skin Department, and Honorary Assistant Medical Officer to the Hahnemann Hospital ; Honorary Medical Officer to the Hahnemann Dispensary, Liverpool ; 239, Boundary Street, Liverpool.
- 1896 WILLS, REGINALD GRAHAM, M.D., C.M.Aberd. ; 23, Circus, Bath.
- 1892 WINGFIELD, JOHN, L.R.C.P., L.R.C.S.Edin., L.F.P.S., Glasg. ; Honorary Physician to the Birmingham and Midland Homœopathic Hospital ; Aubyn House, Alcester Road, Moseley, Birmingham.
- 1889 WITHINSHAW CHARLES WESLEY, L.R.C.P., L.R.C.S.Edin., L.M. ; 3, Earlstoke Villas, Lansdowne Road, Clapham Road, S.W.
- 1893 WOLSTON, CHRISTOPHER, B.A.Lond., M.D. St. And., M.R.C.S.Eng. ; 5, West Circus Street, Finsbury Circus, E.C., and Holmdene, Southlands Grove, Bickley.
- 1877 WOLSTON, WALTER THOMAS PRIDEAUX, M.D.Edin., M.R.C.S.Eng. ; Physician to the Edinburgh Homœopathic Dispensary ; 46, Charlotte Square, Edinburgh.
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- 1893 WOODGATES, HENRY, M.D.Glasg., M.R.C.S.Eng. ; Physician to the Exeter Homœopathic Dispensary ; Mona Lodge, Lyndhurst Road, and 12, Bedford Circus, Exeter.
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*All communications and exchanges to be sent to DR. HUGHES,  
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OUR DEBT TO HAHNEMANN, AND HOW WE  
CAN BEST REPAY IT; WITH SPECIAL  
REFERENCE TO OUR OWN AND KINDRED  
SOCIETIES.

BEING THE PRESIDENTIAL ADDRESS DELIVERED AT THE  
FIRST MEETING OF THE SESSION, 1896-7.

BY EDWARD M. MADDEN, M.B.

*Physician to the Phillips Memorial Hospital, Bromley.*

Mr. VICE-PRESIDENT AND GENTLEMEN,—I must, in the first place, be allowed to tender you my most hearty thanks for the distinguished honour you have conferred upon me by electing me to your presidential chair, and to assure you that I look upon it—as one of the most enviable positions attainable by any medical practitioner in this kingdom; being, as I take it, the official head of those who adopt the most enlightened, most scientific, and most beneficent of all yet discovered systems for curing the curable and relieving the hopeless in disease. And I am none the less pleased

and proud to have been thus elected to this high office, because I am fully conscious that I owe your suffrages, not to any pre-eminence among you in knowledge, or professional attainments, or work, but to your personal friendship and good-fellowship, which I count among my choicest treasures, and one of the most valued results of having joined this Society, and been a fairly active and regular attendant at your meetings.

In discoursing on our debt, or, should I not rather say debts? for they are many, which we, as medical men, owe to Hahnemann, it will not be possible for me to say anything new or original, for you all of you know his life and work, and the revolution it has worked in medical practice, as well as I can tell it you; so you must pardon and bear with me awhile when I repeat the oft-told tale, and point again to the immense results already attained, and the still greater results to be attained in the future, if we, who are the guardians of his teachings, faint not by the way, but carry his banner forward to that victory which we are assured always awaits those who have truth on their side, however long it may be before it finally prevails.

The first, and, of course, the really greatest gift of the Master to his followers, is the introduction of the reign of law into therapeutics, that great law of drug selection—*Similia similibus curentur*—which constitutes homœopathy, and which has enabled us from his own time down to the present day to be constantly extending the range of specifics in treatment, which is, in fact, exactly co-extensive with the conditions met with in disease which are the same as, or very similar to, conditions produced by drugs in cases of poisoning, provings, or experimental pathology.

No one supposes that every pathological change produced by disease, or accident, has its counterpart in the effects of drugs on the healthy; nor, on the other hand, has every drug-effect its counterpart in idiopathic disease, but the extent to which these two classes of phenomena do imitate or closely resemble one another is immensely greater than would be supposed by anyone who had not studied homœopathic literature and put its teachings into practice.

How greatly this law (the truth of which it would be mere waste of time to prove to this Society, but which the daily experience of ourselves and thousands of others who follow it overwhelmingly confirms), how greatly, I say, this law adds to our powers of using poisons of all sorts for healing the sick, it is as impossible to estimate as it would be to over-estimate. Who, for example, when he learns that copper produces cramp in the stomach, vomiting, diarrhoea and collapse, if he only uses drugs to produce their toxic or physiological effects could find a use for it in medical practice? while to us it has over and over again enabled us to cure cholera and choleraic diarrhoea. Who again, when seeing the mere touch of the leaves of rhus toxicodendron, or primula obconica, produce acute eczematous eruptions or erysipelas, would wish to apply them for this purpose to their patients? but the many sufferers from similar conditions, who owe their relief to small doses of these plants, would make a large army of witnesses to the truth of the Master's teaching; and such instances might be repeated indefinitely and yet not exhaust the list.

To us, then, who are accustomed to look to homœopathically-acting drugs for our chief help in therapeutics, it has become a matter of instinct, not only when we meet with any fresh or unusual array of symptoms to think "what drugs have produced similar effects"? but also, whenever we see, or read of, a case of poisoning or experiments with new drugs, our first thought is, "What diseased conditions are these drugs likely to prove remedial to?" and I trust it will not be thought a mere idle fancy, but to be strictly in accord with sound philosophy and true religion, to hold that the fact of our law enabling us, more than any other law of healing, to bring good out of evil, gives it *ipso facto* an *a priori* claim to favourable consideration as being, at least probably, in accordance with the laws of nature as ordained by a benign providence.

The necessary corollary from the law of similars, which was almost at once perceived by Hahnemann, and which has been universally confirmed by his followers, is, that to obtain the best results in practice it is necessary to give the

medicines in a dose which is smaller than will produce its physiological effects, whether on the healthy or on those whom disease has rendered unusually sensitive to medicinal action. This then, the ability to obtain therapeutic effects from doses too small to act as poisons, is the second great debt we owe to our Master.

From its earliest times the teachers of the art of medicine have begun their doctrines with the maxim, "*Primum non nocere*;" but before the time of Hahnemann not one had, in practice, arrived within measurable distance of fulfilling this first essential of rational therapeutics. And even since his time, up to the present moment, how few outside the pale of his disciples can claim to observe it at all rigidly. Much, very much, of the more harmful methods of treatment has been done away with since the days of Hahnemann, and largely owing to the fact, to which it was impossible for the medical profession to shut their eyes, that patients got well under homœopathic treatment (which to them has always been thought to be equivalent to leaving them to the unaided efforts of nature), as well as or better than under the old *regime* of blood-letting, blistering, purging and heroic drug poisoning. But take the few undoubted specifics of the present day, such as quinine in ague; iodide of potassium in tertiary syphilis; digitalis in cardiac dropsy; arsenic in certain skin affections; or take again the now fashionable hypnotics, anodynes and febrifuges made in such bewildering numbers from the products of the distillation of coal tar, and labelled "anti" this, that, or the other by their manufacturers; or take, finally, the new serum-therapy, so largely used now in the treatment of, or for protection against, a great proportion of acute contagious diseases. Take all these, I say, and though we must admit with much thankfulness that they show an immense advance upon the methods in vogue one hundred years ago, yet no one can pretend that, used in the manner and doses prevalent among the mass of the profession, there is a single one which is free from the risk of injuring the patient, and, as a matter of fact, we are constantly seeing reports of such injuries, not a few of which have proved fatal. We, on

the other hand, in so far as we are true to the teaching of Hahnemann, run no such risk, except in the rare cases of special idiosyncrasies, where certain drugs, even in infinitesimal doses, will produce their toxic effects, but never to the extent of endangering the life of the patient; while in not a few instances, these so-called medicinal aggravations, following the ordinary homœopathic dilutions, are the forerunners of a most satisfactory re-action in the desired direction, and of a rapid relief of the complaint for which the medicine had been given. It has always seemed to me, then, that by no means the least of our debts to Hahnemann is for having shown us how to avoid this pitfall which stands gaping at the threshold of every other therapeutic system of drug administration.

How far it is possible to reduce the dose beyond its physiological one without losing its therapeutic virtue, or how near to the physiological dose it is safe to go, and yet obtain the good effects of its homœopathic action, are perennial sources of discussion among ourselves, and seem no nearer solution now than in the days of Hahnemann; and since he himself, at different periods of his life, varied his own views on this subject to almost as great an extent as now separates the advocates of low or high dilutions, we may surely agree to differ on the point without allowing it to cause dissensions in our ranks, which ought to show an unbroken front in our fight for the acceptance of the truth of homœopathy, in all the essentials of which we are agreed as one man. The only *essential* in this matter, we all agree, is that the dose should be a non-toxic one, and how large or how small it should be within this limit will probably always remain a matter of a pious opinion, varied by the personal bias of each one of us.

A natural, though accidental and secondary, result of the use of drugs in small doses is that, besides being not hurtful, they are also not unpleasant; and how great an advantage this is, especially in the treatment of young children, needs no demonstration. Not only is the doctor's call no longer looked upon as a nightmare visitation in the nursery, but children take their doses readily, even eagerly; whereas



under the old system, if the medicine itself did not upset them, they were often made more ill by their struggles to resist taking the nauseous dose than could be compensated for by any advantage following the dose when swallowed.

We all know how, by a natural human perversity, those who have suffered most from the severity of their guardians in their own childhood, come in after years to look upon harshness and restriction as the right and proper thing, and the evidence of true parental love. So, those who have struggled to adult life, through all their early ailments, by the help of old physic, are often with difficulty convinced that there can be any medicine worth the name in a dose over which they have no need to make a wry face, and the after-effects of which do not require them "to seek the seclusion which the cabinet grants." To this extent, therefore, and it is still a large one, the small dose acts as a hindrance to the acceptance of our doctrine, but its advantages, when once seen, far and away overbalance this one drawback.

Statistics from homœopathic hospitals all over the civilized world have shown not only a higher percentage of cures and a lower death-rate than in the general hospitals taking in exactly similar classes of cases, but show also a considerable reduction in the time it takes to restore the patients to health; and this advantage on our side is not only among cases of so-called general diseases, but extends also to the treatment of insanity, that saddest of all complaints to which humanity is liable.

We see, then, that by the teaching of Hahnemann, we have been enabled to approach, more nearly than by any other means, to the ideal of a perfect therapeutic system, for we can absolutely comply with the first rule, "*non nocere*," and in cases where a cure is possible by medicine we are able to obtain the cure "*tuto, cito et jucunde*."

This by no means exhausts the reasons we have for gratitude to Hahnemann, for if, as one of our own members has well shown, there are "fifty reasons for being an homœopath," there must be at least an equal number for owing thanks to its founder. Standing, therefore, so deeply

in debt to the founder of homœopathy, it is not enough that we should all, as we do, willingly and fully acknowledge our indebtedness, but we are in honour bound to do each what in us lies to repay that debt in the only ways in which it is possible, and I would now ask you briefly to consider with me what these ways are. They may, I think, be best considered under three heads. *First*, to extend the knowledge and acceptance of his teaching among the practitioners of medicine. *Second*, to extend that same knowledge and acceptance among the public. *And third*, to perfect the practice of homœopathy as left to us by the Master, until, if possible, there shall be no diseased state left to which we shall not be able to find an appropriate simillimum capable of doing all that drugs can effect towards cure or relief; this may seem, and possibly may be, hopeless of attainment, but nothing less than this should be our ideal, and the higher we aim the nearer we are likely to reach it.

During the century which has passed since his first publication suggesting the law of similars, much has been accomplished in all three of the above directions, but more still remains to be done by us and our successors. As Dr. Pope has shown, in his presidential address to our recent most successful International Congress, the medical profession have already accepted a great part of the teaching contained in Hahnemann's first essay introducing homœopathy to the world; though they persistently refuse to accept the conclusion to which that teaching so conclusively points, and without which so much of their work in experimental pathology and pharmacology is left barren and fruitless—so much so, indeed, that the latter subject is now left out of the curriculum as being thought no longer needful to prepare a candidate for medical practice.

Here and there, indeed, some leader in the profession is found, whose eyes are partially opened, confessing that homœopathy is a partial truth, and the law of similars to be good practice in a certain limited number of instances. But even this faint praise, which is next door to damnation, is by no means universally approved of; and when instances

are adduced, which cannot be simply denied, of like curing like, the truth is promptly obscured by some fanciful explanation of why the same drug should act in opposite directions in different doses; as if the explanation of a fact, even if correct, were evidence that the principle, of which this fact is an illustration, is unsound. Yet such is the logic by which Lauder Brunton and others have succeeded, all too readily, in hoodwinking the profession on this subject; and so ready are they to believe in the foolishness of homœopathy, that the palpable absurdity of the argument never seems to occur to them.

For all this, every noteworthy book on therapeutics or pharmacology of recent date simply reeks of homœopathy, and every year adds to the list of drugs, new to the profession at large, but in many cases old to us, which are being "conveyed" from our pharmacopœia into general use; and it is worthy of remark that in nearly all these cases the medicine is advised to be given singly and in doses ridiculously small from an allopathic point of view.

It might seem at first sight that with all this crypto-homœopathy permeating the profession, it should be a comparatively simple matter to convince them of the reasonableness of our practice and doctrine as a whole; such, however, is very far from being the case—in fact, rather the contrary, for reasons which would not be very hard to point out, but which would take too much time to discuss here.

The second desideratum—to convince the public of the superiority of homœopathy—is, I take it, entirely dependent on our opportunities for demonstrating it in practice; and is, therefore, almost co-extensive with our proportion of adherents in the profession, and the numbers of our public hospitals and dispensaries. Indeed, the public, not having to overcome the same amount of preconceived antagonism to our principle and methods, and not being restrained by the fear of the *odium medicum*, have, in this country at all events, exceeded this proportion, and are in very many instances only prevented from adopting homœopathy in their families by the difficulty, or impossibility, of finding

medical men to treat them on this principle. There are some among our own elders and leaders who are inclined to regret this increasing readiness of the public to accept our teaching and practice, in excess of our ability to supply them with medical attendants willing and able to carry them out in those cases which are serious enough to need the supervision of a professional medical man; looking upon it as a species of cruelty to have taught them the value and superiority of our methods, while they are compelled, in all cases of serious illness, to be treated according to the cruder, crueller, and less successful methods of allopathy. Doubtless there must be at times cases where ignorance of a better, but unattainable, treatment would be bliss; but looked at from the standpoint of the progress of homœopathy, this excess of demand over supply can only be regarded with unmixed satisfaction by those who wish it well.

The perfection of the practice of homœopathy—the third object of our ambition—is, in its ideal, an impossibility, as much as the discovery of a perfect man; since it would imply a complete knowledge of all disease processes, with a certainty of making a correct diagnosis in any given case, and an equally complete knowledge of the toxic effects of all possible drugs. But we must all be conscious that there are many directions in which our knowledge of how to apply our law in practice might be extended, and that there are means of acquiring this knowledge for which we are still waiting. One of the first difficulties, the solution of which is much to be desired, and is by no means easy, is to know in what cases it is useless, or at all events unnecessary, to use drugs at all; for there is still, to my mind, too great a tendency to believe that *quot mala tot remedia*, a belief which, I grant, is much more reasonable in regard to homœopathy than in any other system of using drugs, but which is certainly not true even here.

Another great want is the introduction into our provings of the results of modern methods of pathological examinations. I refer, of course, to such methods as the use of the clinical thermometer, the stethoscope, laryngoscope,

ophthalmoscope, sphygmograph, &c., and the chemical and microscopical examination of the blood and the secretions, all of which were naturally impossible to Hahnemann and his contemporaries, but which have been too much neglected even in provings of more recent date, and the want of which is a most serious drawback in using our *materia medica* for actual practice. Such knowledge as we do possess on these points is largely due to the researches of the modern school of pharmacology, and are mostly "made in Germany;" but to supply the full information desirable to complete our symptomatology would require extensive re-provings of most of our chief drugs upon the healthy human subject, with special reference to these modern methods of observing their effects. Then, again, we are still waiting for the completion of the *Cypher Repertory*, and for a really good, up-to-date work on therapeutics from our standpoint, either in the form of a systematic treatise like Russell Reynolds' or Hare's in the old school, or a collection of monographs on individual diseases, or classes of disease, like Ziemssen's "*Encyclopædia*," or Quain's "*Dictionary of Medicine*."

Truly a great work, and as useful and noble as it is great, is thus seen to be awaiting completion, and a work requiring the help of all, and more than all, at present available, to take part in it; and one which can only be accomplished by the division of labour and the hearty co-operation of all our adherents from all parts of the civilised world.

The means by which we may hope in time to reach the desired goal are, like the chief objects aimed at, mainly three, viz., literature, hospitals and dispensaries, and societies; and though all these means have their effect more or less on all three objects, yet, broadly speaking, we may say that literature is chiefly effectual in influencing the medical profession; our public institutions are the most potent means of converting the public; and it is to our societies that we must chiefly look for the work of completing the art of homœopathy, and supplying the necessary books of reference requisite for applying that art in daily practice.

I do not suppose there will be much difference of opinion when I say that the completion of the art, and supplying the *armamentaria* needed to apply that art to the best purpose, is the most important object to which we can devote our energies, as it is also unquestionably the goal, in attaining which we shall do most good to ourselves individually. It is also, I cannot but believe, the way, of all others, in which we can best pay the debt we all owe to Hahnemann for his gift of homœopathy.

Since, then, we all owe this deep debt to our Master; since this is the way in which we can do most towards repaying it; and since this object can be best and most fully obtained by co-operation, such as can only be obtained by societies like our own, it becomes the clear duty of all who have accepted, and daily benefit by, the gift of Hahnemann, to join the Homœopathic Society, whether the parent society or a local one, and do their share of the work necessary to accomplish the object in view. That this Society has done, and is doing, good work in this direction, all of us who take any interest in it are well aware. Never a year passes without some papers being read extending our knowledge of new drugs, or new uses of old ones, as well as giving clinical cases illustrating these uses. Last year, too, a most admirable paper was read by Dr. Wilkinson, which is exactly in a line with the direction I have pointed out as one in which our work is needed. The title of his paper was, "The Influence of certain Drugs on the Excretion of Uric Acid in the Urine"; and gave most instructive and carefully recorded results of provings with four medicines on his own person. But Dr. Wilkinson himself would, I am sure, be the first to confess that this is only a small beginning to the work which is needed in this one direction alone; to carry it out fully would need the combined work of a number of provers, and experiments with some dozen or two drugs known or supposed to have some action on this excretion; and I would suggest to our *Materia Medica* Section that they could not do better than endeavour to form a body of provers to carry on this experiment so ably begun.

Then again, it is to this Society that we owe the publication of the "Cyclopædia of Drug Pathogenesis," the most important work on materia medica since the "Materia Medica Pura" of Hahnemann. And though we cannot claim the production of the work as emanating entirely from the Society, yet all the workers on it in this country, Drs. Hughes, Drysdale, Dudgeon and Pope are active members and ex-presidents of this Society, and have helped to make the Society what it now is, and would, I am sure, be all willing to acknowledge that the Society has helped to make them what they now are.

But the sharing in this work, already begun, though a still larger part left as yet untouched, is by no means the only advantage to be gained by belonging to such a Society. From time to time there are certain to arise questions in Parliament and elsewhere, in which our interests, if not our very existence, may be at stake; and in such a case there can be no means more powerful which we could bring to bear upon it than deputations or memorials from this Society as representing British practitioners of homœopathy. And we must always remember that the strength and influence of our Society would be in exact proportion to its numerical strength, and should legal questions arise it would be more or less strong in proportion to the length of its purse. To us, then, who form such a small body, hardly over one per cent. of the total number of qualified medical men in this country, it is of the utmost importance that, if only for defensive purposes, we should be bound together into one compact whole, and that not one if possible should be left out. Nor is it by any means purely hypothetical that the need for united action may arise. The Medical Act is at the present time undergoing revision, and it behoves us to look most critically at such changes and omissions as will be proposed; for we cannot hide from ourselves the fact that the majority of the old school would be only too pleased to have the Act altered in such a way as to make us again liable to legal persecution, as was the case before the inclusion of the twenty-third clause in the Medical Act of 1858, which has been well termed our charter. Then, too, when the

time comes, as it assuredly will one of these days, that all hospitals and public dispensaries are supported and governed by the State, or the local authorities, it will rest with the executive of this Society to see that homœopathy is adequately represented in the institutions as then managed. And if we are ever to arrive at its being made compulsory for candidates for medical licences to prove that they possess some real knowledge of homœopathy, other than the false caricature of it which the professors of medicine at present give them, if they refer to it at all; or, if we are ever to obtain permission to grant diplomas to practise to students who have studied at homœopathic hospitals or schools, these can only be reached through such public and concerted action as can be taken by our Society, compared to which individual efforts, however influential or energetic, would be almost useless.

Finally, every argument for joining medical societies of any kind, the making of friendships and acquaintances, the sharpening of intellect by the friction of mind on mind, the acquirement of accuracy of thought and readiness of expression which, as Bacon tells us, result from the practices of writing and speaking, should all impel everyone who believes in homœopathy to join a homœopathic society, for in this only can every subject pertaining to medicine, including homœopathy, be discussed; while to most others we are ineligible, or at best meet with a very half-hearted reception. Every argument, then, of duty requires us to join and work in some homœopathic society, whereby we may be enabled to repay some portion of our debt to Hahnemann; while self-interest, if not even self-preservation—the first law of nature—requires us to join the parent society so as to make it as strong as possible to guard these interests.

With such thoughts, then, as to the inherent necessity for, and usefulness of this Society; and with such suggestions as I have been able to throw out for still further increasing its usefulness, I welcome you all here to-night on the first meeting of a new session, with every wish for, and expectation of, a series of thoroughly practical and pleasant evenings spent in your congenial society.



ON SOME PSYCHOLOGICAL ASPECTS OF THE  
ABNORMAL.

(*Mainly a Criticism on "Degeneration," by Dr.  
Max Nordau.*)

BEING THE PRESIDENTIAL ADDRESS DELIVERED BEFORE  
THE LIVERPOOL BRANCH <sup>1</sup>

BY CONRAD THEODORE GREEN, M.R.C.S., L.R.C.P.  
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IN the exercise of our profession we are continually being brought face to face with the abnormal as regards man's physical and mental states, and it lies within our province as medical men to endeavour to restore them to as normal a condition as may be.

I hope, therefore, it will not prove unprofitable if, in this first presidential address which I have had the honour of laying before you, I discuss some of those mental irregularities which are not grave enough to come under observation in asylums, and which are yet, for the most part, taken but little note of by the general body of our profession.

It is not my intention here to discuss the protean forms of organic lesions, nor yet the vagaries of mental disease as treated by the alienist, nor the more obvious physical abnormalities, such as are evidenced by supernumerary digits or a pointed ear. But I shall follow the lines laid down by Dr. Max Nordau in his book, "Degeneration," and offer some criticism thereon. Briefly summed up, his doctrine seems to be: "All who do not agree with my views are 'degenerates,' and the standard of sanity by which others are to be judged is myself." Like Professor Gloghoul, Max Nordau is a student of the abnormal. He considers that all persons reputed sane who hold peculiar views on any subject

<sup>1</sup> October 8, 1896.

are degenerate. As we progress we shall find much that we can agree with him in, but I expect we shall think that he carries his theories too far, and we may feel that the term "degeneration" is not always applicable to his instances, but that "arrest of development" would better express the state he describes.

It is evident that man's relations to his environment are not always happily contrived. Mr. A. J. Balfour says: "Mr. Spencer looks forward to the time when the relation of man to his surroundings will be so happily contrived that the reign of absolute righteousness will prevail; conscience grown unnecessary will be dispensed with, the path of least resistance will be the path of virtue, and not the broad but the narrow way will lead to destruction." But Mr. Balfour concludes that "by the time we are all perfectly good we shall be all perfectly idiotic."<sup>1</sup>

*Fin-de-Siècle.*—Dr. Max Nordau says this term is both a silly and a necessary one. It expresses decadence, an approaching "dusk of the nations," in which there is "an end to established order, which for thousands of years has satisfied logic, fettered depravity, and in every art matured something of beauty."<sup>2</sup> Among the symptoms of this disease of the modern intellectual world he places eccentricities of dress, "in which all the outlines of the human figure are lost, and which cause women's bodies to resemble now a beast of the Apocalypse, now an armchair, now a triptych or some other ornament. The men complete the picture. They are preserved from excessive oddity through fear of the Philistine's laugh . . . but fancy plays the more freely among their hair. The common feature in all these male specimens is that they do not express their real idiosyncrasies, but try to present something which they are not." Followed to their dwellings, "all is discrepant, indiscriminate jumble." Their art exhibitions, concerts, plays and books all display the same craving for the *bizarre* and *outré*.

*Diagnosis.*—Quoting Morel, he says: <sup>3</sup>"The clearest

<sup>1</sup>"Foundations of Belief," p. 75.

<sup>2</sup>"Degeneration," p. 5.

<sup>3</sup>*Ibid.*, p. 16.

notion we can form of degeneracy is to regard it as a morbid deviation from an original type . . . this deviation contained transmissible elements . . . that anyone bearing in him the germs becomes more and more incapable of fulfilling his functions in the world ; and mental progress . . . finds itself menaced also in his descendants."

Degeneracy betrays itself among men in certain physical characteristics—stigmata. These consist of deformities, multiple and stunted growths in the first line of asymmetry, the unequal development of the two halves of the face and cranium ; then imperfection in the development of the external ear, which is conspicuous for its enormous size, or protrudes from the head like a handle, and the lobe of which is either lacking or adhering to the head, and the helix of which is not involuted ; further, squint eyes, hare-lips, irregularities in the form and position of the teeth, pointed or flat palates, webbed or supernumerary digits, &c. Lombroso apportions these and other stigmata merely to his "born criminals" ; a class, Nordau tells us, which is only a sub-division of degenerates, and says that if we examined "the persons and pedigrees of the originators of all the *fin-de-siècle* movements in art and literature, we should almost always discern one or more of these stigmata. Science, however, has found, together with these physical stigmata, others of a mental order . . . which allow of an easy demonstration . . . from the works of degenerates." In these "higher degenerates" (Magnan) some of their faculties are completely stunted, others morbidly exaggerated. They nearly all lack the sense of morality and of right and wrong. When this is present in high degree we have the moral insanity of Maudsley ; but there are lower stages where the degenerate does nothing to conflict with the criminal code, yet seeks, with well-sounding phrases, to prove that "good and evil," "virtue and vice," are arbitrary distinctions, goes into raptures over evil-doers, professes to discover beauties in the lowest and most repulsive things, and tries to awaken interest in every bestiality. The two psychological roots of moral insanity are : (1) Unbounded egoism ; (2) impulsiveness ; and near these is emotionalism. Common-

place poetry, pictures, and music excite him greatly, and he is proud of his sensibility to externals, which is not shared by the Philistine. "Besides moral insanity and emotionalism there is to be observed, in the degenerate, a condition of mental weakness and despondency, an indefinite apprehension when they see, smell, or touch any object"; and, as a rule, a disinclination for exertion of any kind. "The degenerate and insane are the predestined disciples of Schopenhauer and Hartmann, and need only to acquire a knowledge of Buddhism to become converts to it." With incapacity for action there is predilection for inane reverie, because the subject cannot fix his attention on any subject. "It is easier and more convenient for him to allow his brain centres to produce semi-lucid, nebulously blurred ideas and inchoate embryonic thoughts, and to surrender himself to the perpetual obfuscation of a boundless, aimless, and shoreless stream of fugitive ideas."<sup>1</sup> He calls this "having an idealist temperament." According to Lombroso, it can scarcely be doubted that the writings and acts of anarchists are attributable to degeneracy; because the degenerate is incapable of adapting himself to existing circumstances, as they impose upon him the duty of self-control. Finally, says Nordau, a cardinal mark of degeneration is mysticism. He has much to say of this later on. It must not be supposed that degeneration is synonymous with absence of talent. "One meets in a badly balanced mind traits of meanness and pettiness, all the more striking from the fact that they co-exist with the most brilliant qualities" (Legrain). "Genius to madness is allied." "The leading characteristic of the hysterical," says Colin, "is the disproportionate impressionability of their psychic centres." They easily yield to suggestion both from within and from without. At the same time every hypnotist finds that hysterical subjects do not readily yield *permanently* to his suggestions, because their inherent auto-suggestion is so powerful. The hysterical subject is the most selfish person on the face of the earth. His "I" towers up before his mental vision so as to conceal his whole mental horizon.

<sup>1</sup> "Degeneration," p. 21.

There is hardly a hysterical person whose retina is not partly insensitive (Berger). To this fact Nordau ascribes the eccentricities of some painters in colour or outline, such as the "Glasgow School," or dyers in grey and faded tints, on the one hand, or he who depicts nature void of firm outline on the other. Colour blindness and nystagmus will account for these. So that a painter who does these things may be perfectly sincere when he asserts that he reproduces what he sees.

The habit of forming associations for mutual aid is universal. So Nordau's contention that persons wholly or partially deranged form societies loses force. He quotes Lombroso as saying that criminals form bands,<sup>1</sup> and Charcot, that persons of highly strung nerves attract each other; he also speaks of the *folie à deux*, in which a deranged person completely forces his insane ideas on a companion. He says these different classes have a common organic basis; those who lead and inspire, and their associates who display weakness of will and morbid susceptibility to suggestion. Some time ago, a friend, speaking of the numberless phases of religious thought, said to me: "We have ceased to kill each other for difference of opinion." "Yes," I said, "nowadays we form societies and take up subscriptions." But it is perfectly obvious to all that sane people also band together to the better obtain their ends, and such have also their leaders and their followers.

*Ætiology.*—Nordau opens with the enquiry how it is that the malady of degeneration is so prevalent at the present day, and quotes Morel as tracing it chiefly to poisoning. "A race which is regularly addicted, even without excess, to narcotics and stimulants in any form, such as fermented alcoholic drinks, tobacco, opium, haschisch and arsenic; which partakes of tainted food, as bread made with bad corn; which absorbs organic poisons, as marsh fever, syphilis, tuberculosis or goitre, begets degenerate descendants, who, if they remain exposed to the same influences, rapidly descend to the lowest degree of degeneracy, to idiocy, to dwarfishness, &c."<sup>2</sup> He

<sup>1</sup> "Degeneration," p. 30.

<sup>2</sup> *Ibid.*, p. 34.

also considers that the unfavourable influences of large towns produce the same effect upon the human organism.

The chief cause of hysteria and neurasthenia, he concurs with Féré in attributing to fatigue. "One can change a normal into an hysterical individual by tiring him."<sup>1</sup> "To this cause—fatigue—the whole of civilised humanity has been exposed for half a century. . . . The discovery of America, the Reformation, stirred men's minds powerfully, no doubt, and certainly also destroyed the equilibrium of thousands of brains which lacked staying power. But they did not change the material life of man. . . . In our times, on the contrary, steam and electricity have turned the customs of life of every member of the civilised nations upside down."<sup>2</sup> The humblest village inhabitant has to-day a wider geographical horizon . . . than the prime minister of a petty state a century ago. A cook receives and sends more letters than a university professor did formerly." So he concludes, "And so there follows . . . first the savings are consumed, then comes bankruptcy of nervous force, from which results, in the first generation, acquired hysteria; in the second, inherited hysteria, and a constant increase of crime, madness, and suicide."

*Mysticism.*—"A state of mind in which the subject imagines that he perceives unknown relations amongst phenomena, discerns in things hints at mysteries, and regards them as symbols by which a dark power seeks to unveil all sorts of marvels which he endeavours to guess, though generally in vain."<sup>3</sup> On account of their ill-regulated association of ideas the mystic's thoughts are vague and chaotic. Their réveries of dream fancies are very much easier, and, therefore, more agreeable than the toil of reflecting on firmly-outlined presentations."<sup>4</sup>

Yet each of us is a mystic in some way or other. "From all the phenomena which he himself has not observed, everyone forms shadowy, unstable presentations." But the healthy man is in a condition to obtain sharply-defined ideas from his own perceptions, and to comprehend their real connection. The mystic, on the contrary, mixes his half-

<sup>1</sup> "Degeneration," p. 37.    <sup>2</sup> *Ibid.*, p. 45.    <sup>3</sup> *Ibid.*, p. 45.    <sup>4</sup> *Ibid.*, p. 59.

formed, nebulous ideas with his immediate perceptions, thereby obscuring them. "Even the most superstitious peasant has definite presentations of his field work. He may believe in the weather-witch because he does not know how the rain comes to pass, but he does not wait a moment for the angels to come and plough for him." But "all the genuine mystic's presentations, even those of daily experience, are permeated with the incomprehensible, so that he has no clearly-defined perception of any phenomena."<sup>1</sup>

The Pre-Raphaelite movement in England is held to exemplify this phase of mysticism. In 1848, D. G. Rossetti, Holman Hunt, and Millais formed the Pre-Raphaelite brotherhood. They, with others, gave an exhibition of their pictures which "amused" the general public. This attempt to coerce the public taste was not repeated. But though the "school" as such was broken up, nor was the name retained, Sir E. Burne-Jones and Madox Brown joined the coterie, if we may judge a man by his works.

Among poets, Swinburne, William Morris, and D. G. Rossetti were obviously of the same school. Now I think that our author goes too far in his condemnation of these artists. Speaking broadly, because he cannot fathom or analyse their conceptions, he imagines that they are merely "degenerates or mystics." Almost everyone who has seen the works of these great masters, cannot fail to be impressed with their beauty and harmony. At the same time average criticism would say that there is a great lack of definition in many of their productions, their imagination appears to have run riot. But art has a higher office than merely to represent nature faithfully, like photography. It is hers to idealise nature. Though she must depict phenomena truthfully she must leave something for the imagination to dwell upon and construe, according to the spirit that is in us. Extremes are usually erroneous. At the one end are the rationalists, who would reduce everything to rigid logical formulæ; at the other are those mystics who, divining that this does not express the totality of things, go too far in leaving the emo-

<sup>1</sup> "Degeneration," p. 69.

tions uncontrolled by reason, the net result being "maya" or "illusion" of the Buddhists.

According to Nordau, "John Ruskin is one of the most turbid and fallacious minds," and he ascribes his ascendancy over English thought to this, that "the Englishman accepts a fit of delirium if it appear with footnotes, and is conquered by an absurdity if it be accompanied by diagrams."<sup>1</sup>

In a long chapter devoted to "Symbolism," we have described a phase of mysticism whose place is Paris. In a word, the doctrine of these symbolists, if they can be said to have anything so defined as doctrine at all, is that each word, idea, and phenomenon has within it a different meaning from the obvious one. These hidden meanings are generated by an ill-regulated association of ideas, sometimes being the merest echolalia, such as the alienist finds in every mad-house, and the general practitioner too often outside it. Animal-made sound was at first musical, expressing emotion only and no definite idea. But in proportion as the brain develops in the animal kingdom the means of vocal expression are evolved and differentiated, and are capable of making perceptible to the senses not only single generic emotions, but distinct single presentations. The efforts of the Symbolists to bring the word, pregnant with thought, back to the emotional sound, is to degrade man to the level of the "whirring cricket." The meaning of a word, and not its sound, determines its value. The sound as such is neither beautiful nor ugly.<sup>2</sup>

Related to this craze, are those here written of as the "Instrumentalists," whose spokesman is René Ghil. They connect each sound with a definite feeling of colour, and specify the colour-value, not only of individual vowels but of musical instruments. Harps are white, violins are blue, &c. Of late years the Society for Psychical Research has given some attention to "Colour-Audition," as this phase of sensation is better known in this country. Investigators have found that a sound, as "a," may produce the colour red in one person and blue in another. There is no fixed law. The French oculist, Suarez de Mendoza, says: "Colour-

<sup>1</sup> "Degeneration," p. 78.

<sup>2</sup> *Ibid.*, p. 189.



hearing is often a consequence of an association of ideas established in youth, and may have a certain similarity to sense illusion and hallucination."<sup>1</sup> Persons have been known to be proud of possessing this faculty of colour-audition. Here is our author's argument, that degeneration, and not evolution, is the cause of it. The lower organisms have not their senses differentiated; we have. The proboscis of the *Pholas Dactylus* is sensitive to light, noise, touch and smell. Higher animals have their protoplasm differentiated; but not completely so. For we speak of "high" and "deep" tones, and thus give to sound waves a relationship in space which they cannot have. Or we speak of "hard" and "soft" lines or tones, or "sweet" voices, thus transferring the perception of one sense to the impression of another.<sup>2</sup>

We are told that *Tolstoism* is a mental aberration, a form of degeneration.<sup>3</sup> The majority of mankind are content to live. Tolstoi's reason is that they have "faith." Nordau says it is because they are healthy, that there is more of the enjoyable than the disagreeable in life. He says that Tolstoi's alleged love for his neighbour amounts only to self-love. He offers what men don't want in order to gain self-gratification. Tolstoi is quoted as saying that "the aim of every man should be to satisfy all his wants himself." To do this would be to destroy civilisation, which properly recognises the necessity for division of labour.

Antipathy to woman the normal man never feels. But Tolstoi is a terrible misogynist. His "*Kreutzer Sonata*" displays this. He exalts chastity into being the highest virtue, and decries all sexual intercourse as being immoral even between married people. Nordau declares his kinship with the Skoptzi, a sect of degenerates in Russia who practice self-mutilation as being the only means to escape the devil and be saved.<sup>4</sup>

*Wagnerism* is the German contribution to modern mysticism. Richard Wagner is declared to be a degenerate because "he displays in the general constitution of his

<sup>1</sup> "Degeneration," p. 140.

<sup>2</sup> *Ibid.*, p. 145.

<sup>3</sup> *Ibid.*, p. 142.

<sup>4</sup> *Ibid.*, p. 169.

mind the persecution mania, megalomania and mysticism ; in his instincts, vague philanthropy, anarchism, a craving for revolt and contradiction ; in his writings are all the signs of graphomania, viz., incoherence, fugitive ideation, and a tendency to idiotic punning ; and as the groundwork of his being, the characteristic emotionalism of a colour at once erotic and religiously enthusiastic."<sup>1</sup>

His persecution mania is shown by his belief that the Jews conspired to prevent his operas from appearing (Ferdinand Praeger). His megalomania is shown by his verbal utterances and the whole course of his life. As graphomaniac he writes a great deal and is for ever repeating himself. "The mentally sane author will once for all express himself as distinctly as it is possible for him to do and have done with it. . . . The crazed graphomaniac, on the contrary, cannot recognise in his book as it lies finished before him the satisfying expression of his thought, and he will always be tempted to begin his work afresh—a task which is endless, because it must consist in giving a fixed linguistic form to ideas which are formless."<sup>2</sup> Lombroso establishes as a phenomenon among graphomaniacs their fondness for italics, dashes, dots, blanks, and notes of exclamation in order to add force or mystery to their effusions. Wagner often uses half pages of italics. Although Nordau admits that Wagner is incontestably an eminently-gifted musician,<sup>3</sup> he severely handles his theory of the *leit-motif*. By it "Wagner transforms music into dry speech." He combines a few notes into a musical figure, and makes this arrangement with the auditor, "This figure signifies a combat, that a dragon, a third a sword," &c. By imitating thunder, music can express the notion of a thunderstorm, but it cannot produce an unequivocal embodiment of the visible and tangible world, let alone that of abstract thought. His *leit-motif* abasing music to a conventional phonetic symbol is atavism ; his "unending melody" is atavism, leading back the fixed form to the vague recitative of savages.

<sup>1</sup> "Degeneration," p. 172.

<sup>2</sup> *Ibid.*, p. 173.

<sup>3</sup> *Ibid.*, p. 197.

We have already had it stated<sup>1</sup> that fatigue is the chief factor in producing nervous disease. Nordau<sup>2</sup> now shows how war is a most important element in causing this fatigue. He says: "Science knows what disorders are produced in man by a single strong moral shock, ex. gr. a sudden mortal danger, it has recorded thousands of such cases which have either lost their reason or been attacked by grave nervous illness. In war, hundreds of thousands are exposed to these fearful impressions at the same time. For months cruel mutilation or sudden death menaces them at every step. They are frequently surrounded by the spectacle of devastation, the most appalling wounds and heaps of corpses frightful to behold. Moreover the greatest demands are made on their strength; they are forced to march till they break down, and cannot count on having adequate nourishment or sufficient sleep. And shall there not appear among these hundreds of thousands (and their descendants) the effect which is proved to result from a single one of the occurrences which take place by thousands during war?" If wounds and horrors apparently escape the soldiers' notice at the time of infliction, "they are, nevertheless, perceived by the senses and their cerebral centres, and therefore leave their traces in the nervous system. 'Traumatic hysteria,' 'railway spine,' nervous maladies consequent on a moral shock, are also frequently unobserved until months after the event occasioning them."

In the text Nordau shows plenty of appreciation for the diversified talents of Wagner, but his thesis compels him to give great prominence to those eccentricities of his that place him in the foremost rank of the "higher degenerates." One of the latest appreciations of the Wagner cult you will find in the *Nineteenth Century*, September, 1896.<sup>3</sup>

*Egomania.*—Nordau says that Esquirol was in error when he introduced the term "monomania" to indicate a partial madness, an isolated "fixed idea" while the rest of the intellectual life is sane. Our author denies that there is

<sup>1</sup> "Degeneration," p. 37.

<sup>2</sup> *Ibid.*, p. 207.

<sup>3</sup> "Influence of Bayreuth," by Fuller Maitland, *Nineteenth Century*, September, 1896.

any monomania. There may be some absurd fixed idea predominating, but there are always other signs of insanity.<sup>1</sup> It was unnecessary for Magnan to invent special names for each of these forms of madness, such as "agoraphobia," fear of open space; "claustrophobia," fear of enclosed space, &c. He calls it "philologico-medical trifling . . . for the list might be lengthened and enriched by nearly all the roots of the Greek dictionary." The principal phenomenon which lies at the base of all the "-phobias" and "-manias" is the great emotionalism of the degenerate. To this he adds "cerebral debility," which implies feebleness of perception, will, memory, judgment, as well as inattention and instability. Our term, "neurasthenia," in its different degrees of intensity, covers the whole ground. "The egomaniac must of necessity immensely over-estimate his own importance and the significance of all his actions, for he is only engrossed with himself, and but little or not at all with external things. He is not therefore in a position to comprehend his relation to other men and the universe."<sup>2</sup>

Now follows a long description of Parnassians, Decadents, and Diabolists. These come under the heading of egomaniacs, because they do not allow the slightest consideration for the feelings of others to stand in the way of their own desires. And these desires are wholly evil. They delight in every form of obscenity, blasphemy, filth, incredible to persons of average sanity. Their evil imaginations are not satisfied with the old well-tried kinds of vice, but they applaud those of their body who can invent some new form of bestiality and wickedness. These say that every man wishes to give way to the baser instincts that are in him, but that we are hedged in by the dull bounds of custom, while they are "beyond" all law, human and divine, which is manifestly untrue. For the majority of mankind are not satisfied to loose the beast that is in them, but are anxious to chain him more securely.

The Decadent sets aside all reason and the necessary art of adapting himself to the surrounding laws and conditions of society. He follows his instincts because he is a "free

<sup>1</sup> "Degeneration," p. 242.

<sup>2</sup> *Ibid.*, p. 257.

man." He does not realise that his instincts are degenerate, diseased. All his senses are perverted by disease. He loves bad actions, foul smells, and revels in sights and thoughts of death and corruption.

Among English decadents is placed Oscar Wilde, and it is instructive to note that he was so placed before his unnatural offences brought him into such unenviable notoriety—and gaol.

The chapter on *Ibsenism* is another prodigiously long one, of seventy-seven pages, and is chiefly taken up with selections from Henrik Ibsen's Dramas, intended to show how absurd they are. "After all the mental stigmata of Ibsen . . . his theological obsessions of original sin, of confession and redemption, the absurdities of his invention, the constant contradiction in his uncertain opinions, his vague or senseless modes of expression, his onatomania and his symbolism—he might be numbered among the mystic degenerates with which I have concerned myself in the previous chapters. We are, however, justified in assigning him his place among the egomaniacs, because the diseased intensification of his ego-consciousness is even more striking and characteristic than his myticism. His egomania assumes the form of anarchism. He is in a state of constant revolt against all that exists. He never exercises rational criticism with regard to this; he never shows what is bad, why it is bad, and how it could be made better. No, he only reproaches it with its existence, and has only one longing—to destroy it."<sup>1</sup>

The psychological roots of Ibsen's anti-social impulses are well known. They are the degenerate's incapacity for self-adaptation. He is a criminal in theory though not in action—except dramatic action.

I will briefly pass over Dr. Nordau's criticism, and therefore condemnation, of the philosophy of Friedrich Nietzsche, the one author being nearly as vague as the other. As usual, however, Dr. Nordau bombards his antagonist with polysyllabic epithets, which mean something at all events when etymologically considered. He says: "As in Ibsen egomania has found its poet, so in Nietzsche it has found its

<sup>1</sup> "Degeneration," p. 396.

philosopher. The deification of filth by the Parnassians with ink, paint, and clay; the censuring among the diabolists and decadents of licentiousness, disease, and corruption; the glorification by Ibsen of the person who 'wills,' is 'free' and 'wholly himself,' of all this, Nietzsche supplies the theory."<sup>1</sup> "The content of his incoherent fugitive ideation is formed by a small number of insane ideas, continually repeating themselves with exasperating monotony. We have already become acquainted with Nietzsche's intellectual Sadism and his mania of contradiction and doubt, or mania for questioning. In addition to these he evinces misanthropy or anthropophobia, megalomania, and mysticism."<sup>2</sup>

It is generally known that Friedrich Nietzsche has since been shut up in a lunatic asylum.

*Realism.*—Nordau tells us that he will be briefer in his criticism of "realism" or "naturalism," because "that naturalism in France is done with is admitted by all the world, and is really only disputed by Zola himself." The fact that Zola's books still command a ready sale does not prove that his vogue is yet alive," says Nordau, "because, first he chose subjects that were topical, and second there will always be found a large number of readers of the nasty and obscene. Zola's novels do not prove that things are badly managed in this world, but merely that Zola's nervous system was out of order."

His predilection for coarseness is a well-known phenomenon. "They" (the imbeciles), says Sollier, "love to talk of obscenities. . . . This is a peculiar tendency of mind observable especially among degenerates; it is as natural to them as a wholesome tone is to normal minds. M. Zola is affected by coprolalia to a very high degree. That he is a sexual psychopath is betrayed on every page of his novels. Connected with the sexual psychopathy of M. Zola is the part played in him by the olfactory sensations. The predominance of the sense of smell and its connection with the sexual life is very striking among many degenerates."<sup>4</sup> This is a stigma of degeneracy, for the higher we ascend in the

<sup>1</sup> "Degeneration," p. 415.

<sup>2</sup> *Ibid.*, p. 465.

<sup>3</sup> *Ibid.*, p. 473.

<sup>4</sup> *Ibid.*, p. 500.

scale of life the smaller does the olfactory lobe become in comparison with the steady growth of the frontal, *i.e.*, the intellectual lobe. This atavism retrogrades to animals amongst whom sexual activity was directly excited by odoriferous substances, as it is still at the present day in the Musk Deer, or who, like the dog, obtained their knowledge of the world by the action of their noses."<sup>1</sup>

*Prognosis.*—Dr. Nordau attempts a prognosis. Having reviewed the effects of exhaustion, begun a generation or two ago and continued to the present time, through the stress of living, and which has resulted in all these manias and phobias which we have had so much of, he asks, "What will come next?" He does not think affairs will get much worse, because these degenerates will become more and more unable to adapt themselves to their environment, they will become weaker and weaker physically and mentally, until they become sterile, or are pushed to one side or trampled under foot by those stronger, healthier ones in body and mind in the great race of life. These latter will gradually become accustomed to the altered conditions, and no longer suffer from the excessive fatigue which results in exhaustion in their own and following generations. Just as the Alpine climber, who suffers from mountain sickness if too eager in the ascent, but, progressing by slow degrees, becomes acclimatised to the thinner air. "Thus adaptation will be effected in any case either by the increase of nervous power, or by the renunciation of acquisitions which exact too much from the nervous system."<sup>2</sup> But he goes on to predict that "Art and poetry will occupy but a very insignificant place, because the course of development is from instinct to knowledge, from emotion to judgment, from rambling to regulated association of ideas."

*Therapeutics.*—What can be done to mitigate this widespread disease, degeneration, which our author has tried to prove is rampant chiefly among the educated classes in great cities? He admits that it is no use at all arguing with the degenerates themselves. But he hopes to warn sane men against these morbid tendencies of the present

<sup>1</sup> "Degeneration," p. 503.

<sup>2</sup> *Ibid.*, p. 542.

day, by showing that they lead to insanity; and he hopes also to save some of those who follow degenerate leaders merely because they have a certain vogue. His gospel of salvation appears to be, in a word, "Read, mark, learn, and inwardly digest my great work on 'Degeneration.'"

*Summary.*—It will not be amiss here to briefly reconsider what it is that Dr. Nordau wishes to establish by his thesis.

(1) The great bulk of civilised humanity has become over-fatigued during the past two or three generations. The same forces are at work at the present day tending to increase this fatigue. I think it would seem that certain patent medicine men are aware of this phenomenon, for they advertise that their "safe-cures" and "panaceas" will soon dissipate "that tired feeling" which attacks so many people when there is any work to be done.

(2) The factors which produce this result are: electrical modes of communication, steam, over-competition, poor food and drink, and insanitary surroundings such as are found chiefly in great towns; war, which causes great mental weariness through excessive stimulation of the senses and profound physical fatigue owing to forced marches and prolonged fighting, together with frequent insufficiency of rest and food. In a word, all that makes the conditions of life more difficult to fulfil with ease.

(3) This neurasthenia is both inherited and acquired.

(4) Degeneration of faculty, often showing itself as atavism, affords the best interpretation of this phenomenon. It appears to me that "arrest of development" will often better explain the nature of the resultant.

(5) This degeneration shows itself in various eccentricities or departures from the normal of common human experience.

(a) *Fin-de-Siècle* presentations, by which it appears that some people regard the end of the century as a separate epoch which is to be judged by different moral laws from those of other times, or better still where each individual is a law unto himself. These ideas are subversive of the ethics which experience has shown to be necessary for the well-being of society.



(b) *Mysticism* as shown by the Pre-Raphaelites, Symbolism, Tolstoism, Wagnerism. The term mysticism is used by Nordau in its broadest sense, and includes all those who cannot or do not express themselves clearly—a very sweeping condemnation, I fear. Theologians, poets, painters, musicians, authors, all come within range of the vituperations of his hendecasyllabical tongue, whenever they happen to give forth something that he, Max Nordau, does not understand.

Everything must be logical in Nordau's cosmogony. He has no sympathy with the weavers of dreams, however beautiful they may appear in book or picture. A Philistine of the Philistines, he would have all done by rule of thumb, all concrete and having its meaning plain to view, so that he who runs may read and leave no room for even fools to err. Yet he is surely right in scourging with many-syllabled epithets those who dethrone Reason and set up Emotion in her stead. The inner consciousness of the mystic has no curb for his imagination. Inane reverie, inchoate fantasies, nebulous ideas that never take definite shape, but melt into one another formlessly, should not be allowed to supersede the dignity of reasonable thought that follows an orderly association of ideas, and results in things that have a meaning.

(c) *Egomania* which is the antithesis of altruism. It is individualism paramount, collectivism nowhere. It is exemplified by the Parnassians and Diabolists, Decadents and Æsthetes, Wagner and Ibsen with their cults, Friedrich Nietzsche and his followers.

This is not the place to discuss the case of Individualism v. Collectivism. Of course both extremes are wrong. "Extremes meet," people say, and Nordau shows, I think, that these extremes do meet here on the common ground of disease. Neither the egomaniac nor the extreme socialist can adapt himself to his environment. The egomaniac, who is a kind of superlative egotist, is a law unto himself. He cannot bear the least restraint, he wishes to "live his life" without reference to anyone else, which is impossible. The anarchist, who falsely calls himself socialist, though

posing as one who is desirous of the greatest good of the greatest number, is destructive, not constructive, or if he be constructive, it is only of infernal machines, or of impossible utopias in which everyone shall be abased except himself, which is absurd.

(d) *Realism*.—An inartistic conception. For, judging the realists by their works, they portray, exactly as a photograph, all that is bad and nasty in life.

The whole of this long book on Degeneration is a study of the different phases of one disease, which is a morbid conception of the individual's own importance and his relation to his surroundings.

If we judge Dr. Max Nordau by his works what shall be our verdict? He is a *fin de siècle* reformer of morals. I think he escapes the charge of mysticism. He is egomaniac in that he exaggerates the importance of his mission, as all reformers do. He is a graphomaniac, for he writes voluminously and repeats his views in nearly every chapter. He is megalomaniac, if only because he uses such big words and scathing censure of those he disagrees with. His realism or naturalism finds no room for aught besides a materialistic conception of life. He was born in Pesth on July 29, 1849. His father was a Prussian. His mother came from Riga. He studied medicine in Paris, Vienna and Berlin, and has resided in Paris since 1880. The fact of his long residence in Paris may account somewhat for his pessimistic views of the morals of society in general. For many of the various classes of his "degenerates" have their home in that city.

He hates to be considered a specialist. He has written novels: "The Century's Disease," "The Comedy of Sentiment"; essays on neuropathology, as "Degeneration"; short stories, as "Soul Analyses"; books dealing with modern life, as "Conventional Lies," "The Paradoxes"; plays, as "The Ball," "The Right to Love"; history, as "Paris under the Third Republic."<sup>1</sup>

Dr. Nordau's obtrusive sanity has made him many enemies, but his fearless pillorying of morbid eccentricity,

<sup>1</sup> *The Idler Magazine*, February, 1896. An Interview by R. H. Sherrard.

which among shallow observers often passes for genius, should gain him many admirers among those who would see the human race progress and not slip backward through degeneration.

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## REMARKS ON CHRONIC RHINITIS AND ENLARGEMENT OF THE LOWER TURBINATED BODIES.<sup>1</sup>

BY DUDLEY D'A. WRIGHT.

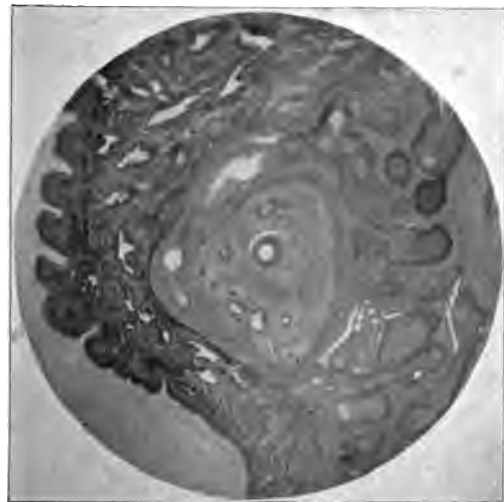
*Surgeon for Diseases of the Throat and Ear, and Assistant Surgeon, to the London Homœopathic Hospital.*

THE first steps of the student of rhinology are often beset with difficulties which are not perhaps encountered by those studying the diseases peculiar to other organs of the body. The most common disease of the nose—viz., chronic inflammation—is apt to evince such a variety of forms, and lead to changes apparently so diverse in nature, and different from the results of chronic inflammation of other parts, that the beginner is often unable to make a connected whole of the various pathological pictures presented to his view.

I believe that much of this difficulty will vanish so soon as we clearly recognise that the character of the morbid changes met with depends for the main part upon two factors: first, upon the original structure of the nasal mucous membrane, and, secondly, upon the physical conditions which obtain within the nasal cavity.

It may be urged that this is a self-evident fact, and likewise applies to pathological conditions in any other organ. This is true, but I believe that environment, even if it does not play a greater rôle in the nasal cavity than it does in other parts in modifying pathological change, is acting in the former case in such an unusual direction that we are made more forcibly aware of its workings.

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, November 5, 1896.



**FIG. 1.**  
Section through inferior Turbinate, including the bone.  
The venous spaces can be seen to the right of the specimen.



**FIG. 2.**  
Normal inferior Turbinate. The mucous glands and  
the venous spaces, with the surrounding muscular  
fibres, can be seen.





FIG. 3.  
Dense hypertrophy of inferior Turbinate. The surface is irregular, and in the deeper parts the venous spaces are almost obliterated.

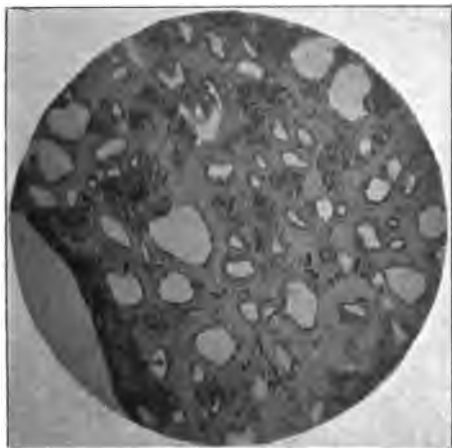


FIG. 4.  
"Turbinal Varix." Dilatation and increase in number of the venous spaces. The surrounding muscular tissue is atrophied.

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As regards the normal structure of the nasal mucous membrane, I would only remind you that so far as the respiratory part of the nose is concerned, it is covered with a layer of ciliated epithelium lying on a basement membrane. Numerous mucous glands contained in the deeper lying tissues open on its surface. Examination of the deeper part of the membrane shows its matrix to be composed of a network of areolar tissue in which the above-mentioned glands, which are of the racemose type, are imbedded. In the lower turbinated body, in the free edge of the middle turbinate, and also in some parts of the membrane covering the septum, a system of communicating cavernous spaces containing blood, and surrounded by a few layers of unstriped muscular tissue, is met with. These spaces are very similar in appearance to those contained within the corpora cavernosa of the penis, and are capable, by reason of their surrounding muscular fibre, of undergoing considerable variations in size. This unstriped muscular tissue is, as is always the case, supplied by the sympathetic nervous system.

In health, the glands above-mentioned constantly pour over the surface of the mucous membrane an amount of mucus sufficient to keep the parts in a moist and pliable condition, so that changes in volume relative to the amount of blood supply may rapidly take place. Some mucus-containing cells are found between the ciliated cells, which also add their quota of secretion. From the blood in the cavernous spaces exudes a serous fluid whose purpose is to supply to the ingoing air the moisture which is necessary, and it is also probable that these same cavernous spaces act by means of the warm blood contained within as a natural warming apparatus by which the inspired air is brought up to the required temperature.

We may now study the effects of inflammation upon the structures above considered. In acute inflammation the tissues are swollen, owing to the fact that more serous exudation takes place than can be conveniently got rid of by the lymphatics. The superficial epithelium is cast off more or less rapidly, and these defunct cells, together with



numerous white cells which have passed out from the blood-vessels and cavernous spaces, and migrated towards the surface, constitute the purulent secretion which is met with in certain stages of acute rhinitis.

This migration of white cells is very clearly seen in sections of the tissues, and they are particularly abundant around the glands and immediately beneath the basement membrane of the epithelium, which evidently retards to some extent their further progress.

The inflammation having passed into the chronic stage, and persisted for some length of time, the same changes are then met with as are observed in other parts of the body. The production of fibrous tissue is often marked, but one usually fails to find the same shrinking and atrophic changes which long-standing inflammation produces elsewhere. Clinically, we nearly always find hypertrophy of a more or less persistent nature, which but seldom, if ever, passes into the atrophic form. This latter condition is met with under entirely different conditions and the pathology of the so-called "atrophic rhinitis" is, I am convinced, essentially different from that of the form we are now considering.

The question naturally arises—How is it, then, that this hypertrophy is persistent? I believe it is chiefly due to the continuance of the water-logged condition of the tissues which we have seen to be a characteristic accompaniment of the acute inflammatory stage.

We have, in fact, to deal with a condition of chronic œdema, a state of matters which will persist so long as the cavernous spaces continue to pour out the serous fluid.

When this water-logged condition has reached a high grade, microscopical examination will reveal considerable change. This is most marked at the anterior and posterior extremities of the lower turbinated body, but it reaches its greatest amount of development in the free overhanging edge of the middle turbinate and those masses of swollen mucous membrane which spring from the region of the opening of the maxillary antrum. In fact, we find this œdema greatest where the physical condition and environment are most favourable to its production and mainten-

ance. If we remove any of these parts so affected, and after the usual hardening and staining processes examine with a low power of the microscope, the tissues will appear thinner than natural, and the connective tissue basis of the parts will be seen to be very loose and attenuated, individual fibres being often separated so as to form an open network, within the meshes of which fluid containing a few white cells is found. This fluid is partly serous and partly mucous as can be ascertained by the usual tests, and is similar in all respects to that met with in ordinary mucous polypi of the nose. In fact, the steps of the pathological process from simple inflammatory hypertrophy with œdema to the formation of a mucous polypus are continuous, and there is no dividing line between the two conditions. If this hypertrophy commences in the upper part of the nose, such as the region of the middle turbinate, it will form a lobular growth which will in time assume the features of a polypus. It is obvious that a similar process commencing in the lower part of the nose, inasmuch as it will receive more support from the surrounding parts, and will not have the aid of gravity to cause its increase, will show but little tendency to pass beyond the stage of hypertrophy with slight œdema.

Numerous examinations of fresh and prepared specimens have convinced me that this is the true explanation of the occurrence of mucous polypi in the nose, and the researches of Dr. Jonathan Wright, of U.S.A., on the same subject, amply confirm this view.

So much, then, for the effects of chronic inflammation of the nasal mucous membrane. We will now pass on to consider another form of enlargement of the lower turbinate which is occasionally met with.

In this form microscopical examination shows but few signs of inflammation. What is chiefly noticed is the enormous multiplication in size, and probably also in number, of the cavernous spaces before mentioned. Besides the enlargement of the spaces themselves, marked atrophy of their circumferential muscular tissue is also noticeable, in many cases the fibres being reduced to a thin single layer, this even at times disappearing. As in the former case, a

certain amount of oedema of the surrounding tissues is present, but there is a marked absence of fibrous tissue formation. The term turbinal varix has been applied to this condition, and, considering the pathological changes present, the name is not a bad one.

Though the cause of this particular lesion has not been definitely ascertained, there can be but little doubt that we must refer it to a loss or perversion of nerve influence. It is particularly met with in young adults of a nervous temperament, and is often associated with asthma, and hay fever, and other nervous symptoms which are probably reflexly induced.

In both the forms of enlargement of the lower turbinate which we have been discussing, nasal obstruction with its well-known secondary features is the most prominent, indeed, often the only symptom.

In individual cases it is by no means difficult to distinguish between the two forms as they are met with in practice. In the first place, a patient with inflammatory hypertrophy seldom has any great amelioration of the obstructive symptoms. The tissue is dense and unyielding, and is not liable to any marked changes in bulk. On the other hand, when the enlargement of the turbinate is due to increase of the cavernous structure, various external agents cause a notable and instantaneous diminution in its volume, so that within a few seconds all obstructive symptoms may disappear, to reappear as quickly so soon as the ameliorating cause has been removed. Thus, under the agency of fright or similar emotional disturbances, the application of cold, and other stimulants of the vaso-motor nerves, constriction of the cavernous spaces takes place. In practice this can be most easily brought about by the application of a 5 per cent. solution of cocaine. Within a minute or two the lessening of the volume takes place, and the patient experiences much relief. This effect, however, seldom lasts long. We have thus a ready method of making our diagnosis.

In both forms anterior inspection of the nose will reveal the presence of the enlargement in the form of a round sessile reddish or bluish red tumour, which pits on pressure

with the probe, and whose surface is often rough and irregular. Associated with it are commonly found other evidences of inflammatory action; thus mucous polypi may be seen in the upper part of the meatus, and a deflection or a spur of the septum may be present, all of which will increase the existing obstruction. By posterior rhinoscopy the growth has an entirely different aspect. Here it is seen as a mulberry-shaped tumour with a pale translucent look not unlike boiled sago. Thickening of the muco-periosteum covering the vomer is commonly seen here too, the thickened portion likewise having a translucent aspect. It is not easy to diagnose this condition of the turbinate by digital examination of the posterior nares, for the enlargement usually collapses temporarily under the pressure of the finger, and so is not readily felt.

With regard to the treatment of these diseases, we must distinguish between those which are of inflammatory origin, and those due to vaso-motor disturbances.

In either case, benefit from internal remedies can only be expected before widespread changes have resulted.

A very suggestive paper on rhinitis by Dr. Wesley Dunn, of Chicago, will be found in the *Medical Era* of April last; in which he points out that in all cases treatment should be carried out on three lines, viz., sanitary, constitutional and special.

Under constitutional treatment he remarks that when nutrition is deeply affected with mental and physical mal-development, baryta carb. will encourage the nutrition, and that where the nerve force is lacking, resulting in an irregular development of the structures, the salts of lime, gold, arsenic, and sulphur will be indicated.

For the vaso-motor paralysis, such as is met with in turbinal varix, vaso-motor remedies such as camphor, cocaine (of course in small doses internally and not locally applied), gelsemium and belladonna will probably do most good, and when nasal asthma and hay fever are present, euphrasia and arsenite of strychnine are, in my experience, reliable remedies.

Any of these means should be supplemented by the use of

alkaline antiseptic lotions, either snuffed up or sprayed into the nose with an atomiser. These help to clear away the mucus if secreted too freely, and also cleanse the surface and brace it up, especially if used cold.

In certain cases which do not yield to internal remedies, local operative treatment is called for. Here our object should be to remove the overgrowth sufficiently to permit of free nasal respiration. This may be accomplished by cauterising the growth with chromic acid fused on the end of a probe, and neutralised in a few seconds by a solution of bicarbonate of soda, or else by means of the galvanic cautery, the red-hot point being made to pierce the tissues of the turbinate down to the bone, so that the resulting scar may be bound down firmly to the latter structure.

In some cases the wire snare, either cold or heated, may be used to remove local redundancies of tissue, especially from the anterior and posterior ends of the turbinate.

In the most severe cases entire removal of the whole lower turbinate may be performed by means of an instrument called the spoke-shave. I have done this several times with the greatest benefit to the patient, and I have not found that the loss of the structure has been followed by evil consequences, and in one or two cases partial regrowth of the soft parts took place.

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Mr. CHAPMAN said he had observed that after the removal of the growth there was a re-formation of the tissue.

Mr. GERARD SMITH wished to ask, with regard to the local use of cocaine, whether the author had observed as a regular thing that there was a secondary action after the constricting action of cocaine. He fancied he had, himself, seen rather serious secondary cedema, or relaxation greater than the normal, after the tissue had been constricted by cocaine, used as a spray in throat cases.

Mr. KNOX-SHAW, referring to the benefit accruing from the use of cocaine, recalled some cases where he had known patients become confirmed cocaine maniacs, and he thought one should be particularly cautious about recommending cocaine as a local application, to be used at the patient's discretion. In the earlier stages of the hypertrophic spongy condition he had found sangui-

naria, 2x, in the form of a snuff, of very great value. It was no doubt important to free the nasal apertures for breathing, but one should be cautious. Mr. Wright said he had had no bad results yet, but it was possible he had not waited long enough. He (Mr. Shaw) had seen an absolutely opposite condition to hypertrophy—atrophy of the mucous membrane—follow. The patient had so much breathing room and so little glandular structure to do the necessary moistening of the air that he suffered all the miseries one associates with atrophic rhinitis. He had occasionally removed turbinates, but had frequently found a mere linear scarification by a cautery point do almost as much good as removing the whole bone. There were, of course, certain cases where the posterior turbinal end was so hypertrophied that there was nothing for it but removal.

Dr. HAYWARD had hoped they might have had some medicinal information as well as surgical given in the paper. He was very grateful for Mr. Wright's full and complete surgical exposition, but he thought as homœopaths they had other resources besides the snare and the caustic. He hoped, therefore, that Mr. Wright would supplement his paper by giving some medicinal information in his reply.

Dr. CLIFTON said that whilst he could not say he would never resort to the knife yet he had sufficient experience to know that he could cure a very great many cases without operation.

Dr. ROBERSON DAY mentioned three medicines which he had found useful. The first was a warm spray of *hydrastis canadensis*, which, persevered in, had been attended with benefit in many cases. The second was a weak saline solution, preferably prepared from sea water or sea-salt. The third was a snuff consisting of bichromate of potash in the third decimal, or a higher dilution. There were, however, many cases which had to be treated surgically owing to the advanced stage the disease had reached before medical aid was sought.

The PRESIDENT (Dr. Madden) asked whether the author had been able to find out if there was any particular form of nasal hypertrophy which was at the root of the tendency to hay fever. No doubt there must be some abnormal condition of the nostrils to make one liable to hay fever, and if it were possible to distinguish the variety, whether inflammatory or varicose, it would be a great help in the choice of remedies.

Mr. DUDLEY WRIGHT in reply said he had not seen actual œdema produced after the application of cocaine, but certainly the vessels had become more relaxed. The ultimate action of

cocaine, like all temporary stimulants, was depressant after a certain time, and Mr. Shaw had rightly cautioned everyone against using it too freely. Nasal respiration was a very important subject, and one which Dr. Moir had taken no small share in bringing before the Society. He (Mr. Wright) had also gone into it fully in some post-graduate lectures at the hospital. With regard to hay fever, Dr. Blackley, sen., who had been the first to work it out thoroughly, had shown that the presence of pollen and other substances in the air was the actual exciting cause. Since his investigations it had been shown that two other factors were also necessary—a peculiar nervous susceptibility on the part of the patient (neurotic temperament) and an abnormal condition of the nasal mucous membrane. It was that abnormal condition which allowed the patient to be the subject of violent attacks of catarrh whenever the pollen was about; it was the easily disturbed nervous system which led to that abnormal condition, and he was inclined to think turbinal varix, which was produced by vaso-motor paralysis, was the expression of the lowered nerve vitality. Hay fever could be relieved by euphrasia and gelsemium, but if this failed the most rapid method was to cauterise the lower turbinates or any hyper-sensitive areas of mucous membranes with chromic acid. He very much doubted whether Mr. Shaw's case was one of true atrophic rhinitis. It was well recognised that that was the result of one thing only, viz., purulent rhinitis of children. True atrophic rhinitis could not be produced by operative treatment of the nasal cavity, certainly not by mere removal of the lower turbinate, but one might get a certain amount of dryness in the nose of a patient, which to his mind was entirely different from atrophic rhinitis, in that a little care would easily remove the unpleasant symptom. He had withheld medical treatment in the paper for two reasons, firstly, he wished to save time for those gentlemen who would follow him, and secondly, he found that when surgeons began teaching medicine to physicians they got into hot water. Physicians generally seemed to know so much about treating medical cases that he would not try to tell them any more.

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HYPERICUM IN SPASMODIC SPINAL PARALYSIS.<sup>1</sup>

BY A. SPEIRS ALEXANDER, M.D., C.M.

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THERE is, perhaps, no class of diseases which lends itself less satisfactorily to medicinal treatment than lesions of the spinal column. In the severer forms of such lesions, even the application of Nature's great law of cure—that of similars—has not yet been attended by eminently favourable results.

Take, for example, locomotor ataxy, or any of its analogues whose cause can be traced to a spinal lesion—in how few instances can cures be recorded by any mode of treatment! Where, indeed, the origin of such conditions is specific, we may, in the iodide of potassium, sometimes find a valuable curative agent, one whose action may perhaps be likened to that of a scavenger, in that it appears to remove the results—the accumulated *débris* of syphilis—rather than to have any definite relation to that malady in its primary pathological bearings. Some years ago, I had a very marked example of the effects of this drug in a case of paraplegia, in a man of about 45 years of age. The paralysis of both lower limbs was absolute, and all reflexes were abolished. After some fruitless treatment, a history was elicited of primary syphilis contracted many years before, and it was therefore concluded that the paralysis was due to deposit in the spinal cord. The iodide was at once administered, and, in a few weeks' time, the patient was able to move both limbs freely. Continuance of the treatment gradually led to full recovery of the power of walking, and he is now frequently to be seen going about comfortably, with only a slightly perceptible dragging of one leg.

Where the origin of the disease is non-specific, however, as well as in some cases in which a specific origin is sur-

<sup>1</sup>Presented to the Section of Materia Medica and Therapeutics, Dec. 8, 1896.



mised, such as locomotor ataxy, which usually does not respond to iodide of potassium, such favourable results are not so easily obtained.

There must be some reason for the failure of our ordinary treatment in these cases, and this may be looked for in several directions.

(1) Lesions of the spinal column are usually insidious in their onset, and slow in their progress. As a consequence, but little notice may be taken of their occurrence at the outset, the patient only coming under medical observation when the disease has already assumed definite symptomatic form, and when the central lesion has passed beyond the sphere of known methods of effectual treatment.

(2) Our inability or failure to recognise the *fons et origo mali*, or that initial disturbance of the vital economy which must be looked for as the cause of the primary spinal lesion, and which is often exceedingly obscure.

(3) (a) The paucity of thoroughly proved drugs, related to the external symptoms of the disease.

(b) The still greater paucity of drugs, related, not only to external symptoms, but to the tissue changes in the spinal cord which give rise to them; or, in other words, of drugs capable of setting up lesions similar to those of the given disease.

The first of these reasons for the failure of ordinary treatment may be dismissed without further comment, the difficulty lying not so much with the attendant as with the patient. We have to take cases as they present themselves, irrespectively of the stage of the disease, and do the the best we can for them.

It is conceivable, however, that the ætiology of such cases, where traceable, might afford some useful clue to the appropriate treatment. In weighing the possible first causes of any given external manifestations of disease, it is not always enough to stop at the known internal tissue changes associated with, or said to give rise to them; it may be necessary to get behind such changes, and discover, if possible, what anterior departure from physiological conditions laid the foundation on which these afterwards reared

themselves. As disciples of Hahnemann, we may push our enquiries beyond the time-honoured domain of the schools, namely, syphilis, alcoholism, and exposure to cold and wet, and in such a condition, for example, as that called by him Psora, seek a possible answer to our investigations. Certain it is that spinal tissue changes do not arise without some initial disturbance in what, for want of a better name, I will call, with Hahnemann, the vital force, and whatever pathological or ætiological theory may lead to the elucidation of such disturbance, and to the successful treatment of its results, is to be welcomed by us as practitioners.

Whether the psoric theory can be utilised in ascertaining the origin of spinal lesions and, therefore, in guiding to their treatment is, however, exceedingly questionable. It is true that Hahnemann, in the "Chronic Diseases," does mention certain symptoms under Psora which are probably referable to the nervous system, and which are as follows:—"Attacks of paralytic weakness, paralytic lassitude of one arm, one hand, one leg, without pain, either sudden or temporary, or beginning imperceptibly, and continuing progressively. Sudden bending of the knees. Children fall without any perceptible cause. Similar attacks of weakness in the legs may be perceived in full-grown persons; in walking, one foot glides this way, the other that way."<sup>1</sup>

These, however, are of too indefinite a character to point decidedly to any lesion of the spinal cord as giving rise to them, though they might perhaps supply a clue to the selection of a remedy corresponding in pathogenesis with the symptomatology of a given case.

With this suggestion—which may be expanded by the experts in the psoric theory—I pass on to yet another important ætiological factor in cases of spinal disease, and that chiefly exemplified by the present paper, namely, *traumatism*.

In this term may be fairly included both the effects on the brain or spinal cord of violence from without, and also those which result from accidents within; more especially,

<sup>1</sup> "Chronic Diseases," Vol. i., p. 100.

the cerebral tissue, as from hæmorrhages into its substance. It is well-known that these give rise to secondary degeneration in the spinal cord, as, for example, in cases of hemiplegia, and also in the affection named by Charcot "amyotrophie spinale deutéropathique," where "a tract of sclerosis (the upper limit of which has not yet been determined) may often be traced along the crista of the corresponding crus cerebri, through the pons, into the anterior pyramid (which may be involved in pretty nearly the whole horizontal and vertical extent) and along the decussation to the opposite side of the cord, in which it occupies almost exclusively the lateral white column."<sup>1</sup>

The results of such a lesion are to be seen, shortly, in a paralytic condition of the upper, but more especially of the lower limbs, characterised by muscular contractions or rigidity, an ataxic gait, and exaggerated tendon reflexes. Such a condition, under traditional therapeutics, is practically incurable, but it remains to be seen whether homœopathy can lay any claim to deal with it successfully.

The question just raised naturally leads us to the consideration of our third proposition—the drugs at our disposal for the treatment of spinal lesions.

Of these, several of the most important have been epitomised in an interesting paper by Dr. J. W. Ellis, in the JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY for January, 1894. In their order, as referred to by him, they are, first, *bisulphide of carbon*, productive of symptoms analogous to those of peripheral neuritis, such as that of alcoholism, where, however, the lesion is in the nerve fibres, and not in the spinal cord; secondly, *lead*, which causes degeneration in the multipolar cells of the anterior cornua, and may, therefore, be related therapeutically to the anterior polio-myelitis acuta of infants, to the chronic form commonly known as Duchenne's paralysis, and also, the author of the paper suggests, to amyotrophic lateral sclerosis; thirdly, *lathyrus sativus*, causing, in those who use it for food, the symptoms of spastic paralysis; fourthly, the salts of *silver* and *barium*,

<sup>1</sup> "Theory and Practice of Medicine." Bristowe, p. 986.

*oxalic* and *picric acids*, producing symptoms of neurasthenia, suggestive of myelitis; and lastly, *agaricus* and *secale*, the latter of which is capable of setting up a degeneration in the posterior columns of the cord, similar to that which occurs in locomotor ataxy.

The physiological action and toxicology of the barium salts have also been fully set forth by Dr. C. Wolston, in a paper presented to the Society in May, 1896. He there shows that the effect on the nervous system is to produce motor paralysis of all voluntary muscles, and that *post-mortem* examination has revealed congestion of the brain and membranes caused by it. Therapeutically, he states that it has been useful in his hands in hemiplegia, paraplegia, paralysis agitans, and infantile paralysis.

In the Journal of the Society for April, 1895, Dr. J. McLachlan discusses the relation of mercurial poisoning to multiple cerebro-spinal sclerosis, chorea, paralysis agitans, locomotor ataxy, Friedreich's disease, &c., and points out the similarity of some of the symptoms produced by mercury to those peculiar to these diseases. Some of the symptoms he quotes from the "Cyclopædia of Drug Pathogenesis" are tolerably characteristic, while others are less definite, and recall perhaps those already referred to as psoric manifestations in the "Chronic Diseases."

In addition to the drugs enumerated, I have now to bring before you another, namely, the subject of this paper, *Hypericum perforatum*, the common St. John's Wort. This drug has long been held in repute empirically as a vulnerary; but its provings, though somewhat meagre, exhibit a certain degree of affinity with the nervous system. Those given in the "Cyclopædia," referable to the latter, are as follows:— "Violent headache, as if from a hammer, especially in crown; tearing stitches in interior of head; formication in hands and feet, they felt furry; right leg and arm lame alternately; giddiness, heaviness of legs, tension of neck and nape; shooting in left knee, tingling in legs and feet as if from fatigue; painful tension like cramp in soles; on going to sleep, jerking of tendons in left wrist; bruised pain in left thigh, muscles supplied by anterior crural are

stiff and sore; starting of legs when falling asleep, slight convulsive shocks and twitches following, preventing sleep; severe drawing pains down nerves of right leg for a few moments; numbness in left arm, waking her three times, going off after friction."<sup>1</sup>

Cowperthwaite states that "it causes vascular erethism of the cerebro-spinal nervous system, cerebral and spinal hyperæmia, and an irritated and highly sensitive condition of parts freely supplied with nerves."<sup>2</sup> He does not, however, give any provings in support of this statement.

In an article on *Hypericum* in the *Monthly Homœopathic Review* for May, 1892, Dr. Pope refers to two cases of Dr. Ludlam's in which the drug proved curative. One of these was a case of chronic asthma, which was traced to spinal irritation resulting from a fall in which the spine had been injured; and the other, of difficulty in walking in a child, who had fallen downstairs, and injured the two inferior cervical and two superior dorsal vertebræ. He also quotes a case of Dr. Burnett's, of paraplegia in a boy of eleven, as a consequence of falls while climbing trees, &c. In this case, likewise, *hypericum* effected a cure, after the failure of *gelsemium* and *arnica*.

In the *Review* for June, 1889, two cases of tetanus are quoted from the *California Homœopath*, which Dr. Hevsen, of Leipzig, treated with *hypericum*, and in both cases the patients made a good recovery.

Dr. Hughes and other writers speak of the drug as being to the nervous system what *arnica* is to the muscular, but more extended provings are requisite to show its relation definitely to the cerebro-spinal nervous system. So far as I am aware, no *post-mortem* evidence has yet been obtained to prove that it is capable of setting up pathological changes in the brain or spinal cord, and till this is forthcoming, we can only surmise, from its clinical effects in cases whose symptoms point to a spinal lesion, that it acts, at all events, in the direction of affecting the central nervous structures.

<sup>1</sup> "Cyclopædia of Drug Pathogenesis," pp. 678 to 682.

<sup>2</sup> Cowperthwaite's "Materia Medica of Therapeutics," p. 389.

The cases I am about to narrate show in a striking manner the power of hypericum in removing certain paralytic conditions, having the usual classical symptoms and signs of spastic paralysis, and presumably referable to a lesion, congestion, or irritation of the lateral columns of the cord, as a result of traumatism.

*Case I.*—J. S., aged 23. First seen, September 22, 1893; with the following history: He had been a private in the Army Medical Service, but had been invalided out a year and ten months previously—*i.e.*, towards the close of 1891—on account of supposed aneurism of the abdominal aorta. For three months previous to his discharge, he had suffered from pain in the back, which was attributed to a wetting he had undergone while on duty. He had been treated for it in the military hospitals at both Devonport and Woolwich, and had finally been dismissed as incurable, on the above-mentioned diagnosis. After his dismissal, he continued to suffer from the back pain, and also from aching and shooting pains across middle of abdomen and down both legs, and the left leg then began to give way in walking.

In the summer of 1892, he was admitted to the Royal Albert Hospital, Devonport, where aneurism of the aorta was again diagnosed; but subsequently, after examination under chloroform, this diagnosis was negatived. While in hospital, he received no benefit, and continued in much the same state during the whole of the autumn, always suffering from the pains already described.

In the early part of 1893, all the pains gradually disappeared, and he felt so much better that he was able to engage in some light business occupation. On July 7 of that year, while driving a dog-cart, the horse bolted, and in pulling the animal in, he felt something suddenly give way in the middle of the spine. He immediately lost all power of standing and walking, falling about on attempting to do so. A lump, situated over the point in the spine where he had experienced the giving way, appeared at once after the strain. After this he was confined to bed for six weeks, suffering no pain, but becoming gradually weaker and more helpless. All sensation in the right leg was lost, and partially also in the left. There was also loss of control over the rectum, but not over the bladder.

When first seen, on September 22, 1893, the patient's gait at once arrested the attention. Supported by a stick, and with the free hand grasping at the furniture for support, he hobbled into

the consulting room, a most pitiable object to behold. While leaning on the stick and foot of one leg, he carried the other forward with a semi-circular swinging movement, the foot being brought to the ground with a flap, the toes then dragging on the floor at the next step. There was much trembling and jerking about the knees, and the toes were usually pointed inwards. He also complained of not being able to feel the ground properly under his feet.

The foregoing history was then given. The patient was a strongly-built looking young man, and no record of any previous illness could be obtained, nor, in particular, was there any history or sign of past venereal disease. To give support to the back, he was wearing a felt jacket, and on its removal, a swelling, about the size of the closed fist, was discovered, at the level of the ninth and tenth dorsal vertebræ. The spinous processes could be easily felt projecting backwards under the skin, and evidently there had been a luxation in that direction of the vertebræ in question. The possibility of caries of the bones at once suggested itself; but, in the absence of either psoas or lumbar abscess, such a condition was negatived. The severe strain received while driving appeared to have been the immediate cause of the dislocation; but what predisposing circumstance had led up to it was not apparent. The patellar reflexes on both sides were greatly exaggerated, and ankle-clonus was also markedly present in both limbs. There was diminution of sensibility to touch in the skin of the right leg, and to a less extent in that of the left. Neither limb appeared to be emaciated.

The case presented the usual features of spastic paralysis—excepting in the diminished sensibility, a symptom not usually found in this disease—and was clearly of traumatic origin. After long-lasting prodromata, the present condition had suddenly supervened on the accident above recorded; the loss of power in walking being apparently due to a local disability of the spinal cord, presumably set up by the pressure of the dislocated vertebræ. Whether such mechanical pressure was the sole causative factor in the case, or whether there also existed some degree of degeneration in the lateral white columns of the cord, the sequel may show.

The patient was now put on hypericum 1x, under which treatment slight improvement set in, and on October 23, 1893, he was admitted to the Devon and Cornwall Homeopathic Hospital for further observation. The dilution of the hypericum

was at the same time changed to the mother tincture, of which two drops were given every four hours. A rapid amelioration in all the symptoms was soon noticeable. Control over the rectum was regained in a week after admission. Full sensation gradually returned, first to the thighs, and then to the legs and feet, and finally he was once more able to feel the ground in walking. After a time, he was able to hold himself upright, and therefore discarded the felt jacket. By degrees, too, the gait improved, the dragging of the feet disappeared, the legs were thrown forward in a natural manner, the feet firmly planted on the ground, and gradually he was able to walk out daily for increasing distances, without undue fatigue. His progress towards recovery was steady and satisfactory, and on December 5, 1893, he was dismissed from the hospital, cured, as far as the paralysis was concerned. The knee-jerks were normal, and the ankle clonus gone. A remarkable circumstance in the case was, that the vertebral luxation remained *in statu quo*. The prominence of the vertebræ remained unchanged: but all pain in their region had disappeared. The pressure of the bodies on the anterior surface of the spinal cord must, therefore, have still been present after the patient's recovery; and one seems forced to the conclusion that there must have also existed some previous or concurrent degeneration in the lateral columns, which had been cured by the hypericum.

This patient was seen again on December 17, 1894, when he appeared quite well, and stated that he had just walked fourteen miles without fatigue, and that he usually walked five or six miles every day. The only inconvenience he experienced was a slight difficulty in stooping to lift weights. The prominence of the vertebræ persisted.

Again, in September, 1896, the patient was seen, and was still quite free from his past ailment.

*Case II.*—J. H., aged 18. First seen, May 16, 1896. The symptoms which led this patient to seek for treatment were both subjective and objective. He complained of a severe and constant headache over the vertical and frontal regions, accompanied by giddiness in walking. He had suffered from this pain for a period of two years, and attributed it to the effects of a violent blow he had sustained, by striking his head against the corner of a door. The head, he said, had been cut open, and a cicatrix could be seen and felt at the site of the pain. He also complained of increasing debility, night sweats, and loss of flesh. His normal weight was 142 lbs., and at the date of his first visit,



132 lbs. A still graver circumstance of his illness, however, and that which had chiefly caused anxiety to his relatives, was the frequent occurrence of fits. The first was said to have taken place, during sleep, a year after the blow on the head had been received, and others had occurred at intervals of a few weeks from that time onwards. The leading characteristics of these fits, as described by the patient's father, were as follows:—Loud, deep guttural sound in throat, lasting two or three minutes; slight froth around lips; strong contraction of both arms, but slight in legs; head drawn slightly to the right; face red at first, changing to white; eyes drawn upward, and only the whites visible. Fits always occurred about 4.30 a.m., during sleep, not awaking the patient, who continued to sleep afterwards; next day he felt sick, and complained of headache, but had no knowledge of a fit having taken place.

The gait in walking was marked by slight staggering and conspicuous dragging of the legs, this being due, according to patient's statement, to a feeling that the ground was running away from him. He was unable to walk steadily along a line on the floor, nor could he turn round without staggering, even with the eyes open. The knee-jerks on both sides were found to be greatly exaggerated, and on both sides also ankle-clonus could be easily elicited. There was no loss of control over either bladder or rectum. In the upper limbs there was no definite paralysis, but merely relative loss of power.

Here, then, was a history of a severe blow on the head, leading first to headaches and giddiness, then to fits, and finally to objective symptoms, highly suggestive of spasmodic spinal paralysis. Presumably, therefore, incipient degeneration had set in in the lateral white columns of the spinal cord. Charcot, Erb, and others attribute this condition to exposure to wet, to sexual excess, and to injuries, either to the cerebral hemispheres, or to the spinal cord, and the mode of progression of the effects of a cerebral hæmorrhage downwards to the spinal cord has already been described. If, therefore, we are to accept the views of the original investigators of this disease—and notably those of Dreschfeld, who was the first to determine by *post-mortem* examination the nature and distribution of the spinal lesion—the history of the traumatism gives sufficient *raison d'être* for the onset of a subsequent degeneration in the lateral white columns.

In view of the assigned cause of the illness and the urgency of the fits, the first prescription given to this patient was *arnica mont.* 3x and *cicuta vir.* 3x in alternation. He was next seen on

June 1st, on which date he reported that there had been no recurrence of the fits, but in other respects he was worse. He had been getting much weaker, the dragging of the feet was more marked, and the reflexes more exaggerated. It was thus becoming still more evident that a spinal lesion had to be dealt with, and in view of the alleged origin, however remote it might appear, the prescription was altered to hypericum  $\theta$ , gtt. ii., 4 hrs.

On July 11, a decided improvement was noted. There had been no more fits, patient felt better, and thought he was gaining flesh. He also walked more steadily, though the reflexes were still unchanged.

On July 22, he was found to be much better all round. He had gained 8 lbs. in weight, headaches and giddiness had ceased, and he now walked quite firmly, without any perceptible dragging of the legs. The knee-jerks were still exaggerated; ankle-clonus on right side was much less, and no longer present on left.

Patient now went to the country for change of air, and was not seen again till September 19. A great change for the better was then at once noticeable. His weight had increased to 146 lbs., and he said he felt quite well. He had learned to swim and to cycle during his holiday, and both these accomplishments he could now perform with ease. There had been no return of headache, giddiness, or fits. The knee-jerks were found to be normal or nearly so; there was still very slight ankle-clonus on the right side, but none on left. Patient considered himself quite restored to health, and had been at work again for the last three weeks, without feeling any the worse for it. Hypericum had been taken steadily since his visit in July, and was now continued twice a day.

The patient has been seen several times since his return home, and there has till now been no recurrence of the spinal symptoms. He looks and feels well, and walks without the slightest difficulty. It is perhaps too early to say that he is cured, however, for, though he continues well as far as the paresis is concerned, yet on two or three occasions there has been a repetition of the fits during sleep.

The result of treatment in the foregoing case thus tends to indicate the spinal cord, rather than the brain, as the sphere of action for hypericum. Its effect in removing the paralytic condition in both the cases narrated was undoubted; while it appeared to have no control whatever over the epileptiform manifestations.

That its mode of action was homœopathic is highly probable, though, in the absence of accurate provings on the spinal cord, it is impossible to substantiate such a conclusion. In order to do so, it would be necessary to carry out a series of laboratory experiments with the drug on animals, noting any paralytic conditions produced; and then, by microscopical preparations, demonstrating the effects set up in the spinal cord. Such a proceeding might enable us to place its therapeutical use on an unassailably scientific basis; though, as long as we continue to hold, with Hahnemann, that the "*outwardly reflected image of the inner nature of the disease, i.e., of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure,*"<sup>1</sup> we shall not be thereby placed in any more favourable position for alleviating our patient's suffering, or curing his disease.

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The PRESIDENT (Dr. Madden) said it was a little unsatisfactory, from the homœopath's point of view, that hypericum had no direct symptoms pointing to spinal lesions; but it had yet to be discovered whether hypericum would answer in cases other than those arising from cerebro-spinal traumatism. Probably it would not.

Dr. MOIR urged the importance of recognising the early symptoms before the tissue changes had taken place. In such a disease as locomotor ataxy, case after case came to the out-patient room in which there was no tissue left to conduct the nerve impressions at all. It was the same with atrophy of the optic disc—no amount of medicine could then affect the case. With regard to the first case, he wished to know whether there had been complete rest before the patient entered the hospital. Everyone knew how much might be done by absolute rest in bed, in cases of injury to the spine. He mentioned the case of a child who was in the hospital suffering from complete paraplegia of uncertain causation. After a time a fluctuating swelling appeared in the dorsal region, which he had intended to ask Mr. Knox Shaw to operate on, to see if there was an abscess, but the child improved, and he had not interfered. The swelling and the paraplegia disappeared, but, some

<sup>1</sup> "Organon of the Art of Healing," p. 67.

time afterwards, caries was developed, and she had since been in the hospital with well-marked curvature of the spine.

Dr. BLACKLEY agreed with Dr. Moir that considerable allowance must be made in traumatic cases for the effect of rest, and also for the powers of nature towards effecting a cure. He mentioned the case of a miller suffering from locomotor ataxy, caused by a sack of flour falling on his back. He had girdle pains, lightning pains, peculiar gait, exaggerated knee-jerk, and very strong ankle-clonus. When he came to hospital, he was put to bed, and after three weeks, during which time no medicine had been given, the patient experienced some relief. Then he was treated with phosphate of strychnine, and afterwards with picric acid, with a view of preventing extension of the mischief. He (Dr. Blackley) believed that picric acid had a very beneficial effect in preventing degenerative changes after cerebral hæmorrhage or spinal concussion. In the case under notice he believed there had been hæmorrhage into the tissue, and for that reason gave picric acid. The patient went on improving for about three months, and then an expert masseur was called in. The muscles presented the reaction of degeneration very decidedly, and he (Dr. Blackley) had given the patient the continuous current with very good effect, and sent him home so much improved that he was able to walk with a stick fairly well.

Dr. DUDGEON thought that spinal paralysis of very small children was the most hopeful, and had seen several cases completely cured, some by the Swedish movement system. Cases of spinal paralysis in after life did not present many hopes of cure. To delay the progress of the disease, and relieve some of the painful symptoms, was about all they could do. Among these symptoms was one resembling a sudden pinch, and this was best relieved by argenteum nitricum. The red-hot wire symptoms had been completely cured by digitalis, and the sudden jerkings and twitchings had been relieved by strychnia. He had not cured any of those cases, but had certainly arrested the progress of the disease.

Dr. NIELD agreed as to the value of hypericum, and mentioned two cases where cure had been effected by it (in the 3x dilution), into which rest had not entered. With regard to spinal symptoms and spinal lesions, he did not think it was so much the definite lesions which were concerned, as the fact of traumatism of the nervous centres, which was the keynote rather than the absolute symptoms. Homœopathic surgeons, during the American War, had used hypericum 30, and obtained very brilliant results from it.

Dr. HUGHES said there were two directions in which the cases given by Dr. Alexander suggested fresh points of interest and instruction. The first was in the matter of the etiology as a guide in the selection of the remedy. It was rather a curious principle, because it did not always link itself with *similia similibus*, and yet it seemed to be a guide to the remedy. He thought they might fairly believe that a medicine selected according to the principle of causation of the disease was one which led to the homœopathic remedy. One knew how many cases were met with in which there was a history of injury, and though they could not trace the symptoms in the pathogenesis of arnica, nevertheless arnica given upon the indication of traumatic origin would almost always do a certain amount of good, if not all the good desirable. That emphasised the cases of benefit by hypericum, given because of the traumatic origin. They all knew how the causation of a thing by cold dry air would make it benefit by aconite a long time afterwards, and how the origin of a thing in cold and wet would lead similarly to rhus. Another point which enlarged one's sphere of knowledge of hypericum was, that hitherto it had been applied mainly in affections of the sensory nerves. Dr. Alexander had pointed out that it might also act upon the motor nervous system. The experience of hypericum gained in the American War was mainly in regard to very painful wounds; for example, lacerated wounds in which the nerves were involved. Dr. Gilchrist, in his paper at the Congress, had continually laid stress upon the value of hypericum in soothing pain after operations. If they could find that such an affection as spastic paralysis and its analogues, when produced by a traumatic cause, could be cured by hypericum, they would have made a grand advance. It was a drug which would well repay a more extensive proving than it had had hitherto.

Dr. ALEXANDER, in reply, said they were all very much alive to the importance of rest, but it would be remembered that, in the first case he had referred to, the patient had been for a considerable period in bed in other hospitals previously to being treated by him. As the improvement set in irrespectively of rest, and almost immediately after the hypericum had been given, he thought it was fair to attribute the cure to the effect of that drug. Another point was that between the patient's first visit to him and his admission to the hospital, several weeks elapsed, during which time the patient was not at rest, and yet he made considerable improvement. He administered it in 1x dilution, and afterwards went to the mother tincture. Other practitioners had used it in

3x, others in 30, so that it was fair to conclude that in all dilutions the medicine seemed effectual where it was indicated. The points introduced by Dr. Hughes were very important. He had also found exposure to wet an exceedingly good guide to dulcamara. It was equally important to notice the power of hypericum in relieving motor symptoms, as in relieving pain. One part of the subject he had hoped would have been taken up more, viz., the pathology of the cases of paralysis—the relation of the drug to the lesions in the spinal column, and whether it had really the power of producing anything approaching to degeneration. He supposed they would be all agreed that, roughly speaking, the steps in the production of sclerosis would be hyperæmia, and then cell proliferation, and finally sclerosis. In the cases he had mentioned, he did not suppose there was any real sclerosis, but there must have been hyperæmia, if not cell proliferation; and while it was evident that hypericum had the power of curing those conditions, he wanted to ascertain whether it also had the power of setting up such a condition. If so they had a pathological, as well as a symptomatological basis for the use of the drug. They might carry out experiments on animals to ascertain that.

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## CLINICAL NOTES ON CALCIUM BROMIDE.<sup>1</sup>

BY J. J. MITCHELL, M.R.C.S.ENG., L.R.C.P.LOND.

THOUGH I have been in the habit of using the bromide of calcium somewhat freely for several years in the various head troubles incident to childhood, yet I feel some diffidence in venturing to bring this drug before your notice this evening, and for the following reason. The pathogenetic symptoms produced by a medicine, when given to a healthy individual, should form the basis of the use of the same medicine in diseased conditions. In the case of calcium bromide I regret I have no such sure basis to rest upon, for I have been unable to discover any provings of

<sup>1</sup> Read before the Liverpool Branch, November 16, 1896.

this drug in homœopathic literature. Further, the only indications that I have any knowledge of, as to its medicinal uses, are to be found in a short article by Hale in his "New Remedies." Following the indications Hale has there laid down, the use of calcium bromide has given me for some considerable time past most gratifying results. The hope, then, that the reading of this paper may stimulate some member of the Society to prove this salt either on himself or his friends, and so give us for the future a sound foundation for its medicinal use, must be my excuse for bringing the subject before you on this occasion.

I will first of all call your attention to Dr. Hale's statements respecting calcium bromide, and then relate briefly some of my own experience in regard to its use. Dr. Hale lays special stress on the value of the drug in the cerebral diseases of childhood. He states that the children, for whom calcium bromide proves most useful, are the lax, lymphatic, nervous, and irritable; and that in children of this type we can by its use control the cerebral congestions and irritations to which they are subject, whether they are direct or reflexly caused. He asserts that with the aid of calcium bromide he has much greater confidence in the treatment of these conditions than in prescribing the much-vaunted belladonna, hyoscyamus, aconite, and bryonia. These remarks of Dr. Hale's I can fully endorse. In my experience of treatment with this drug I have used it with most success in children of the type Dr. Hale mentions—in children coming of a tuberculous stock, children in whom dentition is delayed and the fontanelles close late, and who, in addition to head symptoms, exhibit other characteristics pointing to calcaria as a remedy.

These children perspire freely, especially about the head and when asleep, are thirsty, are often inclined to be rachitic, with a prominent square forehead. In cerebral troubles, with these characteristic symptoms present, calcium bromide almost invariably acts with efficiency and rapidity. The following is an example:—

On October 12th, I was called in to see a child aged 19 months—born of delicate parents. The child had been feverish

and restless at night for a week previous. For the last three days frequent twitchings of the limbs had been noticed, the head had been tender to the touch, the eyes intolerant of light, and yet never fully closed, even when asleep. Thirst was marked, but for water only, everything else being refused. On examination the head was larger than normal and especially prominent in front, the anterior fontanelle not quite closed and a trifle full. Nine teeth were present. There was no sign of any tooth being cut, nor could any other source of reflex irritation be found. The temperature was  $100^{\circ}$  and the pulse very quick. Calcium bromide was prescribed every two hours. On the 13th the temperature was  $102^{\circ}$ , the pulse still rapid, the twitchings were much about the same, but the child had had a better night. On the 14th the temperature was  $99.2^{\circ}$ , the twitchings were less marked, the child had begun to notice more, and had had the best night since the commencement of the illness. The child was seen again two days later, when she was found sitting up and nearly as bright as usual. She had now begun to perspire somewhat about the head, a symptom previously absent.

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much better. On January 4, 1895, there was still some difficulty in walking, but his vision was much improved and in other respects he seemed quite well. The boy did not come again, but Dr. Craig subsequently saw him when visiting his parents, and he was then quite recovered.

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Two children of the same family had previously died of tuberculous peritonitis. This child, when aged  $4\frac{1}{2}$  years, was attacked by head symptoms attended by a varying temperature, some days almost normal and on others running up to  $102^{\circ}$  or  $103^{\circ}$ . After a fortnight's illness the boy recovered, calcium bromide being given throughout in alternation at different times with gelsemium, belladonna and helleborus. I had some suspicion on this occasion that the mischief was tuberculous in origin, but for a time all went well. Six months later, however, similar symptoms recurred; a fairly typical attack of tuberculous meningitis supervened, with a fatal result at the end of three weeks from the commencement of the illness. Though calcium bromide was again exhibited, it failed to arrest the progress of the disease to any appreciable extent.

I think I have now enumerated the main conditions in which I have found calcium bromide of value. In the cases of adults I have had no success with it, except in occasional cases of insomnia in patients of nervous temperament, produced by excessive mental work or worry. With regard to the question of dose, Dr. Hale seems, as a rule, to have depended on one to ten grain doses of the crude salt, and in the milder cases of erethism to have used the 1x or 3x trituration. Personally I have occasionally made use of the



first centesimal dilution, but I have been more satisfied with, and have, as a rule, prescribed, an aqueous solution of the drug in the proportion of 1 to 5. It is with this solution—in drop doses, or fractions of a drop—that the majority of my calcium bromide cases have been treated.

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## ON SOME POINTS OF INTEREST AND IMPORTANCE IN THE CLINICAL HISTORY OF OVARIAN GROWTHS.<sup>1</sup>

BY GEORGE BURFORD, M.B.

*Physician for Diseases of Women to the London Homœopathic Hospital.*

IN 1862 a historic incident was enacted in the city of Edinburgh. On a surgeon's table there lay a patient suffering from what was considered a mortal disease—one recalcitrant to the methods of the physician and surgeon alike. This disease was ovarian tumour, and the unhappy sufferer had unreservedly placed herself for treatment in the hands of a man in every way worthy of confidence and regard. Fired by the hope of easing torment and prolonging life, he had determined to essay what was then the hazardous operation of removal. True, over his head there hung the threat of certain of his colleagues, that in the event of failure—failure to avert otherwise certain death—a criminal prosecution should be forthcoming. The operation proceeded; it was successful; the patient recovered; and largely owing to this bold but cautious innovator—need I say it was Thomas Keith?—thousands of women now enjoy their lives, who otherwise would have been condemned to a painful and inevitable death. Much, to use Lord Beaconsfield's phrase, has happened since 1862; and the pioneer work of such men as Keith, Charles Clay and others, to say nothing

<sup>1</sup> This paper was illustrated by pathological specimens, lantern slides, and water-colour drawings.

of the redoubtable Ephraim McDowell, has opened up new fields of abdominal work, which the researches of Lister have rendered of inestimable value to both man and woman-kind.

To-night, however, I wish to deal solely with certain forms of ovarian tumour, and I intend to dwell mostly on my own clinical experiences, and these not of the kind ordinary and familiar to you all, but as touching certain clinical facts nearly as frequent, and just as important, but of which less is generally known.

First, I wish to instance the infective powers of some ovarian tumours, conditional on their encapsulating membranes being infiltrated or ruptured, and thus allowing the dissemination of ovarian tumour contents in the peritoneal cavity.

So long as the capsule of an ovarian tumour remains normal and intact, so long it presents an effective barrier to the transplantation of tumour contents into the general peritoneal cavity. "*Sowing the peritoneum*" is the suggestive phrase used when perforation or rupture spreads the contents of a pathological new growth broadcast through the great serous sac. The leakage naturally primarily affects the contiguous serous area, and when the cellular elements of this leakage are capable of independent growth, they repeat on the fruitful surface of the peritoneum the rapid growth previously confined to the interior of the cyst.

#### *Colloid Ovarian Tumours.*

Ten years ago I assisted at an operation for the removal of an ovarian tumour, and it caused me much reflection. The primary lesion was an ovarian cyst with colloid contents; the cyst wall had ruptured some time anterior to operation, and the contents had leaked into the peritoneal cavity. The colloid matter thus sown freely on peritoneal surfaces had caused actual colloid degeneration in scattered areas of the peritoneally-covered organs—*e.g.*, on the intestine there were to be seen small patches of colloid degeneration, thin and translucent, which the least rough handling

would have ruptured. Disseminated colloid degeneration such as this it was, of course, impossible to remove, and the patient succumbed, a victim to the postponed operative removal, which, anterior to rupture, would have brought about a complete cure.

Again, in 1893, I saw with Dr. Hall a young girl, unmarried, who had recently developed considerable abdominal distension. The abdomen was filled with free fluid, and further, on vaginal examination, a soft floating mass was plainly made out lying to the left of the uterus. The patient was brought up to town for operation, and on re-examination the increasing abdominal distension entirely barred a renewed attempt to define the new growth. Being quite sure, however, of my former palpation, I opened the abdomen, evacuated a considerable quantity of free fluid, and then drew up from the pelvis a cyst containing colloid material, but so soft and doughy that the fingers in elevating it actually, and without effort, penetrated the viscous cyst-wall. The cyst was removed, and submitted to Mr. Johnstone for pathological report. So forbidding were the histological characters that he would not state that the growth was non-malignant, and therefore the prognosis as regards recurrence was doubtful. Although the irritation of the cyst had caused so much ascites, fortunately the neoplasm was removed ere the colloid contents had sown themselves in the peritoneal cavity. The patient made a good recovery, and remains now, three years after operation, with no recurrence.

In July of the present year my colleague, Dr. Marsh, sent to me a young girl in whom he had detected an abdominal growth. I saw the patient, agreed with his diagnosis, and arranged for operation. The physical characters of the growth were exceedingly puzzling, and led to a diversity of opinion among my colleagues. My own diagnosis, founded on the experience of other puzzling cases, was that of flaccid cyst. There was no free escape of fluid. On opening the abdomen, I found a cyst almost the counterpart of that in the last narrated case. The cyst walls were sodden with infiltration of colloid contents; the peritoneum could be

rubbed off by very slight friction, and the viscous cyst mass here also was unable to withstand any pressure from the fingers. The girl made a good recovery.

I have selected these three cases as constituting an ascending series, indicating by their physical condition the transition from moderate, through pronounced, up to mortal participation of the cyst peritoneum and contiguous serous areas in the ovarian new growth. In the last case, the cyst peritoneum was infiltrated, but not sufficiently to cause ascitic effusion; in the previous instance, with the infiltration of cyst wall was ascitic effusion, but there was no actual rupture of cyst wall; while, in the first case, the free entry of the colloid material into the serous cavity, secondary to rupture of the cyst wall, had engendered a similar degeneration, here and there, of organs whose integrity was essential to life. Had this growth been removed anterior to rupture, in all human probability the results would have been similarly happy to those recorded in my own cases.

#### *Ovarian Papillomata.*

Now, gentlemen, let us turn our attention to a somewhat different form of ovarian growth. Those of us who take the *Monthly Homœopathic Review* of the holiday months for our recreative reading when away from town will recall a very interesting case of papillomatous tumour of the ovary, reported by Dr. Ord, of Bournemouth, in the *Review* for August of last year. Dr. Ord there well describes how papillary growths in the ovary had found their way, by rupture or perforation, from the ovarian tumour into the peritoneum, and there had run riot, so that after the ovarian cyst—their original site—had been removed, the local peritoneum was still studded with a similar growth, which ultimately led to death. In a note, referring to this case, I called attention to the remarkable clinical fact that after papilloma, primarily ovarian, had sown itself broadcast in the peritoneal cavity, sometimes abdominal section, removing the original ovarian focus, caused in some mysterious way the absorption and disappearance of all that growth which had spread over

the peritoneal surface. In many cases, however, no such result accrued; so that here we have the noteworthy fact that of two papillomatous cysts of the ovary, identical in origin, in mode of increase, in dissemination over the peritoneum by perforation of the cyst wall, one case will, after removal of the cyst, lose all the remaining peritoneal papilloma by absorption; while the other will do nothing of the kind, the transplanted peritoneal papilloma growing fast and furiously, after its primary site had been removed. Such a case I had under my care during this year. A young girl, of emaciated and pallid aspect, consulted me on account of a large and very painful abdominal swelling. There was also a marked febrile movement. Operation being done, a moderately-sized ovarian cyst was removed, studded with papillary growths. These had already, by some mischance, found their way into the peritoneum, and become engrafted there; and the whole pelvis was thickly studded with papillary growths. I hoped that the removal of the cyst would have set going the absorption of the peritoneal growth; but this did not occur; and some two or three months after recovery from operation the patient succumbed to the rapid increase of the peritoneal affection. I emphatically state that, had this case come to me, and been operated on, before diffusion of the papillary parasitism, in all human probability that patient would have been now alive and well; instead of affording another mournful instance of that delay which is not merely dangerous, but actually fatal. Kali bichromicum was the remedy diligently taken with a view to aid absorption; but, in this case, time and the lesion were adverse.

#### *Solid Ovarian Tumours.*

Solid tumours of the ovary now require our attention. The two forms, benignant and malignant, so closely simulate each other that only the most discriminating clinical history can, apart from microscopical aid, differentiate one from the other. In 1892, I saw with Dr. Dyce Brown a young lady suffering from ovarian tumour. It was of quite recent advent, and, on removal, was found to have a pedicle so

thick as to require extra-peritoneal treatment. The lady made an excellent recovery, and the growth has not recurred. In the same year I saw with our ex-president, Dr. Goldsbrough, a young girl with a solid abdominal tumour, which dated apparently from a fall some two months previously. As this mass was evidently rapidly growing, it was removed by operation, being then of the size of an adult head. The pedicle was no thicker than an ordinary cedar pencil; but between the tumour surface and the abdominal wall some adhesions were found. The patient recovered; but, six or eight weeks after operation, recurrence took place in the neighbourhood of the adhesions, and the patient, in a year's time, succumbed to the malign influence of sarcoma. I showed this specimen at the British Gynæcological Society, and, in a discussion, one of the leading operators in England gave us the results of his very wide experience. He said that solid growth of the ovary in young girls under twenty was almost invariably sarcoma; that, although apparently completely removed by operation, the growth recurred so quickly as to give the operator the impression that all had not been removed. These points were well illustrated by my case; and I would again indicate that recurrence apparently occurred soonest where adhesions had provided a bridge for the translocation of sarcomatous elements. Sarcoma of the ovary is not, however, confined to the adolescent. In 1891, I saw with Dr. Dyce Brown a lady aged fifty in the throes of a furious outburst of peritonitis. A large abdominal tumour of recent and rapid growth was evidently the *fons et origo mali*; but for weeks the physical signs of peritonitis were so marked as to preclude any more exact estimation of the nature of the neoplasm. The convalescence was very peculiar in its sequence of symptoms. A gastric crisis was developed earliest, and took the form of constant and almost intractable vomiting. Arsenicum was the most potent remedy, and after a time the stomach ceased to markedly trouble.

The next crisis was respiratory. A dry, distressing cough, markedly aggravated at night, prevented sleep and destroyed appetite; and about every third night there would be an

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The next crisis was respiratory. A dry, distressing cough, markedly aggravated at night, prevented sleep and destroyed appetite; and about every third night there would be an



acute exacerbation. Codeia, in minute doses, was here of paramount service.

The most distressing crisis, however, was cardiac. A sense of great oppression in the chest, anxiety, restlessness, and inability to lie down were the main subjective features; and the patient's condition while battling with a seizure was pitiful to behold. Strychnine nit.  $\frac{1}{100}$  in the course of a few days effectually banished these unpleasant conditions. The physiological significance of these symptoms is obvious. They were originated in the three great areas of distribution of the vagus nerves, *i.e.*, the abdomen, the lungs, and the heart. The crises were respectively gastric, respiratory, and cardiac. Bearing in mind the free anastomosis of the abdominal sympathetic with the ramifications of the vagi, it is, I think, a fair interpretation that the peritoneal irritation of the abdominal sympathetic was reflexly discharged through the vagus nerves, and manifested as reflex vomiting, bronchial irritation, and cardiac interference, successively. In course of time the patient continuously improved in general health, and left her bed and her room. Concurrent, however, with the general betterment it was noticed that the abdominal girth was increasing; and, so soon as the general health would permit, abdominal section was advised and carried out. Greatly grieved were we to find that the neoplasm was of malignant character (I believe sarcomatous), imbedded in dense adhesions, and unremovable. To this incurable malady the patient eventually succumbed.

### *Strangulated Cysts.*

Strangulated ovarian cysts supply the most interesting of the records of this class of growth. Their clinical phenomena are striking, the import of these is definite, and the clinical course is usually acute and brief. The first case of the kind on which I operated—in 1891—was a typical instance. The symptoms were those of intestinal obstruction, biliary vomiting, complete absence of stool, much abdominal pain and distension, with pyrexia. The tongue was dry; sleep was broken and occasional. I removed a

strangulated ovarian cyst, and the urgent symptoms immediately abated, the patient making a good recovery. A few months later, I was called to Tunbridge Wells by Dr. Neild, to see a puzzling case. The lady had been recently delivered of a child at term, and at that time a pelvic growth, of only quite moderate dimensions, was observed. Three months afterwards, on making a sudden lurch, acute pain was experienced in the left side. Vomiting shortly afterwards set in, and persisted for two or three days; there was also a moderate rise of temperature and pulse. But the most notable symptom was complete constipation, for nine consecutive days; and then, an enema being given, so marked a tendency to collapse ensued that operation was decided upon. The abdomen was now inordinately distended, the outline of coils of intestine being visible; and the percussion note was unusually tympanitic. Vaginal examination yielded no further information. Operation disclosed a large strangulated ovarian cyst, positively black in tint, which was removed, the patient making a very good recovery. In this, as in other similar cases, over and above the other acute symptoms attending the seizure, we have the crucial symptom of complete intestinal paresis. I have noticed this condition in all my cases, and, where sufficient time is given for its manifestation, I regard it as an invaluable clinical sign.

### *Suppurating Cysts.*

Now, in changing the venue to suppurating ovarian cysts, I propose to intercalate a fragment of autobiography. It was in 1889 that I first joined the staff of the London Homœopathic Hospital; and then there was no special provision for abdominal work, such as is now done here every week. My senior, Dr. Carfrae, was desirous that the higher phases of gynæcological work should figure in the hospital annals. At his initiative I saw at Surbiton, in consultation with Dr. Hall, a patient suffering from peritonitis, concurrent with an ovarian cyst. There was then

no splendidly-appointed hospital, equipped with all that the wit of man could devise, to transfer her to *instanter*; we had to plan ways and means for the necessary operative measures. She was transferred to the Surbiton Cottage Hospital, and I undertook to operate. There travelled down to Surbiton Dr. Byres Moir, Dr. Clarke, Dr. Robertson Day, Dr. Carfrae, and myself. We met Dr. Hall at the little hospital, and straightway adjourned to operation. The case was that of a young girl, under medical treatment for some time with acute peritonitis, secondary to the growth of an ovarian cyst. The abdomen was opened, and such a *mélée* of contents was exhibited as I have never seen before nor since. The abdominal cavity was like the interior of an abscess sac; layers of exudation material covered all the viscera; no intestines were to be seen, no peritoneal coat was visible. The cyst wall was rotten; pieces of it came away in the hand like wet brown paper; and to add to the difficulty, it was immovably fixed by a broad base to the pelvic tissues. I removed as much of the cyst as possible, and all the unhealthy tissue; stitched its base to the parietal incision, and closed what corresponded to the abdominal cavity. The patient recovered from the operation, and was put on a steady course of hepar for some months. A year subsequently I re-opened the abdomen, to excise the remnant of the cyst wall, which had continued to secrete pus, and was causing repeated attacks of septic pneumonia. There lay the sinus track, about the size and length of a finger of a glove. All around it, every atom of inflammatory exudation had been reabsorbed; there were even no adhesions to tell the story of the vast turmoil of an earlier date. I have often wondered since then whether steady persistence with hepar for months would eliminate pleural adhesions or peritoneal adhesions variously engendered. This much I can asseverate: I never saw such a widespread inflammatory area as at the first operation; and the restitution *in integrum*—so far as adhesions went—made so abiding an impression on my mind of the value of remedial measures in surgical cases as is not likely to abate.

I have already, in another place, dealt at length with the proper sphere of drugs in the elimination of ovarian cysts. Dr. George Clifton and Dr. Pincott have each recorded in the Journal of this Society a case of ovarian tumour cured by bromide of potassium. In one of these cases the diagnosis was certified by no less eminent an authority than Lawson Tait. Dr. Goldsbrough has also communicated to me a case of abdominal cyst cured by therapeutic measures. Dr. Madden has recorded a case of pelvic cystic tumour which entirely disappeared under the use of *bovista*.

As the result of my experience I am led to think that the pathological character of these tumours, rather than the individual idiosyncrasy, determines the response to remedial measures. I here exhibit to you, on the screen, my views as to the relative amenability to therapeutics of the various forms of ovarian neoplasm. Two years ago a patient was sent to me whose special form of ovarian cyst offered, I thought, some indications for successful therapeutic treatment. I persevered for some time with remedies, but with no result; and, at operation, found a peculiar form of dermoid cyst with a large quantity of clear cyst contents; and dermoid growths, as my scheme indicates, I hold to be very recalcitrant to ameliorative drug influence.

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The PRESIDENT (Dr. Madden) referred to a case he had reported a few years ago, in which a cystic tumour of the ovary had disappeared whilst taking *bovista*. In that case he had had the advantage of the diagnosis of Mr. Lawson Tait, who said that it was a broad ligament cyst. It was impossible to exaggerate the advantage of papers such as Dr. Burford's, both in making more clear and exact their estimation and knowledge of the subject and in encouraging them to persevere in treatment, both medical and surgical, however hopeless those cases might appear at first sight.

Dr. GOLDSBROUGH, referring to the last case mentioned by Dr. Burford, said it was that of a girl of 16 or 17, in whom he (Dr. Goldsbrough) diagnosed ovarian tumour, and advised that she should be treated surgically. A distinguished allopathic

surgeon agreed with the diagnosis, but did not think it desirable to perform the operation at once and prescribed decoction of broom. In course of a short time the tumour entirely disappeared, and the girl was now, ten or twelve years afterwards, perfectly well. Dr. Burford had raised a very interesting point as to the relative absorption of inflammatory adhesions in the peritoneum and the pleura. No doubt inflammatory adhesions were absorbed very much more rapidly from the peritoneum than from the pleura. He (Dr. Goldsbrough) had had a case of acute peritonitis where he thought he should have to ask the aid of the surgeon, but the adhesions in this case were becoming rapidly absorbed under the administration of sulphur, whereas one would hardly expect an adhesion of the pleura to be absorbed at all. With regard to the case of solid tumour which Dr. Burford removed from the girl of 17, there was a slight rise of temperature before operation for some two months—generally to 99·5° or 100° F. He would ask Dr. Burford whether such a rise was in any way a valuable indication as to the character of the growth?

Dr. NEATBY said the margin between malignancy and innocency in a tumour like a papillomatous tumour of the ovary was very small. A case was recently under his notice where the papillomata had penetrated the cyst wall and disseminated themselves into the peritoneum. The patient had come to him from a London gynaecologist, who had diagnosed his condition as malignant, and had declined to operate. He (Dr. Neatby) concurred in the diagnosis, and also agreed that no operation was feasible except that of repeated tapping or draining. In this case, the amount of fluid which developed when once extension to the general peritoneal surface had taken place was enormous. Perhaps five or six times he had removed from ten to seventeen pints of fluid, at one sitting, from the patient—of thick, brown, dirty-looking fluid, highly albuminous, but not containing any characteristic cellular elements. The Clinical Research Association had repeatedly examined it for him. After death, an autopsy was made, and the papillomatous nature of the growth was made evident. He had since wished that he had done something in the way of operation, but the result would still have been doubtful. Sometimes, while the disease was going on, complete amenorrhœa was induced. The symptoms in those cases often occurred when rupture took place. One might get them growing very quietly, less rapidly than ordinary ovarian cysts, and scarcely drawing attention to themselves until rupture took place, and then a change of symptoms such as had been described occurred. At

the present time he had under observation two small ovarian tumours, the nature of which he conceived to be fibroid, because they went on from month to month without any perceptible alteration. Amenorrhœa had been induced in one of those cases. He called to mind a very interesting case of sarcoma in a girl of about 19, in which a tumour had gone on for about eighteen months, causing no symptoms beyond those of gastric reflex irritation. He did not see her until at the last. She was seen by Dr. Heywood Smith, who concurred in the diagnosis, which was confirmed by the growth of a hard tumour in the thyroid, which was probably of a sarcomatous nature. That patient promptly died. With regard to broad ligament cysts, one feature which was a little misleading was that they sometimes varied in size, and one thought them cured when they were not really so. Simple broad ligament cysts occasionally almost disappeared, time after time, and yet filled up again to the size of a child's head. That had occurred, also, in one case of ordinary ovarian tumour, where the history was extremely misleading, and if one had not placed confidence in the physical signs, the diagnosis would have been different, and the results of treatment also. The removal of the tumour was successful.

The PRESIDENT (Dr. Madden) asked whether Dr. Burford could confirm the opinion that strangulated ovarian cysts were almost always to be found on the left side, and the twist always in the same direction, indicating that it was caused by some general movement of the intestinal organs, the filling up and emptying of the rectum, or whatever it might be. In connection with broad ligament cysts, he had rather a unique experience some years ago when treating a patient with a cyst about the size of an orange. It disappeared for about a month and then reformed, and then actually disappeared under his hands, evidently bursting during bi-manual examination.

Dr. BURFORD (in reply) said that the case alluded to by Dr. Goldsbrough had caused him very much difficulty in diagnosis. The case was seen while in hospital by one of the most distinguished gynæcologists of the day, who ventured as a diagnosis that of suppurating dermoid. He did not think that a slight rise in temperature was distinctive of sarcomatous growth; such sub-febrile movement was common to many pelvic and other lesions; yet, in connection with this, he would mention another case, seen with Dr. Sandberg, and obviously a case of renal malignant disease, where a slight, but definite, sub-febrile temperature was noted. Referring to cysts with twisted pedicles his (Dr.

Burford's) view was that axial rotation occurred early in the history of the case, and strangulation at some later date. He had removed a large ovarian cyst with a well-twisted pedicle, where no signs of strangulation, past or present, had appeared. The case alluded to by Dr. Neatby was an exceedingly interesting and well-managed one.

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## A CONTRIBUTION TO OPHTHALMIC THERAPEUTICS.<sup>1</sup>

BY J. R. P. LAMBERT, M.D.

*Medical Registrar and Ophthalmic Clinical Assistant to the London Homœopathic Hospital.*

IT is not my object to bring before you anything new this evening, but just to record a few cases of more or less interest which show the superiority of homœopathic therapeutics over old school treatment.

The first two cases I have to mention are instances of the value of cedron.

*Case I.*—R. H., aged 49, a platelayer, ten years ago injured his left eye with a piece of steel. Five years ago he had an attack of inflammation in that eye, similar to that for which he was admitted, and he was then laid up four months. A month previous to admission the same eye became inflamed and painful. He was admitted under Mr. Knox-Shaw on September 12, 1895, when the following note was made of his condition :—“ Eyelids œdematous ; lower lid everted, whole conjunctiva swollen and red, with discharge of muco-pus. Inner margin of cornea is site of a deep crescentic ulcer, with grey base ; and there is also a small ulcer on the outer edge of the cornea.” He complained of attacks of violent pain, with photophobia and lachrymation. He was ordered aconite 1x and mercurius cor. 3x, perchloride lotion, atropine (gr. ii.— $\frac{3}{4}$ i.), and dilute boracic ointment. With this treatment he improved till the 18th, when gelsemium was given instead

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, Dec. 3, 1896.

of aconite. On the 27th, he was not so well, and spigelia was ordered instead of the gelsemium, and still the pain continued. On October 2, Mr. Shaw cauterised the ulcer, under A.C.E., with the galvano-cautery, after which he had such severe pain radiating along the supra-orbital nerve that morphia gr.  $\frac{1}{4}$  was given hypodermically. Next day, October 3, note was made: "He has been having severe paroxysms of pain to-day," and Mr. Shaw then ordered cedron 3x,  $\eta$ i. every two hours, which was followed by most marked relief. On the 8th the medicine was ordered to be taken less frequently, and next day he was discharged, and note was made: "There are still slight remains of ulceration."

Before making any comment on this case I will relate the next, which is very closely allied to it, being also a case of corneal ulcer.

The patient, a man aged 51, a stonemason, applied for treatment in the out-patient department on August 27, 1896. He complained that his right eye had been bad for eight days, and he had been to the South London Ophthalmic Hospital, and had obtained no relief. On examination I found a central corneal ulcer, with the usual pericorneal injection; the pupil was well dilated with atropine. He complained of severe pain in the centre of the eyeball shooting through the head backwards. The pain was aggravated at night, and two or three times during the day. I ordered him cedron 3x,  $\eta$ i. every four hours; gutt. atrop., gr. i— $\frac{3}{4}$ i., and boracic lotion. In a week he returned saying he was much better and free from pain, which ceased soon after taking the medicine the first time. He continued steadily to improve.

The point of interest in both these cases is the marked relief from pain afforded by cedron; nor was this pain merely a neuralgia, but in each case due to a well-marked pathological lesion. Moreover, periodicity was not marked in either case; in the second case, at least, there was nothing like clock-like periodicity usually mentioned as characteristic of cedron.

My next case is also one of corneal disease.

The patient, James B., aged 7, was admitted into the hospital on July 12, 1896, under Mr. Shaw, for phlyctenular keratitis of strumous origin. He had suffered from his eyes for three years, and eighteen months ago had been in the London Homœopathic Hospital for six weeks, and since then had been attending as



out-patient for this affection. On admission he was noted to have intense photophobia with blepharospasm; any attempt to open the eyes caused sneezing and lachrymation. There were several phlyctenulæ, including a large one on the right cornea, with much vascularity of the cornea. He also had eczema about the face. He was treated first with aconite 1x, mercurius cor. 3x, and boracic lotion, and atropine (gr. ii.—3i.) and then with calcarea carb. 3x, and the same lotion and drops, with some improvement in his general health, but not much change in the local condition, though at times it improved somewhat. On August 11, in Mr. Knox Shaw's absence, I tried rhus and perchloride lotion 1-5000, and increased the atropine to gr. iv.—3i., the pupils not being well dilated. On the 17th he was much the same, there being still very profuse lachrymation, a gush of tears each time on separating the lids, and marked pericorneal injection, and he had been complaining of a good deal of pain in his eyes at night. I then ordered him euphrasia 3x and euphrasia lotion, and no atropine or antiseptics, and in four days later, August 21, there was most marked improvement—he could open his eyes and look about, using a shade, and there was no more pericorneal injection. Consequently I ordered him calcarea carb. 30, and continued the euphrasia lotion; after this he had a slight transient relapse, but was able to go out in ten days' time and dispense with his shade.

The action of euphrasia in this case, after various local and general treatment, was very gratifying, and needs only one other remark, viz., that the discharge was not excoriating, which it ought to have been for euphrasia; its beneficial action was nevertheless indisputable.

The remaining cases which I shall mention are all lesions of the deeper tissues of the eye; and here let me say we are at a great disadvantage in prescribing homœopathically, because such lesions, in the vast majority of cases, produce no symptoms whatsoever, beyond more or less defect of vision, and the pathological change is the only symptom to prescribe by. Many of you will doubtless say, "That's quite enough"; but it is not quite enough for accurate selection of the remedy. In the next case it was, however, sufficient.

*Case IV.*—Richard W., aged 45, a schoolmaster, applied for treatment as out-patient on September 26, 1895, complaining of

a green mist before the right eye for about three weeks. On examination I found—

R.E. : V.  $< \frac{1}{80}$ .

L.E. : V.  $\frac{1}{80}$ .

In the right eye there was a large detachment of the lower half of the retina easily visible without dilating the pupil. There was no myopic crescent. The left eye was highly myopic, over 18 dioptrcs, and there was a posterior staphyloma. With —16 D. he could read  $\frac{6}{30}$  with the L.E., but the vision of the right eye could not be improved. He was not aware of any injury which might have caused the detachment. He was ordered apis 6,  $\eta$ i., t.d.s., and no other treatment whatever, such as rest or local pressure.

He returned in a fortnight, and said he could see much more clearly. V.  $\frac{1}{80}$ , same as the other eye. On examination no sign of the detachment was found, though we dilated the pupil with homatropine, and examined the fundus most carefully. The same medicine was continued, and on November 14 note was made: "Can see to read with it again. There is scarcely any green shade before the eye now." He was ordered—10 D. for that eye, but unfortunately I did not note what his vision was with this glass. The same medicine was continued, though without any obvious reason, till January 9, 1896, when he said he could still see a yellowish tint before the right eye, for which cina 6,  $\eta$ i., t.d.s., was ordered, and a month later note was made: "Scarcely any colour before the eye." Two months later he left off attending, and in the whole of that time, seven months, there was no return of the detachment. This case, being of recent origin, was a favourable one for treatment, but the high degree of myopia was exceedingly unfavourable, and this completely outweighed the favourable point, in my opinion.

I now pass on to Case V., one of considerable interest.

Wm. Myddleton, aged 76, came under treatment in July, 1895, complaining that his sight had been failing for two years. R.E. : V.  $\frac{1}{40}$ ; L.E. : V.  $\frac{3}{80}$ . On ophthalmoscopic examination the vitreous was found to be full of cholesterine opacities, and being such an excellent example of this affection, Mr. Knox Shaw showed him at one of the consultation days. He was ordered sulphur 30, which he took till January 15 of this year without any improvement, when I saw him and ordered cholesterine 6x,  $\eta$ i., t.d.s. On February 20, Mr. Shaw made note, "Patient says he is decidedly better, and can see more clearly at a distance," and

his vision was found to have improved, in the right eye, to  $\frac{6}{80}$ , the left remaining  $\frac{3}{80}$  as before. The medicine was repeated for a month, but he did not come up again till May 28, when he said he was a good deal better, and his vision was—R.E.  $\frac{6}{80}$ , L.E.  $\frac{4}{80}$ , a slight improvement in the left eye. He is still under treatment, taking the same medicine, but, since September 3, in 12th cent. potency twice daily, and he always maintains that he is improving, though all along we have not observed any diminution of the vitreous opacities. It does not at all follow, however, that his statement is incorrect, and the distant vision test corroborates his statements.

The last case I shall mention is that of a young girl, aged 24, who came as out-patient in July, 1895, complaining that the sight of the left eye was bad, and there was aching behind the eyes.

R.E. : V.  $\frac{6}{8}$ . H. under + 1  
 L.E. : V.  $\frac{6}{38}$ . " "

On examination, there were found to be some choroidal changes in the macular region of the left eye. Mercurius cor. 3,  $\eta$  ii. every four hours, was ordered. Two weeks later she reported herself very much better. Dr. MacNish, who was helping me in Mr. Knox Shaw's absence, gave her belladonna 3 instead of mercurius cor. and boracic lotion, presumably for some conjunctival complication. On August 15 she was better, and vision of the left eye noted to be  $\frac{6}{18}$ ; same medicine continued for a month, after which mercurius cor. 3 was again ordered. On October 3 her condition was—R.E. : V.  $\frac{6}{8}$  letters; L.E. : V.  $\frac{6}{18}$ ; but though there was this improvement in the left eye, we found diffuse changes scattered over the choroid, and also some choroidal changes in the right eye. The patches were of a yellowish-white colour, with some pigmentation. The same medicine was continued and changed two weeks later to mercurius biniodatus 2x, gr. ii. t.d.s. On October 31, the vision of the right eye was  $\frac{6}{8}$ , and left eye  $\frac{6}{18}$ , and she complained of less pain, but the patches in the fundus seemed more numerous, especially at the peripheral parts. She was then again ordered mercurius cor. 3, which was changed later to 3x, but, as this did not seem to suit so well, the 3rd centesimal was again ordered; and on January 16 the vision of the left eye had improved to  $\frac{6}{8}$  letters, and on March 5, 1896, it had further improved to  $\frac{6}{8}$  letters. There were now no active changes, but some patches of old choroiditis still, and she said she was better than she had been since commencing the treatment.

In this case the beneficial action of *mercurius corrosivus* 3 was very marked; it seemed to act better in this potency than the 3x, and better than the biniodide. Another point of interest is that the patient's vision improved at once, and continued gradually improving till nearly normal in each eye, in spite of the presence of extensive disease in the choroid. Of course, the effect on the vision of choroiditis depends entirely on its situation, but in this case remarkably good vision was obtained with a patch of choroiditis of considerable size immediately in the central region.

I am afraid the cases I have brought before you hardly justify the compilation of a paper, but I must beg to be excused for this on the ground of having been called on to fill a gap at a time when I had too much to do to allow of my writing a more original one.

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The PRESIDENT (Dr. Madden) asked whether the author had not used the higher dilutions of *calcarea* and *sulphur* with benefit. He had himself found more direct benefit from their use as dilutions from 6 to 30 than from *euphrasia* or any other single drug. With regard to the case where *apis* had been found useful, he should like to ask whether *apis* would produce the green mist before the eye. If so, he had overlooked it in the provings. He also asked the reason for choosing *mercurius cor.*, which evidently was the right medicine, in the choroidal changes in the last case.

Dr. HUGHES said that to have a remedy which could be depended upon for the early stage of detachment of the retina would indeed be a boon, and he hoped *apis* would prove to be valuable. He saw no reason why it should not—not so much from any pathogenesis it had in that direction, but from the analogy with other serous effusions. He did not know that anyone had claimed that *euphrasia* was only homœopathic when the discharge was excoriating, although this added to the indications for it. They all hoped that homœopathy would do yet more in all affections of the eye, and the purer the homœopathy the better.

Mr. KNOX SHAW said all the cases which had been mentioned had been under his own observation, as well as Dr. Lambert's, and he could vouch for the existence of the detachment of the

retina in the case mentioned. Mr. Spencer Cox would remember that when they worked together in the Eye Department they did not get such a brilliant result with apis in any of the many cases they had tried it in. In cases of detachment of the retina he prescribed apis from analogy—there was no particular symptom which would lead him to it. He used mercurius cor. with benefit in most cases of choroiditis, and this too was prescribed from its analogy, and its effect upon inflammatory exudation in other parts. One must not suppose that cedron was necessarily associated with ulceration of the cornea; but in violent ciliary and supra-orbital neuralgia in certain cases it was of extreme value. The case which Dr. Lambert first quoted was remarkably relieved by it.

Dr. ALEXANDER mentioned a case of corneal ulceration as a result of herpes of one side of the head. After some time, during which there had been no improvement, the patient told him he had noticed a recurrence of an old gleet. He prescribed aurum 3x, which cured both the gleet and the ulceration, and the man was now perfectly well. With regard to high dilutions he mentioned a case of disseminated choroiditis which was eventually much benefited by phosphorus 200. He thought there were many subjective symptoms which might help in the selection of the drug, as well as objective symptoms. The guiding principle in eye diseases, as in diseases of other parts of the body, was the totality of the symptoms.

Mr. SPENCER COX said that when he was connected with the eye department with Mr. Knox Shaw, the medicine most commonly in use for detachment of the retina was apis. It was true they never got a complete cure, but there was a good deal of improvement. He had collected a good many cases with a view to publication, but he had not found sufficiently marked benefit to warrant him to do so.

Dr. BLACKLEY mentioned a very severe case of herpes zoster affecting the posterior auricular nerve, accompanied with a slight ulcer on the cornea of the left eye. After the patient had been confined to his room for about a week, he had an acute attack of gout—an old trouble of his. Under the treatment for gout the ulcer on the cornea healed, but unfortunately the pain was, perhaps, worse than before. Hitherto he had found nothing of service but narcotics.

Dr. MOIR said they were certainly encouraged to try apis in cases of effusion; he had seen the swelling in cases of housemaid's knee entirely disappear in a few weeks under it. He had

known everything tried in cases of detached retina without success.

Dr. LAMBERT, in reply, said he often used calcarea carb. 30, as in case 3, as soon as there was an improvement from the euphrasia, but the euphrasia acted at once in the low dilution. He mentioned another case of detachment of the retina accompanied by conjunctivitis with a good deal of œdema of the lids, which had been cured by apis, either 6 or 30, given on account of the external affection. With regard to Dr. Alexander's remarks, he always tried to get general symptoms where possible, but in many cases no symptoms whatever could be obtained.

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## REPORT OF SESSION OF LIVERPOOL BRANCH OF THE BRITISH HOMŒOPATHIC SOCIETY.

1895-6.

DURING the session the usual eight monthly meetings were held, and the following papers presented to the Society:—

*October 10:* Address by the President (Dr. Hayward), "A General Survey of our Position." *November 14:* "Psycho-therapeutics," by Dr. Green. *December 12:* "Hydatid Disease," by Dr. John Hayward. *January 9:* Dr. Hawkes exhibited several interesting cases. *February 13:* "Dispensary Notes and Studies," by Dr. B. Thomas. *March 12:* "The Trials and Triumphs of a Homœopathic Physician," by Dr. Simpson. *April 12:* "Discussion on the Position of Homœopathy," by Dr. Hayward. *May 14:* "Ocular Reflex Neuroses," Dr. Gordon.

In addition to the papers and discussions many cases of interest and pathological specimens have been exhibited.

The membership of the Liverpool Branch now numbers twenty-seven, an increase of three on the preceding Session. The new members are Dr. Murray Moore, Dr. Hayle, and Dr. Douglas Smith.

The following is a complete list:—*Fellow*, Dr. Hayward, senior; *Members*, Dr. Hawkes, Dr. J. D. Hayward, Dr. Jones, Dr. Gordon Smith, Dr. C. W. Hayward, Dr. Simpson, Dr. Ellis, Dr. Finlay, Dr. Stopford, Dr. Hall, Dr. Meek, Dr. Mahony, Dr. Gordon, Dr. Stuart, Dr. Williams, Dr. Capper, Dr. Green, Dr. B.

Thomas, Dr. Mitchell, Dr. Storrar, Dr. E. H. Thomas, Dr. Nicholson, Dr. Niven, Dr. Hayle, Dr. Moore, Dr. Douglas Smith.

The officers elected for 1896-7 are :—*President*, Dr. Green ; *Vice-president*, Dr. Mahony ; *Representative on Council*, Dr. Hayward ; *Secretary and Treasurer*, Dr. B. Thomas.

It was proposed at the May meeting that the Vice-President elect should be the President of the ensuing Session. This was seconded and carried. The local subscription was fixed at 2s. 6d. The cash account shows a balance of £3 8s. 0½d. The meetings have been well attended and the increase of membership denotes the continued prosperity of the Society.

BERNARD THOMAS, *Hon. Secretary.*

## BALANCE SHEET, 1895-6.

*Dr.**Cr.*

£ s. d.		£ s. d.	
To balance in hand, October, 1895 .. ..	1 15 8½	Carriage Medical Books, October 16th.. ..	0 14 10
„ Twenty-five Members' subscriptions at 2s. 6d. each .. ..	3 2 6	Printing, Winstanley and Wathes, March 10th	0 5 6
		Posting and Stationery ..	0 9 10
		Balance in hand, October, 1896 .. ..	3 8 0½
	<u>£4 18 2½</u>		<u>£4 18 2½</u>

## SOCIETY NEWS.

At the first meeting of the Session the Society proceeded to elect the following gentlemen Corresponding Members, in commemoration of the Fifth International Homœopathic Congress held in London in August last :—

Dr. McClelland, Pittsburg, U.S.A.; Dr. Bushrod James, Philadelphia, U.S.A.; Dr. Walter Wesselhoeft, Cambridge, U.S.A.; Dr. A. B. Norton, New York, U.S.A.; Dr. Van Lennep, Philadelphia, U.S.A.; Dr. J. C. Wood, Cleveland, U.S.A.; Dr. Brasol, St. Petersburg, Russia; Dr. Von Dittmann, St. Petersburg, Russia; Dr. Villers, Dresden, Germany; Dr. Cartier, Paris, France; Dr. Gailliard, Brussels, Belgium; Dr. Hansen, Copenhagen, Denmark; Dr. Bonino, Turin, Italy; Dr. Bojanus, Samara, Russia.

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At the meeting held on Thursday, December 3rd, 1896 :—

John Hervey Bodman, M.B., B.S.Lond., L.R.C.P.Lond., M.R.C.S.Eng., was elected a member of the Society.

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The Council have had under their careful consideration the best means of extending the usefulness of the library to all members of the Society, both those residing in the country as well as those living in or near London, and attention is particularly drawn to the arrangements lately made, under the direction of the librarian, Dr. E. A. Neatby, to this end.

A catalogue of the books in the library has been compiled, and is being issued to members in the form of a supplement to this JOURNAL, the first instalment appearing with the present number. The supplement is being so arranged that it can be easily detached, and the parts, when finished and bound together, will form a complete catalogue for reference. As new books are added to the library they will be announced in the monthly circular convening the meetings, and space will be left in the catalogue for their addition to it.



The library is open for reference and for the loan of books at the ordinary office hours of the Hospital, but facility is also given for obtaining books on loan on the evenings of the meetings of the Society. For any member not able to apply personally, application forms are provided which will entitle him to receive not more than four volumes at a time, provided he undertakes to defray the carriage to and from the Hospital. All books must be returned within a month, unless a special application for renewal has been made.

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The following books have lately been added to the library:—

“Text-book of Gynæcology,” James C. Wood; “Life and Letters of Hahnemann,” Bradford; “Practice of Medicine,” Goodno; “A Manual of Pharmacodynamics,” Richard Hughes, 6th ed.; “A Manual of Therapeutics,” Richard Hughes, new ed.; “Typhoid Fever and its Homœopathic Treatment,” monograph by Dr. Olive y Gros; “Five Years’ Work in Surgery,” Horace Packard.

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## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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"GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST."

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JULY—NOVEMBER, 896.<sup>1</sup>

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### PHARMACODYNAMICS.

**Acidum aceticum.**—Dr. F. B. Percy communicates experience with acetic acid in the treatment of malignant growths, and confirms the favourable report given of it by Dr. Wm. Owens. The first case was one of epithelioma of the lips. Under the 1x dil. internally, and a 2 per cent. solution locally and by spray, a cure was effected. The second was one of chronic disease of the stomach, apparently malignant. Here the 1x dil. so changed the condition that the patient could keep down rice, bread, and beef, and had no pain. In the third the cancer was in the larynx, but even here the same internal treatment and local spray brought about so marked an amelioration that cure was hoped for. After a year's good health, however, relapse occurred, and then the treatment proved ineffectual.—*N. Engl. Med. Gaz.*, November.

**Acidum boracicum.**—That boracic acid, used too freely as a local application to wounds, may cause systemic intoxication, is no new fact (see *Cycl. of Drug Path.*, i., 586); but Dr. Branthomme relates two more striking instances of the occurrence. In one the symptoms were agitation, sleeplessness, some fever, and a generalised erythema in confluent patches. In the other eczema, similarly distributed, appeared on the skin, and there was prostration, a saburral state of the digestive mucous membrane, bilious vomiting, and profuse sweating.—*L'Art Medical*, July.

<sup>1</sup>The British journals were not included in our last survey; so their present series begins from May.

Dr. Catrin has experimented with the acid on animals, and finds it kills guinea-pigs even in doses of 20 centigrammes, though not till after ten days. Congestion of the alimentary canal was the main thing noticed *post-mortem*; during life, if time allowed, there was great emaciation.—*Ibid.*, August.

**Acidum carbolicum.**—"This drug has proved serviceable in several cases of displacement of the womb, with a co-existing catarrh of the utero-vaginal lining membrane. Discharge from this, if present, is always offensive. The symptoms first relieved are the agonising back-ache across the loins, with dragging sensation down the buttocks and into the thighs. The improvement of the local symptoms, except the displacement, follows gradually but surely. I give a dose of the 30th twice daily till improvement sets in, which is generally the case after three or four doses; then once daily, and after that once or twice daily until the patient is cured, or another remedy is indicated."—Dr. Deschere, in *N. Am. Journ. of Hom.*, September, p. 596.

Mr. Frederick Kopp sends to the *Homœopathic World* of June the results of a proving of this acid, of which he says that "15-20 minims of the tincture, largely diluted with water, were taken daily within the twenty-four hours for several weeks." The head symptoms were the most pronounced.

**Acidum nitricum.**—"Mr. S. W. has been troubled for the past five years with a foul-smelling sweat of the body. The odour was so disagreeable that he avoided public meetings of all kinds. He was of a very dark complexion, black hair and eyes, face covered with pimples and comedones. All discharges from body—stool, perspiration, and urine—were extremely offensive. He presented to my mind a perfect type or pen-picture of a nitric acid patient [why?—ED.]. The remedy was given—ten drops of 3x dil. in four ounces of water, a teaspoonful four times a day. Two prescriptions produced relief and cure. No external applications were used."—Dr. Geo. F. Dunham, in *N. Am. Journ. of Hom.*, September, p. 595.

**Acidum nitro-muriaticum.**—When the Homœopathic College was first established in the University of Michigan, a professor from the other side said to one of the homœopathic students: "According to your law nitro-muriatic acid, which is so effective in oxaluria, ought to produce it in a healthy person." Dr. S. A. Jones, who then filled the chair of *Materia Medica* in the Homœopathic College, got this student to prove the acid on his own

person. As a result, the presence of oxalates in the urine was demonstrated on two occasions, to the chagrin of the challenger. In the *Homœopathic Recorder* for October Dr. Jones gives a detailed record of the proving, which is a valuable addition to our pathogenetic material. The free acidity of the urine was diminished, and stomatitis and constipation were marked effects.

**Acidum oxalicum.**—Dr. Deschere relates a case of nocturnal gastralgia, with vomiting, sour taste, and thickly-coated (yellowish) tongue. There was much sensitiveness of epigastrium during the pain. Oxalic acid 30, a dose every morning, cured this affection in ten days—it having previously lasted for months.—*N. Am. Journ. of Hom.*, September, p. 596.

Two cases of poisoning by this drug are reported by Dr. Hale White, in which acute tubal nephritis was the leading feature, and in one of them the cause of death.—*Lancet*, March 21.

**Acidum phosphoricum.**—A case described as “scurvy with purpura,” but which, from the state of the gums, would seem to have been one of pure scurvy, was greatly relieved (after mercurius had failed) by phosphoric acid, given sufficiently strong to make its menstruum taste a little sour. [Nothing is said of the accompanying diet.—ED.]—*Amer. Hom.*, November 2, p. 330.

**Antitoxin.**—The *British Medical Journal* summarises an article from the *Therap. Monatshefte* on the seamy side of antitoxin. Out of 2,228 cases treated with it, 1,805 recovered; but of these, 420 showed bad effects from the antitoxin.<sup>1</sup> It appeared that 14 diphtheritic children died from its action, and 4 others who were not so affected. The writer of the original article concludes that antitoxin is a more or less dangerous remedy.

The results of Dr. Hellström, of Stockholm, are very instructive here. In 1894 the mortality (in an epidemic hospital) had already decreased—in diphtheritic angina without croup—from 32 to 5 per cent., though only 4 cases were treated with antitoxin (one of whom died). In 1895, of 358 cases, 216 were treated with serum, and of these 209 recovered. But 142 did not receive the injections, and yet they all recovered.—*N. Am. Journ. of Hom.*, October, p. 659.

Dr. Spalding, of Boston, after citing the most favourable results reported from the antitoxin treatment, says that had his

<sup>1</sup> Comparative experiments seem to have shown that the ordinary “accidents” of antitoxin—its exanthemata, synovial effusions, &c.—arise from the fact of its being foreign serum that is injected.—*L'Art Medical*, October, p. 815.

own percentage of loss been as great as is acknowledged therefrom, he should consider that in the treatment of diphtheria he was a failure.—*N. Engl. Med. Gazette*, November.

**Apis.**—Another narrative of the effects of bee-sting is extracted in the *Homœopathic World* for September; and, the subject being a medical man, his sensations are described with unusual accuracy. The dyspnoea was pronounced, and seemed to result from paresis of the diaphragm.

**Argentum nitricum.**—Franz St., aged 10, after some acute disease—whether influenza or scarlatina could not be precisely ascertained—became affected by periodical vomiting and diarrhoea, especially in the morning, with pains in bowels and fever from 11 a.m. till 3 p.m. He was pale, the urine dark-coloured, and examination showed slight enlargement of the liver. On June 30, 1892, I prescribed argent. nitr. 2 every two hours. July 7 the report was: Fever, vomiting, and diarrhoea soon ceased; he had only had one attack of abdominal pain during the week; appetite variable; urine still rather dark; still pale and tired. He now got quinine 3 four times a day, which removed these symptoms. After a fresh chill he had a return of the fever and diarrhoea, which were speedily removed by aconite 3. He has remained well now six months.—*Amberg, A. h. Z.*, cxxxiii., 116.

Heinrich Prieling, aged 2½, was brought on April 21, 1890. Since Christmas of previous year had been ill, and treated allopathically. For these five months had suffered from severe cough; for a long time this had been accompanied by severe diarrhoea and vomiting, and for the last few weeks by œdema of face and feet. He was much emaciated, the pulse and respiration rapid, and auscultation all over lungs revealed rhonchi. Appetite very poor. Great restlessness at night. The whole condition pointed to catarrh of lungs, stomach, and bowels. Sulphur 30x every three hours was prescribed, together with appropriate diet. April 23.—Vomiting almost gone, rhonchi and œdema better. The urine was free from albumen, but the diarrhoea persisted, and the abdomen was distended. Prescription: argent. nitr. 2nd trit. every three hours. May 1.—Diarrhoea better; appetite improved; medicine continued. May 23.—œdema gone, was putting on flesh; no morbid signs in lungs; the child was cheerful and enjoyed his food; motions pappy; but he had a cough like whooping cough, which was prevalent at the time. Prescription: calc. carb. 6 three times a day. This cured him.—*Ibid.*, 97.

**Arsenicum.**—Dr. S. A. Jones relates two cures wrought by this drug, given in preference to any other because the starting-point of the malady was unwholesome indulgence in ice-cream. In the first case hystero-epileptic convulsions were brought on thereby, in the second enteralgia. The 30th dil. did the work in one, the 3x in the other.—*Hom. Recorder*, July 15.

Another cure of a malignant affection by the constitutional action of this drug is extracted in the *Hahn. Monthly* for November. The case was one of round-celled sarcoma of the palate, and the drug was given by subcutaneous injection.

**Aurum.**—An interesting lecture on this drug by Dr. Heber Smith is given in the *Medical Era* for September. He is doubtful if any advantage is to be gained by going above the 3x trit.; and accounts the alcoholic dilutions quite inert. He thinks the melancholia curable by aurum to be one not primarily cerebral, but consecutive on syphilis or some chronic affection of the sexual organs. He finds the drug of much value in neurasthenia having insomnia as a prominent feature. Its neuralgia is nocturnal, and is relieved by rapid and constant walking to and fro.

The wife of an artisan, aged 29, had been married five years, but had never been pregnant. She came to me April 27, 1890. The menses appeared regularly, were very profuse, and the day before they came on, and the next day, she had violent pains in abdomen and back. Examination showed the uterus anteflexed, the portio vaginalis enlarged, the orificium uteri broad. I prescribed aurum muriat. natr. 3x trit., three times a day. June 13.—The menses had occurred very profusely. In addition to the above medicine she got hamamelis 3x, a drop three times a day, but during the menstrual flux every two hours until the cessation of the menses. August 20.—After the above prescription had been followed for seven weeks the menses ceased, and for the last three weeks she had nausea, vomiting, and some abdominal pains and slight constipation owing to pregnancy having occurred. Nux. vom. 6x removed those symptoms, and the pregnancy went on to its normal termination.—*Amberg, A. h. Z.*, cxxxiii., 98.

**Azadirachta.**—Dr. Majumdar has had good effects from this newly-proved Indian plant in the chronic intermittents of his country. He gives a case in point, of which burning of the whole body during the paroxysm was the chief feature.—*Indian Hom. Review*, June-July.

**Baptisia.**—From some observations contained in the *Homoeopathic World* for June, the Australian "baptisia confusa" seems

to be as active as the American "tinctoria." It rapidly removed "a really distressing left hypochondrium oppression and fulness, with actual dyspnoea," which would come on after the observer had been in bed about an hour, compelling him to assume an erect position, and would continue half the night.

**Baryta.**—Dr. Choudbury contributes a series of cases of intermittent fever, yielding, rapidly enough, to an unusual remedy—baryta carbonica (3rd trit.). Absence of thirst in all the stages seems to have been the most distinctive symptom calling for it.—*Hom. Recorder*, October.

**Berberis aquifolium.**—The *Homœopathic Recorder*, which, in its number for March, gave—from an "Eclectic" journal—an account of the therapeutic virtues of this plant, in its issue for August presents a short proving of it. After nausea and vomiting there came on a peculiar headache, as if a tight band about two inches wide passed entirely round the head, just above the ears. Strong coffee removed this.

**Borax.**—In a paper on "Uric Acid in Infants," Dr. Garrison points to the frequent production of acid urine by the use of borax as a mouth-wash in these subjects.—*Southern Journ. of Hom.*, October.

**Bromides.**—Dr. Weir Mitchell has given, under the title "Certain Effects of Bromine Intoxication," some valuable practical observations. "It causes delusions, suicidal tendencies, &c. Irritability of temper was a frequent result of it. In chronic cardiac asthenia the symptoms grow worse under the use of bromides. A tendency to ptosis was a common sequence. He has also seen it produce paresis, and an inability to walk, sometimes unilateral, simulating hemiplegia. The use of bromides also led to failure of memory, going on to partial paresis and involuntary movements of the bladder and rectum. He recalled a case where enormous doses were given to an epileptic child, who sank in a heap and became imbecile. Two other children, from bromide of lithium, lost—one the memory of words, the other all idea of time. A lady who had taken 60 grains of bromide a day for four years had suicidal tendencies and melancholia at each menstrual epoch." "He strongly inveighed against deluging patients with bromides, especially in cases of epilepsy."—*Hahn. Monthly*, July.

**Calendula.**—Dr. Garrison writes to vindicate the claims of calendula on the surgeon. He quotes many testimonies to its

efficacy, and suggests (as Dr. Ludlam had done before him) that its action—which is not germicidal—may be due to a dynamic influence of the homœopathic kind, so that its internal use in suppuration would be a rational proceeding. He mentions a case of double purulent catarrh of the middle ear, where, after failure of treatment by hepar and silicea, with dry applications of calendula itself and boracic acid, the 3x dil. was given internally, with immediate improvement and ultimate cure—though for this silicea was once again required.—*Med. Century*, October 15.

**Cantharides.**—Dr. Miviella, in a thesis, brings together a number of evil effects on the kidneys and other internal organs produced by the use of fly-blisters. These are summarised in *L'Art Médical* for July.

**Chelidonium.**—M. D., sempstress, aged 30, consulted me on October 18, 1891. She was very thin, her skin dirty yellow, weak, faint, and low-spirited. She said that for five weeks she had suffered from spasms in the stomach, with vomiting of almost all her food, violent pains in the hepatic region, palpitation that often drove her out of bed and compelled her to walk about at night. No appetite, tongue covered with grey coating, obstinate constipation. Examination showed nothing abnormal in the heart, and no enlargement of liver; all other organs and functions normal. Her complexion led me to diagnose a liver affection, with probably gall-stone colic. I prescribed chelidonium 6 every three hours, with enemata if the constipation occurred. October 25, she reported amelioration of all the symptoms, she had a fresh and healthy complexion, and her spirits had returned. The same medicine was continued three times a day, and this soon cured her completely.—Amberg, *A. h. Z.*, cxxxiii., 101.

Mrs. Ant. Risse, aged 28, was delivered of her fourth child at Christmas, 1889, but soon afterwards there occurred every few days attacks of the most violent pains in gastric and hepatic regions lasting several hours, with vomiting, and several times followed by slight transient jaundice, whereby the patient was much reduced in strength. The physician in attendance attributed the attacks to gall-stones, but morphia and other narcotics failed to give relief. On May 24th, when I was first consulted, I prescribed chelidonium 6x every three hours, and appropriate diet. I directed that after the next attack the fæces should be carefully examined for gall-stones. When next seen (August 3) I was told that no more attacks had occurred, and after this she remained permanently cured.—*Ibid.*



**Chininum.**—Dr. de Cooman relates two cases—one of the neuralgia following shingles, one of acute bronchitis in a tuberculous subject—where, ordinary medication proving ineffective, a malarial anamnesis led him to give quinine, and with the best results. The interesting thing is that the 3x trit. of the sulphate sufficed for the purpose.—*Journ. Belge d' Homœopathie*, September-October.

**Cholagogues.**—Experiments on dogs conducted by M. Stadelmann negative the cholagogue action ascribed to calomel, podophyllum, &c., and recognise it only in salicylate of soda (in medium doses), and in bile itself and its salts.—*L'Art Médical*, November, p. 394.

**Coca.**—Mr. R. K. Ghosh, whose use of coca in metrorrhagia and nymphomania we have already cited,<sup>1</sup> has found another employment for it, viz., for diabetes in the male subject, where much sexual atony co-exists. It cures this concomitant, and materially improves the fundamental malady. Here he finds the 3rd dil. sufficient.—*Hom. Recorder*, October.

In the November number of the same journal Mr. Ghosh records experience with coca showing that in fractional doses of the mother tincture it is an efficient palliative in spasmodic asthma.

**Coffea.**—Dr. McLachlan contributes a confirmation of the indication for coffea in toothache, that it is relieved by holding cold water in the mouth—the pain returning as this gets warm. [Dr. McLachlan asks how this valuable characteristic was first discovered, as he cannot find the symptom in any pathogenesis of the drug. He can hardly have consulted the *Cyclop. of Drug Pathogenesy*, for its obs. I. 11 illustrates the action before us. It is true, nevertheless, that the amelioration in question was first discovered clinically.—Ed.]—*Monthly Hom. Review*, November.

**Colchicum.**—Drs. Majumdar and Banerji unite in asserting that colchicum has proved the anti-choleraic remedy corresponding to the “genus epidemicus” of this year. [To these colleagues, and others, we would offer a friendly suggestion that “genus epidemicus” is neither grammar nor sense; and to Dr. Majumdar we would hint that the phrase belongs to the disease, not to the remedy, so that to say “colchicum is the *genus epidemicus* of cholera for this season” is a statement in every way inadmissible.—Ed.]—*Indian Hom. Review*, June-July.

<sup>1</sup> Vol. iv., p. 132, 139.

**Cornus alternifolia.**—The *cornus florida* was added to our armamentarium a long while ago; but another species of the same genus has been proved this year in America—the *c. alternifolia*. The mother tincture and the 30th dil. were essayed by both the two provers; and the latter seemed to excite the greater number of symptoms—none of which, however, were very noteworthy.—*Hom. Recorder*, August 15.

**Epiphegus.**—Dr. J. C. Andrews affirms that this remedy is as efficacious in headaches from excitement of any kind as it is for those of eye-strain. He gives the 3x dil.—*Ibid.* July 15.

**Gelsemium.**—From overdosing with this drug the following symptoms were observed in a man of 43: Impaired memory; staggering, and feeling as if suspended or floating in air; diplopia; near objects seem distant; deafness of left ear; languor and drowsiness, yet he cannot sleep; feverish feeling, with chilliness at times. Coffea removed all the symptoms save those of the eyes.—*Med. Century*, October 1.

**Helonias.**—Dr. Marvin A. Custis speaks of “consciousness of a womb” as a recognised “guiding symptom” for *helonias*; and gives a case of prolapsus uteri, with ulceration of cervix and dark offensive leucorrhœa, in which the 30th dil. of the drug, with no local adjuvants but warm water injections, effected immense improvement, so that the morbid consciousness entirely passed away.—*N. Am. Journ. of Hom.*, September, p. 594.

**Hydrastis.**—A woman, aged 31, had had six children, all except the first confinement being attended with adherent placenta. For the last three confinements, she got from the fourth month three drops, daily, of *hydrastis* 3x, and there was no adhesion of the placenta. Four other cases of habitual adherent placenta were successfully treated in the same way.—*Weiss, A. h. Z.*, cxxxiii., 10.

**Infinitesimals.**—Dr. Paldrock, assistant to Professor Kobert, has been making, in the Physiological Laboratory at Dorpat, experiments with drugs on what he calls “surviving organs,” by which he means organs removed immediately from an animal previously killed by exsanguination, and at once placed in an apparatus whereby blood is caused to circulate through them. The chief aim was to ascertain the action of the drugs in contracting or dilating the blood-vessels; but the main interest for us lies in the power shown by the experiments to reside in

minute doses of the substances employed. We read of one part in 500,000, 1,000,000, and even 20,000,000; while scopolamine will dilate and digitaline contract the vessels of a surviving kidney when used in solutions of six parts to 100,000,000 of the vehicle.—*N. Engl. Med. Gazette*, July.

An American physician, Kellogg by name, has been experimenting on the substances which impede starch digestion. Dilution, as far as he has carried it, he finds always to increase their activity, so that (*e.g.*) while one part of oxalic acid in 10,000 exerts no action, one part in 30,000 arrests starch digestion in four minutes.—*Hom. Recorder*, October.

**Iodine.**—Dr. Kiefer is another warm advocate for Kafka's iodic treatment of pneumonia. He claims that when indicated it will have an abortive effect. After four to six doses the dyspnoea will abate, the sense of pressure through the chest and the painfulness will decrease, the cough will become looser, the fever will subside, and the pulse fall; within six to ten hours a mild perspiration will set in, which will be followed by a sense of well-being. The physical signs persist, but the morbid process has ceased to progress, and speedy resolution occurs. Sequelæ are much rarer under this remedy.—*Hahn. Monthly*, August.

**Iodoform.**—Dr. Bailey reports some clinical experience at the Hahnemann Hospital of Chicago with iodoform given internally in pelvic disease. It seems pretty uniformly effective in removing burning pain when this is complained of. The 6x trit. answered best; the 1x generally nauseated.—*The Clinique*, July 15.

**Jaborandi.**—In January, 1895, I treated the schoolmaster E., of Bockingen, for severe articular rheumatism. The affection was attended by profuse malodorous sweats and nocturnal aggravations, for which I gave mercurius sol. 12. The rheumatism soon went off, but the profuse sweats continued and became so excessive that he had to change his nightshirt three or four times during the night. I now prescribed sambucus and other medicines and frequent washing of the skin, but all without avail. This state of things continued for weeks. I now gave jaborandi 4th trit. This medicine acted quickly and beneficially. After the first few doses the sweats ceased entirely, and the patient made a rapid recovery.—*Fröhling, A. h. Z.*, cxxxiii., 53.

**Kali iodatum.**—Dr. Du Castel recently showed a patient before the French Society of Dermatology and Syphilography, who, an old syphilitic, after having taken the iodide of potash,

had appear upon his face, hands and forearms, erythematous patches, followed by bullæ, surrounded by reddish zones. On the hands, where they had opened, these became vegetating and papillomatous. Dr. Hallopeau, in the discussion which followed, said that he had seen a patient become blind from iodo-potassic bullæ developing on the cornea. These tumours of the skin after poisoning by the iodide of potash may simulate those of mycosis.—*Hahn. Monthly*, July.

They did so in a case related in *L'Art Medical* for November (which proved fatal with marasmus and œdema pulmonum), to such an extent that the authors ask whether it is not possible that many supposed instances of mycosis may be due to iodism.<sup>1</sup>

**Kali muriaticum.**—Dr. Bittinger reports brilliant results from this member of Schüssler's group of remedies in diphtheria. He uses the 2x and 3x trits.—locally by "blowing, dusting, or gargling," and internally in "good big powders"; and has had better success than from any other treatment.—*The Clinique*, July 15.

**Kalmia.**—At a meeting of the Leipsic Homœopathic Union, and in the pages of the *Hom. Monatsblätter*, testimony has been borne to the value of this drug, especially in heart complaints. Dr. Clinton confirms the observation of others that it is specially for right-sided pains that it is useful. He cured with it in forty-eight hours a violent neuralgia of the right arm of over a month's standing. The subject of it had for years had a pulse of 48 only. After the subsidence of the pain under the 3x dil. (which is that he commonly employs), he continued it in the 6x for some weeks, when her pulse-rate had risen to 68.—*Hahn. Monthly*, September, p. 622.

**Lachesis.**—A woman, aged 28, mother of two children (youngest 1 year), has suffered for three years from very severe pain in the middle of the back, which she thought was rheumatic, though she had never suffered from rheumatism. The pain is augmented by movement and by walking; she cannot lie on her back, as that increases the pain. For a year past she has been subject to severe bilious headaches in the form of weight or pressure on the crown, accompanied by dimness of vision. These headaches alternate with the backache. She wakes in the morning with the pain. She feels as though the

<sup>1</sup>Iodide of potassium is the recognised remedy for actino mycosis. See *Lancet*, June 6, 1896.—ED.

clothes about her neck were too tight, consequently has left off wearing the brooch that fastened her dress. One dose of lachesis in a high dilution removed all these symptoms in a week, and she regained her youthful vigour.—*A. h. Z.*, cxxxiii., 18.

**Lapis albus.**—This natural silico-fluoride of calcium has hardly been used as freely as its introduction by Grauvogl would have warranted. Dr. Dewey has had favourable experience with it since 1876, chiefly in scrofulous and other enlargements of the cervical glands, but also in one case of goitre. He gives the 6th potency, frequently repeated. He has noticed co-existing anæmic conditions improve under its use, and the appetite greatly increase.—*Hahn. Monthly*, November.

**Lilium tigrinum.**—Dr. C. Sigmund Raue (son of the veteran of this name whom we have lately lost) calls attention to the value of lilium for the symptoms caused by uterine fibroids.—*Hom. Recorder*, November.

**Lycopodium.**—Mr. Anshutz, who edits the *Homœopathic Recorder* for Messrs. Boericke and Tafel, relates in the July number how some painful callosities—one of large size and long standing—on the sole of his left foot first became insensitive and then came off under the action of a single dose of lycopodium 30. He took the remedy quite casually, but afterwards found, from the *Chronic Diseases*, that he could not have chosen one more homœopathic to his condition.

In the August number Dr. S. A. Jones relates a case in which albuminuria, with severe headache, flatulence, constipation, tension in hepatic region, and rheumatic soreness of right hand and wrist, came on in a healthy man who was engaged every day in "chemical experiments upon a new compound, to the boiling mass of which lycopodium was added." On ceasing the experiments the symptoms all disappeared.

Dr. de Cooman gives, as a characteristic indication of lycopodium, that the patient sleeps with open eyes, the globe so raised that the cornea is hidden beneath the upper lid.—*Journ. Belge d'Homœopathie*, October.

F. A. Z., aged 51, came to me August 28, 1894. In the previous winter, after exposure to wet, he was attacked by cough, dyspnœa, great eructation, and anorexia. Every morning he suffered much from epigastric distension and discharge of much flatulence, which moderated about 10 a.m.; he suffered also from constipation. He was treated allopathically without benefit. I found pulmonary emphysema and a very foul tongue. Lycopodium

podium 30 every three hours was prescribed. September 6 the report was amelioration of all the symptoms, and he now only complained of short cough every morning, for which he got phosphorus 6. September 18 he complained that the flatulent eructation and some dyspnoea had returned, compelling him to stoop forwards. Lycopodium removed these symptoms permanently.—Amberg, *A. h. Z.*, cxxxiii., 101.

**Mercurius.**—The late Dr. Lippe is reported, by the editor of the *Homœopathic Physician*, in his August number, to have declared that mercurius is never indicated in typhoid fever, and that patients to whom it is given invariably die. [Dr. Lippe and Dr. Walter James alike forget Petroz's recorded experience with the black sulphide, "Ethiops mineral," which was most successful.<sup>1</sup>—ED.]

A case of (medicinal) poisoning with this drug has been observed, in which multiple neuritis occurred.—*Hahn. Monthly*, September, p. 608.

**Mercurius corrosivus.**—A subject of unusual susceptibility relates in the *Homœopathic World* for June the symptoms—apparently pathogenetic—which he experienced after two doses of the 5x and two of the 6x trituration.

**Myristica sebifera.**—Having regard to the experience reported from Drs. Chargé, Chancerel, and Pinart as to the use of myristica sebifera in whitlow, Dr. Olive y Gros, of Barcelona, has essayed the drug in scrofulous osteitis and ulceration, and in phlegmonous erysipelas. He obtained a relative success in the two former maladies, an absolute one in the latter.<sup>2</sup>—*Revue hom. Française*, November.

**Natrum muriaticum.**—An Indian practitioner relates several cases—involuntary urination when coughing, intermittent fever, hydroa, and herpes labialis—cured by natrum mur., mostly in the 30th dil. The presence of a "mapped" tongue he considers a strong indication for it.—*Hom. Recorder*, August 15.

An "eclectic" writer in America gives the following as the main effects of undue salt-eating: (1) A thickening and partial paralysis of the vocal cords, and an almost continual sore throat; (2) a pale and waxy colour, with dryness of the cuticle, which yet perspires too freely upon exertion; (3) constipation or chronic

<sup>1</sup> See *Brit. Journ. of Hom.*, xxiii., 636.

<sup>2</sup> In the discussion which followed Dr. y Gros' communication, Dr. Cartier said he had heard of the drug being useful in jaundice. Was he not thinking of the myrica cerifera?—ED.

diarrhœa; (4) abnormal appetite; (5) plethora and corpulence; (6) retarded endosmosis and exosmosis; (7) thinning of blood, slow circulation, and lowered temperature; (8) dandruff of scalp; and (9) cutaneous affections, deposits, and abscesses.—*Med. Argus*, September.

**Nux moschata.**—Another poisoning from eating nutmegs is reported by Dr. Stonham in the *Monthly Homœopathic Review* for August. Mental and physical exaltation, dual consciousness and acuteness of hearing were the main symptoms noted.

A case of prolapsus uteri greatly benefited by the drug, given on account of the patient's general symptoms, is recorded by Dr. Andrew Neatby in the same journal for November.

**Œnanthe.**—Another cure of epilepsy by this most homœopathic remedy is reported in the *Homœopathic Recorder* for August. The complaint, of traumatic origin, had lasted from the time of the Civil War, and the attacks (apparently of *petit mal*) occurred several times a day. The 4th dil., persistently used, cured in a year's time.

Dr. Garrison has an article on the drug in the *Southern Journal of Homœopathy* for July, in which he narrates an equally successful case. The epileptoid seizures ("hystero-epilepsy," he calls them) had their starting-point in convulsions occurring in pregnancy. There was much pelvic trouble, and the local treatment adopted for the relief of this may have had much to do with the result. The œnanthe was given in the 2x dil., 5 drops four times daily.

**Origanum.**—Dr. Gallavardin finds this plant useful in the male as well as the female subject when morbid sexual excitement is present. He gives the 4th dil., not having found the higher potencies effective.—*Hom. Recorder*, July.

**Palladium.**—It would appear that by giving palladium more boldly, it may do great things in the chronic ovaritis and salpingitis for which the knife is so much used in the present day. Dr. Fralich reports a case of the kind, of many years' standing, in which the 3x trit. in three months effected a nearly complete cure. The mischief was on the right side.—*N. Am. Jour. of Hom.*, October, p. 660.

**Periploca.**—A new "cardiac tonic" seems to have been found in the periploca græca, one of the asclepiades met with on the shores of the Mediterranean and the Euxine. Besides its action on the circulation, it has a powerful one on the respiratory centre,

accelerating respiration in a ratio altogether disproportionate to the pulse. Its glucoside, periplocin, appears to have all the virtues of the extract of the whole plant.—*L'Art Médical*, October.

**Petroselinum.**—This drug, though commended by Hahnemann himself in simple gonorrhœa, has found little employment in homœopathic therapeutics. Dr. Bukk Carleton reports a case of enuresis in a child of 2½ years, characterised by sudden irresistible desire to urinate both day and night. Petroselinum 3x cured in a week this trouble of six months' standing.—*N. Am. Jour. of Hom.*, October, p. 660.

**Plantago.**—Dr. F. V. Stiles appears to have ascertained that this plant has local as well as internal properties in the way of allaying pain. Applied in the form of tincture, superficial neuralgiæ yield to it with great rapidity; and even in inflamed toothaches and earaches it gives quick relief.—*Minneapolis Hom. Magazine*, August.

It seems, also, to relieve earache when taken internally, even when inflammatory, as a good case of Dr. Ord's illustrates. Here the remedy was given in 3-drop doses of the mother tincture.—*Monthly Hom. Review*, June, p. 370.

**Plumbum.**—The *Homœopathic World* for October extracts some unusual symptoms observed in a plumber, the subject of lead-poisoning. These were tachycardia, the pulse being at times 200 in the minute; paresis of the lower two branches of the right facial nerve; and right-sided myosis with diminished sight reflex.

A good case illustrating the virtues of plumbum in chronic constipation is given in the *Monthly Homœopathic Review* for June, p. 369. The 3x trit. of p. metallicum was given.

**Pulsatilla.**—Dr. Bryce gives two cases illustrating the value of the indication for pulsatilla that aggravation occurs in close, hot rooms, and amelioration by going into cool outer air. One was of irritative laryngeal cough, the other of vertex headache. The 30th dil. was employed in both.—*Monthly Hom. Rev.*, June.

**Rhus.**—A widow who earned her livelihood by washing and house work suffered from very violent burning pain in left hand and forearm along with formication in the fingers of that hand. The pain is worse when her hand is in the water when washing, and is so bad at night that she cannot remain in bed, but must get up and walk about and move her arm to get relief. She has a feeling of pressure on the shoulder as from a heavy weight. She is always worse in damp weather. After a dose of rhus in high



potency, she was much better in three days; the very first night after taking the medicine, and in the following nights, she could remain in bed and sleep. In six weeks she was quite well, and could resume her work.—*Mossa, A. h. Z.*, cxxxiii., 13.

In poisoning from the emanations of the "poison ivy," Dr. Barr finds apis 3x internally give prompt relief.—*Amer. Hom.*, November 2.

**Saccharum lactis.**—This inert vehicle of our triturations and medicinal powders seems increasingly in favour as a diuretic. It is in renal dropsy that Dr. Hawkhurst commends it in the *Medical Century* of November 1. From two to four drachms, dissolved in a quart of water, are to be given daily. [Query—how much share has this large quantity of fluid in the result?—Ed.]

**Sanguinaria.**—Dr. Shirtliff, from personal and other experience, confirms the late Dr. Holcombe's commendation of sanguinaria in incipient phthisis. He has also noticed the development of sore hæmorrhoids under its use, and has cured idiopathic ones with it.—*Monthly Hom. Review*, October.

**Santalum.**—Dr. Shirtliff, having observed a severe kidney-ache come on in a patient who was taking oil of sandal-wood for gonorrhœa, tried this remedy, in drop doses, for an obscure case of nephralgia, with excellent results.—*Hom. World*, October.

**Sarsaparilla.**—This medicine has been praised in the past (given in highish potency) for gonorrhœal rheumatism, but has been lost sight of recently. Dr. Nimier speaks of a case in which the 12th dilution "agit merveilleusement."—*L'Art Médical*, November.

**Senecio.**—A chlorotic girl, aged 18, had seen no menses for fifteen months. She has a dry teasing cough, the pulse is quick, every excitement makes it beat 100 and more in the minute. At the same time headache, sleeps badly, constipation; the abdomen during the last year has gradually increased in size. After a six months' treatment without benefit, a colleague in consultation recommended tapping. The abdomen was now so distended that it resembled that of a woman at the end of pregnancy. Senecio was given in the 1st dec. dilution. Improvement now set in in all directions. There was a great flow of urine, and the menses reappeared, and she got quite well.—*Foss, A. h. Z.*, cxxxiii., 44.

A girl, aged 21, had been treated by two allopathic physicians without benefit. She was pale and anæmic; the abdomen was as large as at the end of pregnancy; she lost daily flesh and strength

and could hardly sit up; urine scanty, at last quite suppressed. Senecio 1x soon cured her.—*Ibid.*

**Senega.**—This drug has hardly been recognised as a remedy for pleurisy; but in a report from the Hôpital St. Jacques, Dr. Nimier relates two cases in which it promptly dispelled the effusion when cantharis and hepar had proved ineffectual. He gave the 12th dil.—*L'Art Médical*, November.

**Silicea.**—Dr. Snader writes a paper about night-sweats in general, and silicea in particular, to emphasise the importance of this remedy when the sweating is the predominant feature of a pulmonary case. Of sixty-two cases treated by it in the Hahnemann Hospital of Philadelphia, in forty-three the perspirations were stopped, and in thirteen they were lessened. The dilutions used were from the 3rd to the 30th, and Dr. Snader thinks that the higher potencies as a rule act best.—*Hahn. Monthly*, November.

**Staphisagria.**—Dr. Schott, of St. Louis, speaks highly of staphisagria as relieving “almost entirely the severe bursting pain in the eyeballs” of syphilitic iritis.—*Hom. Recorder*, November, p. 492.

**Stramonium.**—Under the head of “A Few Stramonium Cases” Dr. Talcott gives us some valuable results of his experience at the Middletown Asylum. It is summed up in these words: “Whenever we find intense physical and mental excitement, coupled with abject and profound fear—a fear that is demonstrated by the most positive expressions of horror, then we may administer stramonium with confidence in its ability to effect relief. A peculiar numbness or insensibility often precedes the maniacal outbreak.”—*Hahn. Monthly*, October, 1896.

**Symphytum.**—Dr. Ramsbotham relates a case of fracture of the neck of the thigh-bone in an aged woman, in which, against all expectation, osseous union was secured and a useful limb left. The patient took thrice daily a drop of symphytum 1. He mentions that it is in great request when any bones are broken among the work-people in some large iron-works at Leeds, and is known by them under the name of “knit-bone.”—*Monthly Hom. Review*, October.

**Thlaspi.**—This plant, which it is suggested might be simply called “bursa pastoris,” has been proved by Dr. Fincke, his results appearing in the *Transactions of the International Hahnemannian Association* for 1895. A schema of its symptoms is given in the



*Homœopathic Physician* for August. Dr. Fahnestock also has experimented with it on three persons. His results are said to be given in the *Medical Counselor* for August, a journal which does not reach us. Diuresis was experienced by all; and in two, as the urine diminished in quantity, a red sediment was thrown down. "Puffy or swollen eyes" were observed in all the provers.

**Thyroidin.**—The menorrhagia which obtains in myxœdema has led to the influence of the thyroid on the female sexual system being studied; it is found to have a restraining effect upon uterine, an exciting one upon mammary activity. Its extract has been used with much success in several forms of uterine hæmorrhage, and in deficient lactation.—*L'Art Médical*, July.

The above-mentioned facts are also cited in *The Clinique* of July 15, and to them are added others showing considerable power on the part of the thyroid extract in reducing the size of uterine fibromata.

Dr. McClelland, at our late Congress, related a case apparently of keloid, where thyroidin internally proved curative. Another (or is it the same?) is reported in the September number of the *New England Medical Gazette*. Substantial dosage was resorted to in both instances.

In an article in *L'Art Médical* for September, Dr. Marc Jousset sums up the action of thyroidin under three heads: first, when it seems to act according to the law of similars, as in tachycardia, goitre, Graves' disease, and such like; second, where it supplies a missing or imperfectly-performed function, as in myxœdema; third, where—as in obesity—it produces its physiological effects.

Of this last action of the remedy Dr. Eenens relates a case where something like emaciation was produced by feeding with it, and persisted for a long time afterwards.—*Revue hom. Belge*, September.

Two cases of scleroderma greatly benefited by thyroidin may be read in *L'Art Médical* for November.

**Tuberculin.**—In experiments made with Koch's lymph on guinea-pigs in the laboratory of the Hôpital St. Jacques, no disturbance of health was produced, and no immunity to a subsequent injection of tuberculous sputum was obtained. Dr. Jousset is inclined to regard tuberculin as active only for diagnostic purposes.—*L'Art Médical*, July.

Dr. Freer relates a case in which tuberculosis seemed both inherited and acquired, and where the physical signs of mischief in the left lung, with accompanying hectic, were unmistakable.

**Bacillinum 30** was given every seventh day. Improvement commenced with the first dose, and after six had been taken, progressed to a cure within from two to three months. A year and a half after the patient remained in good health, and no evidences of the former trouble were traceable.—*N. Am. Journ. of Hom.*, August, p. 490.

Dr. B. Arnulphy, pointing out the catarrhal character of the pneumonia set up by Koch's lymph (as observed by Virchow), urges its homœopathicity to the broncho-, or lobular pneumonia so often met with nowadays, and relates two severe cases where it seems to have been of great efficacy. The 6th dil. was given in one case, the 15th in the other.—*The Clinique*, August 15.

The same author, summing up his experience with the remedy in pulmonary tuberculosis, says that in 43 "undoubted cases which had passed the true stage of incipiency," five died under the treatment, seven were lost sight of after some improvement, and thirteen have apparently recovered, while in the remaining eighteen the disease seems to have been brought to a standstill.—*Hom. Recorder*, November, p. 492.

**Uranium**.—A case, apparently one of true diabetes, is reported from India in the *Homœopathic World* of May. The symptoms all subsided under uranium nitricum, 3x trit. The prescriber was led to this drug by the apparent origin of the disease in the digestive organs rather than the nervous system.

## THERAPEUTICS.

**Amblyopia**.—The *Clinique* for June and August gives an interesting account of a recent prize essay by a Dr. Schweinitz, entitled "The Toxic Amblyopias." The pathogenetic effects of drugs on the eyes which it has collected and presented in so much fulness should be utilised therapeutically in our hands.

**Amyotrophic lateral sclerosis**.—Dr. Halbert relates a case of this rare disease, well diagnosed, in which immense improvement has taken place under the persistent use for nearly a twelve-month of argentum nitricum, first in the 3x and finally in the 30x dil.—*The Clinique*, July 15.

**Angina pectoris**.—Dr. E. M. Hale has a practical article on this malady in the *Medical Century* for October 15. He believes it to be always, whether associated with organic disease or not, a vaso-motor neurosis, causing spasm of the coronary arteries;

whence arise the other symptoms. If the neurosis is pure, he finds arsenicum generally curative. If arterial sclerosis exist, he modifies the organic state by iodide of sodium, and relaxes the arterial tension with glonoin—both in physiological doses. Where the heart is weak, cactus is the best cardiac tonic, as it does not constrict the arterioles.

Dr. Ramsbotham contributes a case of cure by cuprum aceticum 3x. The only cardiac symptom was comparative feebleness of the first sound, which was supposed to indicate debility—perhaps degeneration—of the heart walls.—*Monthly Hom. Review*, October, p. 598.

Dr. Arnulphy writes in the *Medical Era* of November on "The Angina that Kills." He, too, considers coronary stenosis its essential element; and he points to anti-lithiatic treatment, dietetic and medicinal, as most helpful for it.

**Appendicitis.**—In an article on the "Medicinal Treatment of Appendicitis," Dr. J. S. Mitchell, of Chicago, states that in his thirty-one years of practice he has had ninety-two cases of this disease under his care (including what was formerly called typhlitis, perityphlitis, and idiopathic peritonitis). He has had to call in surgical aid in only three of them, and these terminated favourably; so that he has no death to report in the whole series. Only one, too, was recurrent. Belladonna is his first remedy, as it is that of so many others; but he prefers arsenicum, as a second, to the merc. corr. generally given that place.—*North Am. Journ. of Hom.*, October.

**Ataxia diphtheritica.**—Dr. Halbert describes a form of post-diphtheritic paralysis which he calls ataxia. There is incoordination of the lower extremities with Romberg's sign, but also muscular anæsthesia and atrophy—which are not present in tabes. He relates two cases—one getting quite well under sulphur 6, the other far advanced towards recovery under picric acid 3x.—*The Clinique*, September.

**Blepharospasm.**—Dr. Yingling reports a case in which annoying twitching of the eyelid yielded to a single dose of ratania (strength not stated).—*Amer. Homœopathist*, July 15.

**Burns.**—Dr. Poggi finds that the addition of a few tea-spoonsfuls of nitre to a bath in which a burned part is plunged will quickly cause the cessation of pain, while it also prevents the production of phlyctenæ. Professor Vergely obtains similar results by covering the parts with a paste made of calcined magnesia.—*N. Engl. Med. Gazette*, September.

**Cancer.**—The greater celandine appears to be one of the plants which occasionally show virtues in cancer. A Russian physician, Dr. Denisenko, has had good results with it, given internally in doses of  $1\frac{1}{2}$  to 5 grammes per diem, and applied locally by compress over the surface, if ulcerated, and by injections round the border of the tumour.—*L'Art Médical*, October, p. 312.

Similar results are reported from Louisville, U.S.A., as obtained in cancer of the rectum with the bark of the slippery elm (*ulmus fulva*), so much used in America as a local demulcent. It is given internally and used as an injection.—*Hom. World*, November, p. 526.

A mammary tumour, having many of the signs, objective as well as subjective, of cancer, disappeared in Dr. Shirliff's hands under phytolacca, given in pilules saturated with the mother tincture. Its power over the pain was very marked.—*Monthly Hom. Rev.*, July.

**Catarrh.**—H. S., a bookbinder, aged 31, seen November 18, 1890. Since June had suffered from pain and pressure in throat with much hawking, nasal catarrh with purulent, foetid discharge, inability to work at his trade, moderate dyspnoea and depressed spirits. The nasal mucous membrane was red and swollen, the fauces studded with swollen mucous glands the size of peas. I prescribed kali bichr. 3, three times a day, which, however, did no good. To the above symptoms were added headache and rigors of intermittent type. He now got pulsatilla 3x, at first every two, then every three hours. On December 2, the report was that these symptoms had disappeared, and that the ozæna was what he now complained of. I prescribed aurum metal. 3, three times a day, which was so efficacious that on December 18 he reported the ozæna as quite gone, but that the irritation of the throat was troublesome. For this he got baryta carb. 3, three times a day, which gave much relief. On February 28, 1891, I found him apparently well, but the phlyctenæ in the fauces were not gone. Baryta mur. 6, three times a day, was prescribed, and on March 23 he reported himself as quite well.—*Amberg, A. h. Z.*, cxxxiii., 100.

**Chorea.**—Dr. E. T. Hood divides this malady for practical purposes into four classes—organic, reflex, trophic, and psychical. The indications for general management, and to some extent for the choice of remedies, result from the reference of a given case to one of these categories.—*Med. Era*, October.

**Cirrhosis of liver.**—It is so rare for any curative work to be done with drugs in this serious morbid alteration, that the record of persistent treatment with phosphorus (30) in the *Journ. Belge d'Homœopathie* for September-October deserves mention, though the result is incomplete. But tapping for ascites, previously frequent, has become unnecessary; and the cardiac and general symptoms, which were grave, have subsided under its use.

**Constipation.**—In a study of the treatment of this complaint when occurring in children, Dr. Deschere speaks highly of æsculus where nux vomica loses its effect, or, though indicated, fails.—*N. Am. Journ. of Hom.*, August, p. 523.

Dr. Conrad Wesselhœft, who has written much on the frequent neurotic origin of habitual constipation, relates in the October number of the same journal some illustrative cases. To the rational dietary which is his main resource, he adds as a medicine most frequently the sulphate of strychnia, in grain doses of the 2x trit.

**Debility.**—Under the heading, "Des Fortifiants en Homœopathie," Dr. Cartier gives a very full study of the homœopathic remedies valuable in the various forms of debility. In that marked one which follows influenza he finds *avena sativa* (3rd) preferable to the "tonics" ordinarily prescribed. In scrofulous debility he has the best results from *psorinum* (30); in that of chlorosis, from *helonias*; in that of too rapid growth, from the preparations of *calcareæ*; in the insomnia of neurasthenia he relies on *ambra* (3), in the vertigo of senile weakness on *rhus*.—*L'Art Médical*, October.

**Delirium tremens.**—Dr. A. P. Williamson has a valuable paper on the treatment of this disease. In general management he banishes narcotics and stimulants, and gives plenty of nutritious and highly assimilable food and copious hot drinks. *Cannabis ind.* is, to his judgment, the drug most frequently indicated, and most to be depended upon, though he mentions also the place of *actæa*, *arsenicum*, *belladonna* and *hyoscyamus*.—*Hahn. Monthly*, October, p. 694.

**Dysmenorrhœa.**—Dr. C. G. Wilson has written a paper on this malady, embodying his own experience. He does not "recall any failures where the indications mentioned have been prominent." These are the usual ones, mainly for *pulsatilla*, *calcareæ*, *actæa* and *lachesis*.—*Hom. Journ. of Obstetrics, &c.*, September, p. 459.

**School-teacher, aged 26.** Dysmenorrhœa and menorrhagia. Trouble had continued since beginning of menstruation; pain was so severe that patient was often obliged to go to bed for first day or two of period, which occurred every two weeks, accompanied by severe nausea and vomiting. Ipecacuanha (dilution not mentioned) relieved pain and nausea, and lessened flow—patient going full time. After two months, recovery complete.—*Ibid*, p. 471.

**Enuresis.**—In a discussion on the treatment of enuresis, Dr. Garrison spoke of having used sulphur with good results, and Dr. M. Hammond said that he never had used any remedy but pulsatilla 30. Rhus aromatica had proved useless in half the cases treated with it by Dr. Chandler; in all those of Dr. Price.—*Southern Journ. of Hom.*, July.

Dr. J. A. Freer relates two cases where the incontinence of urine occurred only or specially when the patient lay down, and here kreasote, in the 2nd and 3rd dil., proved of signal service.—*N. Am Journ. of Hom.*, August, p. 489.

**Epilepsy.**—Bernhard W., aged 8, was brought March 19, 1896. In January he had experienced a great fright causing extreme anxiety, and since then has been subject to epileptiform attacks with loss of consciousness; at first these were rare and transient, but became more frequent, often several times in an hour, and lasted for a minute. The attack began with audible rising of water from the stomach, followed by vomiting of thin mucus, tonic and clonic convulsions of all limbs and loss of consciousness. He was treated allopathically without benefit; indeed the attacks became more frequent and more prolonged, every hour and oftener, and the weakness increased. Examination showed no abnormal change in any organs. I prescribed ignatia 30, a dose every three hours. After this the attacks came on only every four or five hours, accompanied by mucous râles, and followed by prolonged sleep. I now gave opium 200 which caused cessation of the sleep, but the attacks came on again every hour, though they were shorter than before; the vomiting also persisted. March 29, he had agaricus muscar. 3, three times a day. April 6, the report was: The attacks come only every two to four hours, are quite short with slight or no convulsions, without rising of water or vomiting; the attacks seem to stop the breath, the face becomes reddish brown, and the attack is over in a few seconds. Guided by the asthmatic symptom I prescribed arsenicum 30, a dose once a day. April 19, I was informed that during thirteen days he had only had one short attack without loss of consciousness; that was four days ago.



Otherwise the child seemed strong and well. The medicine was continued, and the report on the thirteenth day was that he was now quite well. He has had no relapse up till now (August 24).—Amberg, *A. h. Z.*, cxxxiii., 116.

Another cure with *œnanthe crocata*, 6 and 12, is extracted in the *Monthly Hom. Review* for May, p. 309.

Hydrocyanic acid, though so perfectly homœopathic to the epileptic paroxysms, has hardly proved of great value in preventing their recurrence. In the form of the cyanide of iron, in which it has hitherto been supposed inert, it seems to have been so effective as to cause a preparation of this compound to be exploited by an American (the "Tilden") company. They offer to send "literature and epitome of cases in practice" to any who will address them at St. Louis, U.S.A.—*Medical Argus*, November.

**Epithelioma vulvæ.**—Mr. Hurdall has had some experience with growths of this kind in bitches, and finds them eminently amenable to homœopathic medication. *Hydrastis*, *ruta* and *phytolacca* have done most for him.—*Hom. World*, May.

**Gynæcological therapeutics.**—Dr. Vondergoltz, of whose claim to brilliant success in treating diseases of women by Bönninghausen's method an account was given in our last number (vol. iv., p. 497), has already found that this way of proceeding needs supplementing. In a lecture given in July, and reported in the *Homœopathic Physician* for September, he says of it: "In many cases I met with unforeseen results, but very often this system also" *i.e.*, like that by 'key-notes' "failed." It leads astray, he says, by ignoring the pathological seat of the disease, and putting symptoms which are merely reflex on the same level as those of primary nature. Thus, in one case which he mentions, it led him to *nux vomica*, while platinum was the real and effective remedy. He also vindicates the part played by surgery in gynæcology.

**Hay fever.**—Dr. Oehme relates two cases in which inhalation of soap dust proved immediately effective against this trying catarrh. A dry square of soap is rubbed with an equally dry cloth, and the resulting powder inhaled.—*Hom. Recorder*, August.

**Leucorrhœa.**—Mrs. M., aged 28, mother of two children, one abortion (2½ months), has been the victim of a profuse leucorrhœal discharge since girlhood. Calc. carb., puls., alumina, and

many other remedies had been given without benefit; even a curettement practised after the abortion had failed to help. Discharge was dark brown, causing smarting and burning. Kreasote 3x was prescribed, and improvement followed immediately after beginning its use, and perfect recovery followed within four weeks.—*Hom. Journ. of Obstetrics*, September, p. 470.

**Locomotor ataxy.**—Dr. Halbert contributes to the *North American Journal of Homœopathy* for August a study of the therapeutics of this disease. He divides it into three forms, according as it is of syphilitic origin, or has its seat in the upper or lower cord. In the first he recommends nitric acid and kali iodatum, both in the homœopathic potencies; in the second (which is rare), secale; in the third (which he thinks generally of reflex origin from the pelvic organs), argentum nitricum.

Dr. Ord relates a case in the *Monthly Hom. Review* for August, in which arrest of the disease and an enduring life seem to have been secured. Secale 1x was the fundamental remedy—stramonium 1x helping head symptoms, and carbo vegetabilis 3x gastric crises. (The disease seemed situated in the lower as well as the upper cord, and there was a history of syphilis.)

**Meningitis.**—Dr. Damon records a case simulating acute general tuberculosis, with secondary meningitis, where yet recovery ensued. A critical eruption of bullæ accompanied the first signs of improvement; and these were followed by ulceration, abscesses, and boils.<sup>1</sup> The treatment during the cerebral stage was belladonna 2x alternately with calcarea phosphorica every hour.—*N. Engl. Med. Gazette*, September.

**Paralysis agitans.**—Dr. Delamater has made a very full enquiry, literary and personal, into the result of treatment for this disease; and finds it in consonance with his own experience—which has been that, after trying every form of treatment—medicinal and general, homœopathic and allopathic—he has yet his first cure to report.—*Med. Century*, August 1.

**Phlyctenular ophthalmia.**—A brewer, aged 18, consulted me for phlyctenular keratitis and conjunctivitis with violent pain and threatening iritis. A phlyctenule on the border of cornea showed a tendency to perforation, and a hypopyon had formed. Ordinary remedies did no good. I ascertained that the patient, in order to

<sup>1</sup> Compare Dr. V. Arnulphy's experience, as given in vol. iii., p. 350. 11

get rid of fœtid sweat of the feet, had lately stood frequently in cold water, since when the eye affection came on. I found his feet extremely dry, so I prescribed silic. 30, and directed him to wrap them up in waterproof paper. This restored the perspiration in his feet, and the eye affection, including the hypopyon, rapidly disappeared.—*Mattes, A. h. Z.*, cxxxiii., 148.

**Phthisis.**—A locksmith, D., aged 36, blond, tall with narrow chest, had been several months under allopathic treatment. The physician told his wife that the patient had consumption. The apices of both lungs, especially the left, showed commencing infiltration and were the seat of catarrh. He had difficulty of breathing and shooting pains on left side of chest, dry cough, dry heat at night, temp. 39° cent. He said that six months previously he had a smarting, exuding eruption on the head, which was speedily suppressed by an allopathic ointment. I first gave him nux vom., in order to neutralize the allopathic drugs he had swallowed; afterwards sulph. 30, and in four weeks his pulmonary affection was completely removed, and there appeared a pruriginous eruption which lasted eight days.—*Mattes, A. h. Z.*, cxxxiii., 148.

**Progressive Muscular Atrophy.**—Dr. T. F. Allen brought before the *Materia Medica* Conference lately held at Detroit a striking case of progressive muscular atrophy, so diagnosed by eminent neurologists, and pronounced hopeless, but recovering under phosphorus 7, repeated three times a day for three days, and then only occasionally. The remedy was chosen not for the atrophy, but because of its main situation in the right shoulder, and because of the conditions of aggravation displayed by the accompanying pains. His point is that “the totality of the symptoms, and not the diagnosis, in this case at least, sufficed to cure.”—*Medical Era*, July.

**Psoriasis.**—Hearing of an obstinate psoriasis which had recovered at a watering-place in Virginia, Dr. Lippincott examined an analysis of the waters, and found that sulphate of potash seemed the active ingredient. Reading the article on kali sulphuricum in Boericke and Dewey’s “*Tissue Remedies*” favoured the suitability of the remedy; and three cures have since confirmed the idea. The 3x trit. was that employed.—*Southern Journ. of Hom.*, July.

**Sarcoma.**—Dr. Packard has had some experience in the treatment of malignant tumours with erysipelas-toxin, of which Dr.

Bushrod James spoke at our late Congress.<sup>1</sup> It is not the streptococci of the disease themselves which are now used, but the toxin they produce, combined with that of the bacillus prodigiosus. Dr. Packard gets no results in this way with true carcinoma, but with sarcomatous growths he has much to encourage him.—*N. Engl. Med. Gazette*, September.

**Scabies.**—Dr. Jullien, of Paris, and Dr. McCall Anderson, of Glasgow, speak warmly of the balsam of Peru as a parasiticide in itch. A single inunction of the whole body, a night spent in a shirt impregnated with the balsam, and a warm bath in the morning, suffice for a cure.—*Hahn. Monthly*, July.

**Shock.**—Dr. Bailey contributes another experience on the subject of surgical shock—a case in which it came on most unaccountably, and proved most severe and long-lasting, though ultimate recovery was perfect. Large hot saline enemata, pressed as high as possible into the bowels, seem to have done most. Dr. Bailey considers the state to be one of vaso-motor hyper-irritation.—*Med. Century*, November 15.

**Spermatorrhœa.**—In an article on this affection in the *Homœopathic Recorder* for September, Dr. Adams, of Ontario, relates a case in which, by a process of exclusion, excessive nocturnal emission was traced to the use of tea, and ceased to annoy on its being left off. He thinks that it has an over-stimulating, and so a weakening, effect on the female sexual organs also.

**Tetanus.**—Dr. Kahlke reports two cases of traumatic tetanus which recovered, in *The Clinique* for November. They hardly illustrate homœopathic treatment, however, for the medicine most relied on was physostigma, in 2-drop doses of the fluid extract hourly.

**Tic douloureux.**—In an article on the treatment of this affection in *L'Art Médical* for July, phosphorus is regarded as one of its chief remedies, and is said to be indicated by aggravation on the least movement—as that required for mastication.

**Ulcers.**—Dr. A. L. Blackwood directs attention to the great value of spraying ulcers with a solution of the peroxide of hydro-

<sup>1</sup>Dr. Cooley's results, which Dr. James probably had in his mind, are summed up in a paper (based on 160 cases) cited in the *Hahn. Monthly* for October, p. 689. The spindle-celled sarcoma gives the best results; and the more virulent the culture the greater the success.

gen. He relates several cases illustrating his point.—*The Clinique*, November.

**Urticaria.**—Dr. Laidlaw writes to urge the value of a milk diet in chronic cases of this disease. His medicinal remedies are those commonly used, but he shows that they are often ineffective without a radical change of diet. Locally, he finds best results from 10-15 grains of salicylic acid to an ounce of rosewater, with or without the addition of 10 grains of menthol.—*N. Am. Journ. of Hom.*, November.

**Whitlow.**—If we needed any confirmation of the power of silicea in this disease, we might obtain it from an excellent case of the late Dr. Kafka's translated in the *Homœopathic Recorder* for October. The trouble had lasted for three months, and two old-school authorities had advised removal of the nail. Dr. Kafka took charge of the case; gave silicea 6 night and morning, and had the pleasure of seeing speedy improvement set in, and complete cure ensue at the end of three weeks.

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CARDIAC ARHYTHMIA AND  
OTHER PERTURBATIONS OF HEART ACTION.<sup>1</sup>

BY EDWARD BLAKE, M.D.

THE action of the heart is prone to perturbation as regards *Rhythm, Force and Rate.*

RHYTHM.

As to the change of rhythm, in a purely practical consideration of the subject the so-called "Cardiac Arhythmia" may be somewhat summarily dismissed. It will suffice here to say that arhythmia occurs in two forms, they are "irregularity and intermittency." Or to adopt another basis of classification, arhythmia may be either nervous or muscular.

Putting aside some secondary morbid conditions as hypertrophy, aortic and basilar aneurysm, the former, or irregularity, may be accepted generally as evidence that the circulatory apparatus is disordered functionally rather than

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organically, whilst the latter, *i.e.*, intermittency, appears to confer a positive benefit on its possessor.

### FORCE.

With regard to changes of force, little will be said. I will content myself with drawing the attention of the meeting to some observations, which have recently been made, on the interesting question of

#### *Arterial Tension.*

I find that after a forced expiration, the systolic peak of my sphygmogram rises from an average of 6 mm. to 10 mm. Whilst holding my breath, after a prolonged inspiration, the reading of my radial artery shrinks from 6 mm. to 1.5 mm. With regard to the internal diameter of the radial artery, Dr. George Oliver, an admitted expert in the matter of arterial calibration, found that the normal average whilst sitting, two hours after a full meal, was 2 mm. On holding my breath, after a forced expiration, the internal diameter rose to 2.2 mm. and it remained above the normal point during five minutes. This suggests that prolonged expiration, taken every five minutes, might prove of service in cases of persistent arterial contraction, such as we find in early atheroma, pregnancy, renal disease, myxœdema, chlorosis, constipation, syphilis, lead poisoning, in one stage of alcoholism and in the syncopal form of Raynaud's disease. These observations were checked by succeeding experiments, made first after a light meal and afterwards whilst fasting, with substantially similar results. They are opposed to physiological experiments made on animals. The apparent contradiction has, however, been explained by Leonard Hill, J. Harry Sequeira and H. Leslie Barnard, who have been working out the matter in the physiological laboratory attached to the London Hospital.

As the result of a most important series of inquiries, very carefully made by these observers, a complete solution of the problem is now supplied. In order that we may fully

understand the value of the work of these gentlemen, it is needful to recall the precise anatomical relations of the radial artery at the wrist.

The notch or canal occupied by the carpal portion of the radial contains three vessels, namely, two *venæ comites* and the radial artery itself. The arrangement of the *venæ comites*, with regard to the artery, is peculiar. One of the veins is placed on either side of the artery, whilst a branch uniting them lies on its exposed surface, that is to say it is anatomically anterior to the artery.

These observers make a point of the fact that the three vessels when distended completely fill the radial *sulcus*. If the breath be held, after expiration, as in Müller's experiment, the veins become extremely turgid; and then even if the artery be diminishing in calibre, the illusory sensation of enlargement is conveyed to the finger of the observer. Thus arteriometric observations, made at the wrist, may readily be vitiated. Sphygmographic readings, taken in this locality, are gravely invalidated. It is certainly possible that manometric records may not be so much affected. At first sight, these observations of Hill, Sequeira and Barnard may not seem of very great moment. A little thought will, however, make it clear that pulse-readings, especially in conditions associated with venous turgescence, are not of much value, unless they be taken on a superficial artery, such as the anterior temporal, not usually accompanied by a *vena comes*.

These really important observations, which have not yet been published, will be found *in extenso* in the next issue of the *Journal of Physiology*.

We can readily conceive that, if we possess the power of diminishing arterial tension in so short a time and to so considerable an extent, we have here a valuable means of soothing at will a heart which is hypertrophied far beyond the needs of compensation.

Such a state of the heart muscle is met with accompanying general fibroid hypertrophy of the uterus; again, it is encountered after rapidly succeeding pregnancies, and in those disorders which are associated with general arterio-

sclerosis. Forced inspiration should be beneficial in these conditions, and it ought also to prove useful in cases of concealed hæmorrhage, such as occurs with intra-cranial effusions and in pelvic hæmatocele. In metrorrhagia and in severe epistaxis, it should, at least, serve to fill a gap, whilst apparatus suitable for more radical treatment is being procured.

### RATE.

#### *Quickening and Slowing.*

The latter of these disturbances of rate in the heart's action is by far the more important of the two from a clinical point of view. Nevertheless, for various reasons, the former will chiefly occupy our attention this evening.

#### *Heart-hurry.*

By acceleration of the heart, or "heart-hurry," is meant a persistent increase of the pulse above 80 in a woman, well above 70 beats per minute in a man, and above 90 in a child.

Heart-hurry is divided into two kinds; they are tachycardia and palpitation.

The feature which serves to distinguish between these two forms of cardiac hastening, is that the subject of tachycardia is not conscious of its existence. In this condition, the movements of the heart, in some respects, resemble those of the voluntary muscles of the fœtus, before the stage of quickening. If excited to sudden action during the first four months of intra-uterine life, the movements of the child do not produce any impression on the sensory nerves distributed to the parietes of the mother.

Palpitation, on the other hand, causes grave disturbances. It, therefore, resembles the activity with which, after quickening, the babe reminds its mother at one blow both of its own existence and of her possession of sensory filaments in the abdominal wall.

Of palpitation, nearly always combined with irregularity,

the patient is perfectly conscious. Again, palpitation is essentially temporary, while tachycardia may persist for months, nay even for years.

This distinction between two differing conditions, which, indeed, are often confused together, is not only a matter of convenience. For these two signs differ *toto celo* as to cause, concomitants, mechanism, time of occurrence, treatment and prognosis. To make this clear it is needful to allude briefly to the chief methods by which the pace of the heart may be modified.

The term "tachycardia" is not in itself a very beautiful word, neither is it very accurate. Polycardia is better. "Tachycardia" was introduced by Prœbstring, a pupil of Gerhardt, in 1881; it has "caught on" and must now be accepted as a convenient, if not a classic, piece of terminology.

In tachycardia the heart seeks to atone by rapidity, for what it lacks in force. Temporary tachycardia is not in itself a disease. It is caused by exertion in the young and in the aged, and, in early life, most of the emotions are associated with increased action of the heart.

The cardiac muscle may be rendered more or less active, both as regards force and frequency, in two ways; namely, by impulses acting on the circulation.

(1) From outside the heart and its appendages.

(2) From the heart itself, its lining membranes or from the pericardium.

The external, eccentric, or peripheral methods of modifying the heart's action, are again divisible into two, which act along different routes.

(1) By the vagal route.

(2) By the sympathetic route.

Speaking generally, the agencies which act through the pneumogastric, when it is in a normal condition, slow the heart, whilst those which affect it by way of the sympathetic both accelerate its pace and augment the vigour. It is true that the vagus contains excito-motor, as well as inhibitory fibres, but the former are few and feeble, compared with the latter.

It is possible to view heart-hurry, either as a stimulated condition of the excito-motor apparatus or as a paresis of the inhibitory fibres. As a matter of fact, nearly all the cases we meet with, certainly all the sustained cases, are examples of vagal paresis and *not* stimulations of the excito-motor fibres.

The actual number of beats per minute is of considerable service in deciding with which kind of acceleration we may be dealing in any given case. It is useful therefore to store in the memory a few figures as constants or definite standards.

A persistent pulse of 120 is usually a sign of irritated sympathetic.

A sustained pulse ranging between 120 and 180 indicates a suspension of the pneumogastric inhibition.

A pulse above 180 generally points to abolished inhibition, with or without excito-motor irritation, *plus* sympathetic disturbance.

When we have to do with a new case of continued heart-hurry, it is needful to call to our aid every possible assistance, in making an accurate diagnosis. On its accuracy, the success of our treatment must depend; on it, too, must be based those prognostications of the future, which serve either to make or to mar a professional reputation. It is of no use to disguise the fact that here the ground is beset by pitfalls, into one of which the unwary are certain to fall. Our wisdom is then to become well acquainted with all possible sources of error.

We may remember that a patient can have a pulse of 300 beats per minute, for weeks together, and yet ultimately recover.

But such a pace is, in itself, quite apart from probable complications, fraught with peril. If it vary not, then a careful search should be instituted for pontine softening, with reflexes, at first exaggerated, and ultimately disappearing altogether.

If this menacing rapidity of action be associated with persistent high temperatures, a dry night-cough, slight nocturnal delirium and tenderness on pressure beneath the

left hypochondrium, with the usual physical signs, then endo-, myo- or peri-carditis should be thought of. Acute septic invasions present a somewhat similar group of symptoms, whilst the presence of rigors would suggest the formation of deep-seated pus, or the possible passage of a calculus. It is sometimes stated that no rise of temperature accompanies the passage of a stone. This is quite erroneous.

Other common causes of heart-hurry are :—

#### A.—*Valvular Heart Disease.*

Angina pectoris; aortitis, acute and chronic; arterio-sclerosis; Bright's disease; febrile disorders; compression, peripheric and central.

#### B.—*Neurocentric.*

Bulbar meningitis; myelitis; softening; acute ascending paralysis; disseminated sclerosis; progressive muscular atrophy; multiple sclerosis of the pyramids, without anterior horn lesion; tabes.

#### C.—*Peripheral Diseases of Nerves.*

Peripheral neuritis; vagal neuritis; polyneuritis and beri beri.

#### D.—*General Diseases.*

- |           |   |                  |
|-----------|---|------------------|
| 1. Acute. | } | Influenza.       |
|           |   | Enterica.        |
|           |   | Measles.         |
|           |   | Scarlatina.      |
|           |   | Diphtheria.      |
|           |   | Glycosuria.      |
|           |   | Peritonitis.     |
|           |   | Puerperal Fever. |
|           |   | Cellulitis.      |

- |  |   |   |
|--|---|---|
| 2. Chronic.                                    | { | Tuberculosis, chronic.<br>Carcinoma.<br>Chlorosis.<br>Syphilis.<br>Malaria.<br>Rheumatism, chronic.<br>Dyspepsia.<br>Diarrhoea. |
| 3. Convalescence from the Exhausting Diseases. |   |   |

*E.—Toxic.*

1. Aliments.—Tea, coffee, alcohol.
2. Drugs.—Aconite, digitalis, atropin, amyl nitrite, tobacco, &c.
3. Reflexes.—From brain, heart, lungs, brachial plexus, stomach, liver, intestines, uterus and adnexa, bladder, prostate and abdomen generally.

*F.—Neurotic.*

Graves' disease.  
 Hysteria, migraine.  
 Epilepsy.

In advanced life, pneumonia and nephritis should never be lost sight of, their onset and advance being so exceedingly insidious.

Such a list could of course be greatly multiplied. It is plainly impossible to consider all the pathological conditions which may be associated with heart-hurry, in the brief space of time at our disposal. We must then be content to glance at a few of the more important types. It would be well perhaps to confine ourselves to those forms which we must encounter in daily life, rather than to gratify our curiosity by the contemplation of pathological rarities.

*Heart-hurry as a result of Vagal Neuritis.*

Some cases of nocturnal palpitation, and also some of those which occur in spinal curvatures and in the subjects

of tight lacing, may be due to the mere physical pressure of a distended stomach or colon, encountering perhaps a temporarily dilated heart. Those instances of true tachycardia, on the other hand, which, occurring once, run a definite course and go, to return no more, are probably due to neuritis of the pneumogastric or of the vagal nucleus in the medulla oblongata. They are not of the nature of vague and transcendental phenomena, known sometimes as "irritation." They are definite inflammations of the fibres of the vagus and they are usually of toxic origin. There are two well-marked types of vagal neuritis: (a) ascending, (b) descending.

*Ascending Type.*—This is associated with three different pathological conditions:

1. Myocarditis.
2. Inflammation of the membranes connected with the heart.
3. Aortitis.

*Descending Type.*—In cases of deep-seated abscess, more especially of pulmonary purulent depôts, as in tuberculosis and pneumonic abscess, we get temporary tachycardia. Here the inflammatory process ascends by the pulmonary twigs, and then acts either directly on the vagal nucleus, or else, descending through the cardiac filaments, sets up a secondary myocarditis.

The actions of tea and of tobacco are probably to be explained in this way.

Some of the cases of menstrual, pregnant and puerperal palpitations have a similar mechanism: whilst others again are a product of dilated stomach.

An excellent example of descending neuritis is afforded by diphtheria, when it terminates in death with lung complications. The toxic inflammatory change descends by the pharyngeal branches of the pneumogastric to the heart, setting up myocarditis, followed by softening and then by dilatation. It may also descend to the pulmonary vagal filaments, causing œdema of the lung bases, usually diagnosed as pneumonia. A great controversy exists as to whether death during diphtheria comes by way of apnoea or



of syncope; as a matter of fact the elements of both may be present, so that it is in the hazard of a die whether one or the other shall lead to a fatal issue.

As to the so-called "gastric crises" which in certain cases come, so like the epileptic seizure, at long but stated intervals and with a distinct periodicity,—these are cases of the extension of the morbid process from the cardiac distribution of the vagus to its gastro-intestinal filaments. It may aid an easier conception of the method, to remember that the causes of tachycardia are the causes of dilated stomach. Amongst the commonest are tea, tobacco, and the toxic innutrition that follows anxiety and traumatism. In point of fact, over action is to the heart what dilatation is to the stomach. Both mean an arrest of nerve control. Both are benefited by nux vomica and by the dry morning meal.

A very large proportion of the cases of Graves' disease present some deviation from perfect mental and moral balance. The most common and typical psychosis, as pointed out by Maude, of Westerham, is exaggerated conscientiousness. My friend, Dr. Williamson, of Ventnor, tells me that he has seen mania occur in the course of exophthalmic goitre. Savage says that any disturbance of the mental equilibrium may be and often is present. Gilde-meester saw goitre replace epilepsy. Eulenberg witnessed a curious recurring rotation of Graves' disease, migraine and melancholia. As to the tremor, the most invariable member of the group which serves to build up a typical case of Graves' disease, it is common to all the intoxications and this fact is in itself strongly suggestive of the infective origin of goitre.

#### *The Neuroses associated with Heart-hurry.*

Epilepsy in the aged is usually associated with quick pulse and high tension, the converse of these holds good with the young. Raymond Tripier, of Lyons, long ago noticed the connection of the double heart-beat so suggestive of mitral stenosis, or of digitalis poisoning, with a slow pulse and epilepsy. He gives two cases of remarkable

interest in the *Revue de Médecine*, 1883-4. In one, the pulse, habitually 60, fell to 12 beats per minute. This patient died suddenly, yet no change was found in the heart. The second was found to have a pulse of 44, with heart beats 88 during an attack. When free from the fits, her pulse varied from 76 to 100; she died comatose without grave organic disease of the heart.

Thus a very valuable element of prognosis, with regard to epilepsy, is seen to exist in the pulse.

The higher the tension, the more favourable the outlook and for a very definite reason; these high tension subjects are free from organic disease of the brain and of the cord. The increased tension and the cortical nerve discharges are, both of them, temporary and toxic, due doubtless to defects of catabolism or of elimination, they are therefore essentially curable in character. How often have we seen epilepsy in the aged do better alas! under the old fashioned "blue pill and black draught" than under the best selected high dilution in the world. In epilepsy, the older the patient the more hopeful is the outlook; the reverse is true of neuralgia, in which disease advanced age is a prominent element of gloom in prognosis.

The temperature of male adults, having reached its fastigium at 6 p.m., falls steadily till 6 a.m. Is it not significant that, with its fall, the frequency of the epileptic seizure rises? In addition to the interesting evidence supplied by the convulsive seizures of animals which are witnessed whilst they slowly bleed to death, there is an imposing array of clinical facts in favour of the view that epilepsy is related to some diminution in the quantity, as well as some deterioration in the quality, of the cerebral supply. In certain kinds of convulsive seizures, as in puerperal eclampsia, it is the quality that is chiefly at fault; in the saturnine form, there is probably a deterioration in the blood as well as the actual presence of poison. This may explain the rarity of lead epilepsy in males. Whatever then causes anæmia, predisposes to epilepsy: however much the fits, in a given case, may seem for a time to improve, the patient is probably the worse ultimately for the free

and indiscriminate use of the alkaline salts, so much in vogue in the treatment of epilepsy. This is especially true of the salts of potash, which have been shown by Bouchard, *vide* "Auto-intoxication in Disease," p. 58, to be forty times more poisonous than soda. Again, pregnancy often suspends the course of epilepsy. This no doubt is partly caused by the fact, that the cardiac wall grows thicker, and that arterial tension greatly increases during gestation.

*Graves' disease*, for the existence of which no perceptible enlargement of the thyroid, even when extending the head and swallowing, is needful, should be first put out of court.

Then we may be helped by remembering that true tachycardia, normal before birth, rare in adolescence, is unknown in early childhood.

The male pulse falls from 140 to 100, in the interval between foetal life and the second year of extra-uterine existence. Afterwards it ranges between 80 and 75. Now it is curious that, as the tendency to chorea, normal at birth, diminishes (for that disease often dies a natural death during the eruption of the second molars), so the tendency to tachycardia increases; it appears indeed to keep pace with the development of the emotional side of woman, whilst in man it corresponds with the tendency to excess in athletic sports, in sexual matters, in the employment of alcohol, of tobacco and of the other nervines. It is curious too, that whilst tachycardia is unknown in very early childhood, yet irregularity of the pulse is exceedingly common, especially during sleep. This is possibly an instance of atavism, for an irregular pulse is normal in dogs. It is well to bear these facts in mind, for they serve to show that irregularity of the pulse *per se* is not a morbid phenomenon.

#### TREATMENT OF HEART-HURRY.

The subject may be conveniently treated in a practical way by taking up heart-hurry as it occurs in adult men, in women and in children, separately. As palpitation and tachycardia often occur in the same subject, it is not

possible, in this therapeutic section of the paper, to demarcate the respective limits of palpitation and of true tachycardia, with any approach to accuracy.

### *Man.*

In men a common cause of heart-hurry is acute cardiac hypertrophy. The first indication in its treatment is rest of mind and body. Next comes dieting, small quantities of fluid or semi-fluid food, taken frequently, avoiding as far as possible tea, tobacco, coffee and butcher's meat; whilst alcohol must be rigidly interdicted. *Spigelia* and *cactus* 1x; *aconite* 1x and *naja* 6; *lachesis* 6 and *arnica* 1x, are the chief remedies. Should the arteries be tightly contracted, then tepid or warm baths 80° to 100° F. are indicated, it being borne in mind that both hot and cold baths shrink the arteries. We should also recollect that *pétrissage* reduces the arterial calibre, whilst *effleurage* and *tapotement* both increase it. We may teach the patient to make forced expirations at stated intervals.

The presence of a red, dry, glazed throat suggests glycosuria or nicotism, both are associated with thirst and with tachycardia.

The typical smoker's throat is accompanied by a frequent desire to swallow. This, with sleeplessness, nocturnal leg fidgets, and forebodings of evil, is strongly suggestive of nicotism. Now that so many ladies either smoke or sit with smokers, this condition is not confined to the more sinful sex!

We have seen that the passage of a calculus is sometimes associated with severe tachycardia, and as the pain of a passing gallstone may be referred entirely to the cardiac region, it would readily lead to an erroneous diagnosis. Many diseases, common in males, have heart-hurry as an ordinary complication. Amongst them are gout, chronic nephritis, glycosuria, dyspepsia, syphilis and rheumatism. Shock is also a common cause of heart-hurry.

The following case occurred in the practice of Dr. Kenrick Davies, of Llandudno. A man of 45, engaged on the line, suddenly saw an express train approaching him. Having

no time to get out of its way, he lay down and the train passed over his body, leaving him, however, quite unhurt. He subsequently had tachycardia for eighteen months, but there was neither goitre nor proptosis.

In cases of heart-hurry, the temperature is an important item; it will serve to aid us in diagnosing between two diseases constantly confused in old tropical subjects, namely, malaria and a recrudescent endocarditis.

It will also assist in eliminating acute cardio-myositis, itself I imagine nearly always toxic. The commonest cause has latterly been the influenza bacillus. This condition of myositis, not always recognised, is much more common than one might suppose. Most of the acute dilatations of the heart are probably associated with its occurrence. In its treatment, it may be of value to remember that colchicum has the power of inducing it. A case of poisoning by over-doses of this drug has been placed on record by H. M. Moyer, in the *Medical News* of Philadelphia for April 28, 1894. In this case there were hæmorrhagic markings on the right border of the heart, reaching to the apex; with effusions of blood between the muscle bundles. This case is of the greatest possible interest, because we know of scarcely any drug which has been definitely proved to produce primary inflammation of the heart muscle.

So rare is primary heart-disease in the young that Professor Pott of Halle, in a paper contributed last year to the *Fortschritte der Med.*, said that in thirty thousand children he never saw one single instance. He had ninety-five cases of cardiac defect in the young, not one was of the nature of primary or idiopathic endocarditis. Scarletina and articular rheumatism were the chief morbid factors. Pott's experience of foetal endocarditis agrees with the recognised opinion that the right heart is the one most frequently attacked in utero. He has never seen either mitral stenosis or insufficiency in the foetus.

#### *Woman.*

In women, anæmia is the commonest cause of sustained heart-hurry. It may be of service if we linger to speak

more at length on the successful treatment of this rather troublesome disorder. I do not mean the *drug* treatment, that is often the least part of the management of a case of chlorosis.

There is no doubt that anæmia tends to cure itself in time, but unfortunately it takes a very long time, and then too often the heart is left damaged.

A certain number of cases recover rapidly under a favourite routine or orthodox prescription of the combined sulphates of iron and magnesia, or the more modern Blaud's pill. Again a large proportion get well under a carefully selected homœopathic *simillimum*; but there is a residue, a kind of "submerged tenth," who have tried allopathy and have tested homœopathy, and both have been found wanting! Then, should the patient be rich, she is taken to a chalybeate spring, and then losing all hope she settles down to despair! There is no royal road to the cure of these cases; and with the present limits set about our knowledge, some of them cannot be cured. We may think that we have done our duty when we have eliminated the possibilities of every local disease, more especially when we have hunted in vain for suppuration in the middle ear, in the sinuses and in the antra, seen that the nasopharynx is patulous and removed all carious teeth. When we have forbidden liquids in the morning, more especially tea; when we have removed the nicely-fitting corset, which, by the way, is never "tight," carefully sought for spinal caries or curvature, cured all pelvic and abdominal disease and seen that the feet are in order; when we have examined for dilated stomach by Chomel's "splash sign" and sought for scybala; then we begin to look for heterotoxic factors, as lead in the drinking water, arsenic in the dress, the wall-paper or in the art-fabrics, or else for sewer gas from some waste-pipe imperfectly trapped or not disconnected. When we have done all this, then the far reaching possibilities, involved in the question, will have been considerably narrowed down, but yet the reply may not lie precisely at one's elbow!

I should like to speak here of the very great importance

of keeping the highly anæmic subject in a horizontal posture. The mildest case should lie at least one hour in the middle of the day, to prevent the great strain on a badly nourished heart involved in the vertical position.

This danger is shown by the œdema of the feet so often present. The best remedy for the case with leg dropsy is certainly *apis mellifica*, 6 centesimal to first centesimal. I use it very largely, I have seen it work wonders.

My chief indications are "symptoms worse in early morning," especially "itching skin" and "deltoid myalgia"; thirst, glazed throat, diarrhœa, scanty urine and albuminuria.

Sulphur I am very partial to. I give 12 or 30 trit. by day, fasting, 6 to 3x at night in the tablet form, always dry.

*Pulsatilla* in the matrix tincture, and in the first decimal dilution, I use when pain over one eye and urticaria suggest the existence of dilated stomach.

*Natrum muriaticum* 12 and 6 have proved of the very greatest service, in severe and established anæmia. The indications are: dry tongue, sore gums, chapped lips, menorrhagia and the general signs of endometritis simplex.

*Conium maculatum* is called for in lymphadenoma, sleeplessness, leg torpor and confusion of mind. I always use the succus of the B.P. and usually in the lower dilutions.

Plumbum is useful in constipation and pain on the left side of the navel, combined with albuminuria.

Arsenic comes in largely, its indications are so well known that I need not speak of them here.

Iron of course is useful, but it has already been abused so often before one sees the case. I am much addicted to the use of Flitwick. I order a tablespoonful freely diluted; if in the winter time, then with hot water. Iron should never be taken with food containing tannic or gallic acids; but if constipation be present, it does not necessarily disqualify the patient for the use of iron. I have seen the most severe constipation disappear after sipping a hot solution of steel, with a squeeze of lemon in it. The carbonate of iron is the best when gastralgia [neuritis of the sixth dorsal inter-

costal] is present. If a chalybeate be strongly indicated and the patient is quite unable to take it as crude iron, then it may be remembered that the yolk of an egg owes its colour to an organic form of iron, or Dr. Cooper's favourite *sanguis bovis exsiccata* may be thought of. Dr. Fernie speaks highly of watercress, as containing ferruginous and other valuable salts in an easily assimilable form.

I am still of opinion that anæmia is always toxic, the commonest causes in London being sewer gas, the respiration in close rooms of vitiated air, autotoxis from the mouth or pelvis, absorption of peptones from dilated stomach or of ptomaines from retained fæces.

If scybala be present, then the whole colon should be flushed with hot disinfectant, the patient being in the knee-elbow posture: a little borax in mild cases, combined with sulphate of magnesia in severe ones, answers admirably. General light massage, warm voltaic bath, and special lung education, are most valuable. Usually I combine with these mild volto-faradic manipulations of the muscles of respiration.

Deep expirations with long inspirations are good, *but without retention of air*, for the arteries are contracted we should remember. I seldom order alcoholic stimulants to my patients, but anæmic girls are often much benefited by a glass of stout at bedtime, which acts in some instances like a smart purgative. The worry in dieting these cases is that they cannot, or will not, drink milk. It may, however, often be got in by pouring sweetened boiling milk on sliced fruit. Red bone marrow is most useful, and the fresh material is greatly to be preferred to the various artificial preparations now supplied. Very convenient the latter are indeed, but they are most prone to become rancid.

*Menstruation.*—Next in order of frequency amongst women as a cause of tachycardia is the catamenial function, not only in its commencement, but during its course and at its termination. This we can readily understand when we remember the free supply given by the pneumogastric nerve to the pelvic organs; the keen sympathy too which necessarily exists between the reproductive organs and the circu-



latory apparatus. The palpitation of girlhood, when it exists alone, rarely demands treatment.

The cure of heart-hurry of metrorrhagia is necessarily included in uterine therapeutics. Threatened miscarriage, endometritis, polypus and dislocation are the commonest causes. A very remarkable example of the last has been put upon record by Theilhaber, of Bamberg, in the *Bayerisches Aerztliches Intelligenzblatt*, 1884, xxxi. 42, in which a persistent tachycardia instantly disappeared on propping a fallen uterus by means of a pessary on two different occasions.

The climacteric heart-flutterings are best met by lachesis, nux vomica, glonoine, amyl nitrite, erythrol tetranitrate and the other vasomotor paralysing agents, which have been so carefully worked out by Professor Bradbury of Cambridge.

In the *Gazette de Gynécologie* of June, 1896, Kisch has drawn attention to the frequent occurrence of tachycardia after marriage. The remedies should be ignatia or actæa by day and morphia or opium at bedtime.

*Constipation*, nearly the monopoly of woman, is frequently associated with heart-hurry; it is a typical example of toxic tachycardia.

The treatment of this has been detailed at such length heretofore, that I will pass on to mention a condition frequently met with and frequently overlooked. I refer to tapeworm, of which tachycardia may be the only ostensible sign.

#### Case A.

#### TACHYCARDIA, GOITRE, URTICARIA.

*Graves' disease.*—The heart-hurry of one form of goitre is doubtless due to a paralysed condition of the vagal nucleus with or without involvement of the cervical sympathetic ganglia. Roughly speaking, the pale cases are bulbo-vagal in origin, whilst dusky examples are bulbo-sympathetic. The difference between these is well seen in the following typical examples:—

Mrs. —, aged 31, has had exophthalmic goitre for six years. Four months ago, after some family distress, she developed

nettle rash, and she has also well marked gastric crises. The eyes are very prominent, the face is flushed, superficial vessels of the head and neck present the appearance of a person who has been recently hanged. With some local attention to pyorrhœa of mouth and pelvis, and with some general treatment for dyspepsia, dermatitis and rheumatism, she was placed under systematic lung gymnastics. In three months the neck measurement had fallen from fifteen to thirteen inches, the pulse had dropped from 128 to 100, the body weight had increased from 119 to 127 pounds. The proptosis was better, the urticaria gone, she had lost her rheumatism and looked much more calm and placid. I have had a recent report from Dr. C., who sent this case to me, that having been sterile up to the time of the treatment she has now had a healthy child and is improving in all ways.

*Case B.*

TACHYCARDIA, GOITRE AND URTICARIA.

*March 29, 1893.* — Miss —, aged 18, resides in Eastern Canada in a district where goitre is endemic. She is pale and thin. Her hair and skin of the blonde type; her mother, subject to rheumatism, was of rather intemperate habits, she died in middle life. The father is alive, he is energetic and gouty. The sisters are of highly strung, nervous temperament. The patient herself, most excitable at all times, is occasionally so extravagant in gesture and utterance, that she appears to be quite irresponsible. She began to menstruate at 12, and soon afterwards she had double pleurisy. The monthly flow had always been profuse but never very painful. Ever since the establishment of the catamenia, she has been prone to temporary attacks of furious over-action of the heart. The attacks are usually preceded by "indigestion," the so-called "atonic dyspepsia," the actual condition being acute gastric dilatation. She has a small goitre and well-marked proptosis. She says that she gets "hives" in the summer. It will be observed that in both these cases heart-hurry and urticaria co-exist. The connection between over action of the heart and nettle rash is not fortuitous. More than ten years ago it was observed, though not explained, by Dr. Duncan Bulkley, of New York, in the *Chicago Journal of Nervous and Mental Diseases*, October, 1873. It is of course possible that one and the same poison, acting in the medulla oblongata, may cause tachycardia, and yet when it expends its power on the skin,

it may produce that form of dermatitis toxica which we call "urticaria." But we know that dilatation of the stomach may induce the formation there, not only of acetic acid but of certain extremely poisonous peptones and albumoses. It is a matter of experience that these can produce an extreme amount of cutaneous irritation. Senator has indeed detected free albumoses in the urine during an attack of dermatitis.

The sleepiness and head dulness which follow a full meal are attributed by Lauder Brunton to the absorption of peptones from the stomach. It is known that when these are injected into the blood stream, they induce lowered arterial pressure: cold hands and feet after a meal are thus explained. But they also destroy the coagulability of the blood.

This patient was supposed to have had "la grippe" in 1892. After this disease, so prone to be followed by tachycardia, strange to say she was much better. She enjoyed a complete immunity from attacks of heart-hurry for two months. Of course if she really had "la grippe" it is possible that the toxins of influenza may have acted homœopathically.

*August 7, 1893.*—I first saw this patient and noted the following symptoms:—

Irritable and difficult to please. Pain in the supra-orbitals and the great occipitals, with tenderness along their trunks.

A symmetrical hypermetropia with paresis of left external rectus, small goitre and fairly pronounced proptosis. Sleepy after meals with flatulence, and rheumatism of the small joints of the hand, both common symptoms of dilated stomach. Crepitation of both knee-joints.

She suffers from chilblains during the winter. In order to remove some growths from the throat, the pharynx was sprayed with 5 per cent solution of cocaine, which immediately raised the pulse from 80 to a point of rapidity that could with difficulty be counted. An inhalation of amyl nitrite at once reduced the beats to their average rate.

Some neoplasms were removed from the pharynx. A slight uterine catarrh was cured and this patient was ordered systematic lung gymnastics. Hitherto she had been directed to avoid all exertion and excitement.

This was reversed and the young lady was directed to lead a very ordinary life; merely to lie down for a short time after luncheon till the anæmia was better. Hitherto her life had been rather a dull one, she had been debarred from all the amusements which girls like. She was vastly delighted to be allowed

to join her companions, and she reported during the course of the next year that she was always the better the more exertion she took. The remedies employed were hepar 30 and 3x; lachesis 30 and 6; pulsatilla 30 and  $\phi$ ; lycopodium 30 and 3x; arsenic 30 and 3x; actæa 12 and 1x; mercurius corrosivus 30 and 3x; and apis 30 and 3x. These remedies were in each case selected on purely symptomatic grounds and not from a pathological standpoint. She remained under my immediate care during twenty-seven days, and then went to Lausanne where she took a good deal of vigorous exercise and always with advantage.

*January 25, 1894.*—She reported that there had been only one attack of heart-hurry. This had lasted one hour, whilst eighteen hours had been the shortest known attack before the treatment.

*August, 1895.*—Whilst the patient was menstruating, her mother died suddenly under rather distressing circumstances.

Most of the work of the preceding two years was undone. However, under ignatia 30 and 1, with a complete change of scene, and plenty of fresh air, this young lady soon recovered from the shock. I heard from this case in the late summer to the effect that at the commencement of this year she again had influenza. Later in the season she felt the exceptionally early summer heat acutely, and the heart-hurry unfortunately returned. I had been visiting the leading Spas of Europe, when I heard in Alsace of a plant, the *coronilla varia*, or *faucille*, which Dr. Poulet of Plancher les Mines had found very useful for tachycardia. He makes a tincture from the entire plant 1-5, and gives from  $\frac{1}{2}$  drachm to 1 drachm. Some researches on an allied species, the "scorpioides," by Spillman and Haushalter, show that this plant acts as a powerful heart tonic, causing increased tension, exciting diuresis and diminishing œdema and dyspnoea, acting in fact like digitalis. I caused some coronilla to be sent to this patient in the twelfth centesimal dilution, to be taken by day, and the first decimal at night. These remedies were persevered in for three months, and at the end of that time the report was that she felt better in every way but in her heart!

I now directed the chemist to supply her with another three months' stock of coronilla in the thirtieth centesimal dilution. This consignment was neither marked with its name nor with its strength, it merely bore the words *cardiac tonic* in very conspicuous letters. This latter remedy had an astonishing effect.

Comment on this, gentlemen, is unnecessary; I leave you to draw your own inferences. This young lady now plays golf, and

she plays all day with ease and enjoyment. The heart is sometimes a little irregular, but it no longer goes at its former furious pace.

Dr. Dudgeon and I have since submitted the first decimal and the strong tincture to a series of experiments on the healthy body. The resultant tracings are now sent round for your inspection. It will be observed that *coronilla* causes in health a slight acceleration in the heart's action. This drug once enjoyed the reputation of being able to cure thoracic dropsies. Dr. Dudgeon and I came to the conclusion that the drug is quite inert.

### Case C.

#### TACHYCARDIA, AMNESIA, EXOPHTHALMIC GOITRE AND PELVIC CONGESTION.

Miss R., aged 25, resides in the north of London. Subject to temporal headache and bronchitis. She has been delicate all her life. Her father is prone to headache, probably due to visual defects. Her mother and one brother are said to have died in a decline. She has been ill for three years. She attributes the swelling of her thyroid gland to drinking impure water whilst living in the States two years ago.

*Present state.*—She is low, nervous, and apprehensive, her memory is bad, she is often giddy, and for six months has had daily pain in her temples. She has acne of the face, an evident result of scalp seborrhœa. There is eczema covering the distribution of the left musculo-spiral nerve.

*Eyes.*—Both balls protrude considerably, the left more than the right. Dalrymple's sign is present on the left side, Von Graefe's on both to a slight extent. On requesting this patient to close her eyes the lids show a rima of one millimeter on the right side, two on the left. When requested to make an effort she can quite shut them. There is a fine tremor of the lids, which adhere in the morning; there is epiphora on the left side only. The sclerotic is always visible over both irides. Both sclerotics and conjunctivæ are somewhat injected. She has external asthenopia and mixed astigmatism.

*Nose.*—The septum deviates to the right and there is the usual hypertrophy of the right inferior turbinate.

*Mouth.*—The gums bleed and she is always thirsty.

*Neck.*—The root of the neck, around the most prominent part of the goitre, measures twelve inches. The superior cervical

ganglia are both tender on pressure; the middle ones are very tender.

*Abdomen.*—She complains of sinking at the epigastrium and of fulness and flatulence. There are distinct gastric crises. Persistent pain in the ilio-inguinal nerves. She leaves the bed two or three times every night to void the bladder; the urine is laden with lithates.

*Circulation.*—The pulse is very irregular. It numbers 108 in the lying posture, 84 when sitting, 120 in the standing position; this acceleration of the pulse on lying down is not uncommon in purely functional tachycardia.

The radial tension, estimated in ounces, is 10 on the right side and 12 on the left.

*Respiration.*—The breaths are 16 per minute lying and 20 standing.

*Trunk.*—Persistent loin pains.

*Upper extremities.*—Fine manual tremors.

*Lower extremities.*—The leg reflexes are normal on the right side and exaggerated on the left. She suffers from cramp in the sural muscles.

*Catamenia* had been absent for seven months when she went to the National Hospital for Diseases of the Heart on the first of January, 1894; the monthly flow soon returned under treatment, but without much benefit to the heart-hurry. On February 19 the physician in charge transferred her to my care to see what systematic "lung education" would do. The treatment included the removal of the seborrhœa for the cure of the acne; galvanising the extra-ocular muscles for the relief of the proptosis. For this the patient also wore elastic pads on the lids at night; this was, I think, at the suggestion of Mr. Knox Shaw. The stenosis of the right nostril was abolished, and systematic lung education carried out. The pelvic troubles were cured up. The chief remedies employed were lachesis 6; aconite 1; belladonna 1; ignatia 30 and 1; merc. corr. 30; actæa 1x; pulsatilla 1x; lycopodium 3x; natrum muriaticum 30 and 3.

By June 19, after four months of treatment, averaging one consultation per month, the pulse rates had fallen to 80 lying, 96 whilst standing, whilst the sitting pulse remained at 84 as before. The neck had shrunk to eleven inches. At the end of August she reported freedom from all the distressing symptoms and was dismissed with a recommendation to take a little Flitwick daily.

*Children.*

Spinal curvature has been known to abolish the memory, so dependent on a vigorous state of the left ventricle. Tachycardia is, too, a common result of spinal curvature. Dr. Motais, in an excellent paper which appeared in *L'Union Médicale* on March 1, 1894, drew attention to "Some derangements of the heart and stomach, produced by the usual position assumed by children in school." This very able paper was originally read before the Paris Academy of Medicine. By the "usual school position," Dr. Motais means that attitude in which the pupil seats himself on the front of the ischial tuberosities, supporting himself by leaning on the left elbow, and stooping forward, so that the front of the body then develops an antero-lateral curvature. The result is, *first*, that by the lateral inclination, the border of the false ribs on the left side descends until it is in contact with the iliac crest. The larger curvature of the stomach is thus pressed upon the spleen and the general mass of the intestines. *Secondly*, by bending the body so much forward, a fold is formed at the upper part of the abdominal wall, and the front of the stomach follows this curve. Digestion is mechanically interfered with. Respiration is embarrassed by the crowding of the ribs and the descent with fixation of the left half of the diaphragm. The respiratory block reacts on both ventricles; on the left directly, on the right by interfering with the pulmonary reflex. The neck is twisted, the large vessels at its root are submitted to torsion and the vagus is doubtless disturbed. Dr. Motais urges that it is of the last importance that we should insist on a correct posture in the case of cardiac patients.

In view of the preceding observations we may ask—is it any wonder that the underpaid and tea-soaked sempstress should suffer from tachycardia? But posture is not the only factor in causing tachycardia. That the inhalation of confined air will, in some children, cause high-tension pulse and consequent overaction of the heart, is rendered probable by the observations of my friend, Dr. Rayner Batten, in the January number of the *Ophthalmic Review*, 1892. There

Dr. Batten describes the remarkable changes of a neuro-vascular character which accompany progressive myopia. It has been asserted that respired air contains a subtle poison which affects the calibre of the arteries. In the number of the *Lancet* for April 6, 1889, p. 710, it was alleged that Du Bois Reymond had succeeded in isolating such a poison, which he named anthropotoxin. As against this, in the *Journal of Pathology and Bacteriology*, at p. 168 of vol. i., October, 1892, Drs. Haldane and Lorrain Smith published a series of experiments on the *Physiological Effects of Air Vitiated by Respiration*. Their paper is full, it contains a very complete bibliography and consists of a series of observations evidently made with scrupulous care to avoid ordinary sources of fallacy.

The chief effect of inspired air is, of course, on the lungs rather than on the heart.

In three experiments the increase of respiration per minute passed from

18 to 30

18 to 34

22 to 35

Distress of breathing was found to be more due to plus of carbonic acid than to minus of oxygen. Excess of carbonic acid dropped the pulses as well as the temperature, the former fell from 90 to 84, the latter from 99 to 96·9: 3 to 4 per cent. of CO<sub>2</sub> caused marked hyperpnœa, 10 per cent. caused hyperpnœa still more severe, whilst 20 per cent. was irrespirable. Haldane and Smith show, too, that the hyperpnœa was probably the result of indirect excitation through the intra-cranial respiratory centres, rather than an effect of direct stimulation of the pulmonic filaments of the vagus by the carbonic acid.

Lack of oxygen, on the other hand, drove up the pulse from 80 to 100, the supply of oxygen being 8·7 per cent.; the pulse rose from 96 to 131. This atmosphere represents the normal tenuity on the summit of a mountain of about 29,000 feet. The conclusions of Haldane and Smith may be thus summed up:

(1) Dangers of breathing vitiated air arise from excess of CO<sub>2</sub> and deficiency of O, not from any subtle poison.



(2) Headache is due to excess of  $\text{CO}_2$ .

(3) Distress of breathing begins at a point of absence of oxygen that differs in different persons, roughly appreciable at 12 per cent., extreme at 6 per cent. Another paper on the subject, entitled "The Composition of the Expired Air and its Effects upon Animal Life," was published in the Proceedings of the Smithsonian Institute of Washington in 1895, by T. S. Billings, S. Weir Mitchell and D. H. Gergey. This I have not been able to procure, but I understand that similar results were obtained. The conclusions of Haldane and Smith are not of much value to us in considering the especial effect of vitiated air on children in Government schools, because their experiments were made on healthy male adults of cleanly habits and in sanitary rooms, whereas Araki found that underfed animals suffered from breathing respired air, in an entirely different manner from vigorous ones, see p. 362 of "*Ptomaines and Leucomaines*," Vaughan and Novy.

Of far more importance are the remarkable observations made in Scottish poor schools, by the late Professor Carnelly, who examined the air of 145 class rooms in 59 Board Schools in Aberdeen, Fife and Perthshire. In all cases, determinations were made of the carbonic acid, the micro-organisms and the organic matter contained in the air.

He found that the air of the class-rooms was polluted in direct proportion to the age of the school building and in inverse proportion to the age of the scholars. Those who may be interested in this important topic, would do well to refer to p. 157 of the *Journal of Pathology and Bacteriology*, vol. ii., November, 1893.

I will content myself with saying that among the more common causes of heart-hurry in childhood are:—

Terror, a terribly common cause alas! Probably all nursemaids frighten children, an immense number of infantile neuroses arise from this fruitful source.

Naso-pharyngeal growths with disorders of hearing, tinnitus, &c.

Visual defects.

Vertigo.

Headache.

Constipation, diarrhœa.

Albuminuria from diphtheria, scarlatina, lead poisoning, heart disease, &c.

Epistaxis.

Night sweats.

Rapid general development, over exertion, excitement.

Time does not permit of my considering these in detail. Each would have to be treated on its own merits.

It will be understood that I do not advocate the treatment of heart-hurry as such.

Sometimes, however, we may desire to give a remedy that will relieve the mere symptom itself.

I have found the greatest benefit from lachesis 30 to 6, actæa 30 to  $\phi$ , aconite 30 to 1x, lycopodium 30 to 3 and digitalis 12 to  $\phi$ .

Lastly, it seems likely that lily of the valley—*convallaria majalis*—may prove of service, employed from a distinctly homœopathic point of view.

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The PRESIDENT (Dr. Madden) said that the subject of heart-hurry was no doubt one of very serious practical interest to them occasionally. A great many cases referred to appeared to be merely accidental and did not therefore very prominently require their attention. No doubt the author's explanation of it, as a result of toxic infection in a large number of cases, and secondly nervous influences, was perfectly correct. He was rather interested to hear the author quote the production of urticaria and heart-hurry as being each of them produced by infection from the ptomaines in the intestinal canal. He was rather surprised that Dr. Blake had not illustrated that by mentioning the not infrequent occurrence of it after emptying a long-confined bowel with an enema. They had had one or two cases of anæmia accompanied by severe and obstinate constipation in the Hospital at Bromley, and they had treated it by a large enema, flooding the whole colon. Two-fifths of these cases developed a troublesome urticaria which could only be accounted for by auto-toxic absorption. He would ask Dr. Blake if tobacco ought not to be added to their list of medicines in the treatment of tachycardia in

adult men who were not known to have used tobacco in excess or considerable quantities. He was sorry that Dr. Blake had not enlarged more particularly on the diagnosis between the different causes of tachycardia in adults. He was inclined to agree that it was often caused by acute dilatation of the heart.

Dr. HUGHES would have liked to have heard a paper half the length, grouped more definitely round one point, and then illustrated by the wealth of matter which Dr. Blake was able to bring to bear upon it. At present the paper scintillated with points which were dazzling and somewhat confusing.

Dr. GALLEY BLACKLEY said he had made a note of one point which the President had mentioned, viz., as to the value of tobacco as a remedy in tachycardia. He could speak from personal experience of its value, for he was induced to try smoking originally as a remedy for tachycardia. He smoked one cigarette a day for some time, and it succeeded perfectly. There was another point in Dr. Blake's paper which he had listened to with considerable interest and some amount of surprise, viz., the remarks in relation to cases of tachycardia in epileptic patients, Dr. Blake's contention being that where there was a high tension pulse with tachycardia the outlook was favourable. All he could say was that it was not uniformly so by any means. He referred specially to cases of tachycardia with a high tension pulse in epileptic patients the subjects of nephritis. In one case he remembered, which was undoubtedly one of nephritis, the first thing noticed was the high tension pulse with attacks of dyspnoea and restlessness, followed by sweating. The patient, a lady nearly 50, began to have menorrhagia, which was relieved by curetting, and for a time she did well. She then became afflicted with epistaxis and that was ultimately controlled. She had a severe nervous shock very shortly after that, and had attacks of genuine epilepsy which occurred every now and again. At that time the urine was examined and found to be loaded with albumen, and that condition never left her, and the patient ultimately died of uræmic poisoning. The high tension pulse had lasted nine years exactly. He mentioned this case as showing how careful they should be in generalisations. He did not doubt that in a large majority of instances the high tension pulse was favourable, but the minority were of extreme importance and should be remembered. In tachycardia with anæmia he had found a preparation of iron of great service. The preparation was not used much in England, but was a very great favourite in Paris. He thought it was originally introduced by Hayem. It was the protoxalate of iron, and he had obtained very good results from it.

Dr. EDWARD BLAKE said in reply that he had very largely used *nicotianum tabacum* and *thea cæsarea*, chiefly in the twelfth centesimal, as remedies for tachycardia, in the case of persons who did not smoke tobacco or drink tea. With regard to the interesting case cited by Dr. Blackley, had a search been made for lead-poisoning? It certainly looked like an example of saturnism. Dr. Blake did not of course view the high tension of renal disease as a favourable factor in prognosis.

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## HOSPITAL TREATMENT OF UTERINE HÆMORRHAGE.<sup>1</sup>

BY A. LESTOCK REID, M.R.C.S.

*Assistant Anæsthetist to the London Homœopathic Hospital and Clinical  
Assistant in the Gynæcological Department.*

IN working in the out-patient gynæcological department of this hospital, as clinical assistant to Dr. Neatby, I have had many doubts, in view of the limited time that could be allowed to each patient, and the consequent difficulty of finding the *simile*, as to whether a strict confinement to the homœopathic rule in prescribing really gave as good results in certain classes of cases as the routine drug treatment of orthodoxy offered.

These doubts I felt particularly in the matter of uterine hæmorrhage and its treatment with ergot. For in orthodox medicine, at the present day, the various authorities, in the menorrhagia and metrorrhagia of fibroids, subinvolution and endometritis are in general agreement that the medicine *par excellence* is ergot, and from its routine use in such conditions they claim excellent results.

In order to ascertain how far these claims of ergot hold good in hospital practice—where treatment is almost entirely restricted to medicine, and other accessory measures, such as cold, recumbency, and the like, can rarely be employed—I

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, February 4, 1897.

obtained access to the records of the out-patient gynæcological clinic at one of the largest of the general London hospitals, and selected a number of consecutive cases of uterine hæmorrhage dependent on some such lesion as fibroids, subinvolution, or endometritis, excluding cases of malignant disease or hæmorrhage from the gravid uterus. Where notes on the progress of the case were meagre (as was usually the case), I endeavoured to trace out the patients and get a further statement from them; this I succeeded in doing in a certain number of the cases.

In much the same way I followed up a series of cases which had been treated at this hospital, Dr. Neatby having kindly allowed me to use his notes for the purpose.

The results were as follows:—

At the allopathic hospital, in a series of 300 consecutive cases coming to the gynæcological clinic, there were some thirty-six whose chief complaint was of excessive uterine losses (exclusive of those submitted to operation). Of these thirty-six I was able to follow up and get a satisfactory statement from seventeen cases. They consisted of three cases of fibroids, four of incomplete abortion or recent subinvolution, four of old subinvolution, and six of endometritis associated with retroversion, debility, or chronic öophoritis.

The results of treatment were as follows:—

One case was cured, three were much improved, seven were improved, and six were not improved.

Of the three cases of fibroids, in two there was no improvement, but in the third the excessive loss was somewhat controlled by the medicine (ergot, sulphate of iron, and sulphate of magnesia), but recurred as soon as she ceased taking it. Of the other two cases, the one was treated with a mixture containing bromide of potassium, the other was given sulphate of iron and sulphate of magnesia.

Of the four cases of incomplete abortion, or recent subinvolution, one was cured, one much improved, one was improved, and one was not improved.

Of the four cases of old subinvolution, one was much improved, two were improved, and one was not improved. Of the remaining cases of endometritis, one was much im-

proved, three were improved, and two were not improved. The drug treatment of all these cases was on the same lines, with unimportant variations—a groundwork of Epsom salts, and added to this either liquid extract of ergot, or sulphate of iron, or both.

The average attendance of each patient was from three to four visits.

At the London Homœopathic Hospital, in about 250 consecutive cases, I was able to follow up sixteen similar cases of uterine hæmorrhage. The lesions were as follows:—

Two cases of fibroids, two of recent subinvolution, three of old subinvolution, and nine of endometritis, nearly all of which were associated with inflamed and displaced ovaries.

The results of treatment were, one case cured, four much improved, seven improved, and four not improved.

Of the two cases of fibroids, one was improved and one was not improved by treatment. Of the two cases of recent subinvolution, one was cured and the other much improved.

Of the three cases of old subinvolution, one was much improved and the other two were improved.

Of the remaining nine cases of endometritis, associated usually with chronic oöphoritis, two were much improved, four were improved, and three were not improved.

The average attendance was for a period of several months, being considerably longer than the average attendance under allopathy.

These results of homœopathic treatment, though rather better than those of allopathy, may at first sight seem disappointing, and less successful than might be expected; but a consideration of the class of disease treated will show that uniformly good results are hardly to be hoped for, since most of the cases come with old standing pathological changes of an incurable nature. Take, for instance, chronic subinvolution, the long lasting congestion and inflammation of the uterus has ended in cicatricial hyperplasia, and to restore the organ to its natural condition is about as difficult as to restore a cirrhotic liver, or kidney, to normal state; moreover, in the case of the uterus there is further added the recurrent vexation of menstrual congestion. Fortunately, removal of

symptoms with comparative health is possible, even when organs are permanently and extensively damaged, and this is all we can hope for in many cases.

A class of cases in which menorrhagia is often a prominent symptom, although pain is commonly the principal feature, is that in which the ovaries are inflamed, exceedingly tender and often prolapsed into Douglas' pouch, with accompanying catarrh of the tubes, body of uterus and cervix. These cases, which are most intractable, often defying the most painstaking drug selection, come to the Homœopathic Hospital in unusual numbers. A tabulation of 100 consecutive cases at each hospital showed a close similarity in the number of most diseases—prolapse, subinvolution, malignant disease, and the like, but more than twice as many of these tedious cases of chronic oöphoritis at the homœopathic hospital; whilst, on the other hand, the allopathic hospital gets more cases of recent subinvolution, or incomplete abortion, no doubt owing to the fact that they have a large maternity department in connection with the hospital.

In conclusion, although the number of these cases is not sufficiently large for detailed statistics, yet I think they show that there is no class of cases where uniform benefit can be expected from ergot in drachm or half-drachm doses, as ordinarily given, and that whatever allopathy can do with ergot—and Epsom salts—that homœopathy can do equally well, if not better, with the indicated drug.

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Dr. MADDEN (in the chair) said it was well known how intractable and difficult chronic uterine cases were among the poor, who were unable to obtain the most efficient remedial part of the treatment, rest, and a large number of them could really only be cured by operative interference. It was satisfactory to know that, as far as the author's statistics went, homœopathic medication was on the whole better than the larger medication of the allopathic hospital.

Dr. HUGHES wished to know whether sabina had been relied upon to any great extent, because sabina, as was well known, was exquisitely homœopathic to cases of hyperæmia of the uterus with more or less inflammatory action of the lining mucous membrane. Since using it not lower than the third dilution he had had most

excellent results in cases where the history had been one of menorrhagia and leucorrhœa. Such cases came pretty frequently before the general practitioner, and if he would put such patients on sabina 3, and keep them on it for two or three months, he would earn their thanks in every instance. It would be found to act very much better than ergot.

Dr. NEATBY said he generally used sabina in cases of early abortion, and generally in the third decimal dilution. The results had not been so satisfactory as he should have liked. The hurry, complexity of symptoms, and the disturbance of general health made the cases very difficult to combat, and whether large, material doses of allopathic remedies were tried or small, continuous doses of homœopathic remedies, the cases were always tedious. His own impression would have been that the cases mentioned, as far as hæmorrhage was concerned, would have gained more rapid improvement from the material doses given at the general hospitals in London, but that homœopathic treatment would have done more permanent good in the end. He was glad to see, however, that the immediate results under homœopathy were extremely good. The more they individualised the symptoms the greater was the good obtained, especially with respect to the hæmorrhage. He did not say that definitely as to fibroids, but as to most of the cases of chronic ovaritis and chronic endometritis and the subinvolution which often went with those conditions.

Dr. BURFORD said there were few objects more puzzling to a beginner in homœopathy than the effective treatment of uterine hæmorrhage. It was, in the first place, a war against time, and if the results were not immediate and considerable not only did the doctor lose heart, but the patient also. He was entirely in accord with Dr. Neatby in insisting, from the homœopathic point of view, upon the necessity for discrimination in the prescription of remedies. Some of the most brilliant cases he (Dr. Burford) had had in the course of homœopathic treatment had been in the treatment of uterine hæmorrhage. He could recall a case of fibroid where an operation was proposed, which the lady declined: she was cured by a single bottle of secale 3x; the hæmorrhage ceased and had not returned. He prescribed secale, because it was one of the few cases strictly homœopathic to the provings of secale. Another case was that of a lady who had been bleeding for a considerable time, but was promptly cured by trillium. His experience of the gold remedy was that if the hæmorrhage was not so severe but that it would allow of sufficient time being taken,



few remedies would compete with gold in the final elimination of those chronic diseased states of the uterus which were called chronic metritis. There were few cases of uterine disease due to that particular lesion, with the correlative symptoms, that would not yield to the persistent use of gold. Another case was that of a lady who was condemned to operation, as it was a case of post-abortional hæmorrhage. He suggested trillium and nitric acid, trillium for four days and then nitric acid, and in a week the hæmorrhage stopped never to recur. He considered the three chief remedies in uterine hæmorrhage to be trillium, secale, and sabina.

Dr. GREEN suggested a new preparation of gold lately brought out in Paris as an antiseptic, viz., the double cyanide of gold and potassium. It was a very soluble compound, very poisonous, and probably highly suitable in high dilutions for those cases in which gold was given.

Mr. LESTOCK REID said he thought the subject of homœopathic therapeutics rather too big to enter upon, and one for which more experience was necessary than he possessed. In Dr. Neatby's out-patient department gold was held in high appreciation, but mainly in those cases where the hyperplasia was the chief feature. It was largely used as a bromide and as the double salt, potassium and chloride. Sabina was not used in Dr. Hughes' strength, but in 3x. He did not remember the use of it in cases of chronic ovaritis.

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## DIABETES AND GLYCOSURIA.<sup>1</sup>

BY BYRES MOIR, M.D.

*Physician to the London Homœopathic Hospital.*

THE subject of diabetes and glycosuria is one full of interest, and yet I do not think it has once been made a subject of discussion while I have been a member of this Society, a period of fifteen years. In that time much has been done, by experiment and clinical research, to throw light on the difficult questions associated with excess of sugar in the urine, but there is still much to be done, as on many points there is yet only conjecture.

<sup>1</sup> Presented to the Section of Medicine and Pathology, January 7, 1897.

Many cases have been published showing a strong hereditary tendency to the disease. In the question of race there is good reason for supposing that it is especially prevalent among the Jews. It is frequently preceded by nervous troubles, organic, functional, or traumatic. The lesions are usually in or near the medulla, but changes are sometimes found in the sympathetic system; and in these cases, as well as in the form which is artificially produced by puncture of the floor of the fourth ventricle, the glycosuria is attributed to changes in the blood circulation, from a vasomotor paralysis affecting the chylipoietic system and liver.

A paper on "The Relations of Diabetes and Glycosuria to Insanity" was read before the Medico-Psychological Association by Dr. C. H. Bond. Out of 355 cases 5.35 per cent. showed sugar in the urine on their admission to the Banstead Asylum. Cases of glycosuria far exceeded cases of true diabetes; only two of the 355 suffered from the latter, while apparently about 5 per cent. of all recent cases of insanity might be expected to show glycosuria. It is interesting to note here, that Dr. Bond found that by the administration of uranium nitrate the excretion of the sugar in the urine could be entirely stopped. Of late, attention has been turned from the liver to the pancreas, and a pancreatic form of diabetes is now described. Lesions of this organ have frequently been found, and it has been shown that extirpation of the gland in dogs is followed by glycosuria, but if a small portion be left sugar does not appear in the urine. The pancreas is supposed to have a double secretion—an external, which is poured into the intestines, and an internal, which passes into the blood. The latter is supposed to be of the nature of a ferment, in the presence of which alone the normal assimilation processes can take place with the glycogen—the action of the pancreas being thus similar to that of the thyroid gland in the production of myxœdema.

In diet, excessive use of sugar and starchy foods evidently tend to produce diabetes, its prevalence in India and Ceylon being thus accounted for. As Milner Fothergill expresses it, "The wily Bengalee is saved by his dietary (he is no meat eater) from Bright's disease, but he makes up for this

by a still more marked tendency to diabetes." Glycosuria is frequently associated with obesity, and there is good reason for thinking that in these cases, by faulty metabolism, the muscles which contain a large amount of glycogen give rise to the sugar.

Fresh drugs which cause glycosuria have been added to the list, the most important one being phloridzin. Reference to this drug will be made later.

An interesting monograph on toxic glycosuria has been published by Dr. Cartier, of Paris,<sup>1</sup> attention being chiefly given to nitrate of uranium; but he includes phloridzin, morphia, phosphoric acid, mercury, and many other drugs, and his work is of much practical value. The work which has, however, the most direct teaching on the subject is Dr. Pavy's, "The Physiology of the Carbo-hydrates; their application as food, and relation to Diabetes."<sup>2</sup> It was published eighteen months ago, and is the outcome of a life study of the subject. It has helped me so much in the clinical study of the question that, at the risk of wearying you, I should like to give the pith of his views, as nearly as possible in his own words.

Starting with the proposition, to which all are agreed, "that diabetes is the result of a mal-application of carbo-hydrate matter within the system," he begins by directly opposing Bernard's theory of the glycogenic action of the liver; this, shortly, is that the carbo-hydrates are stored up in the liver as glycogen, and from there given up, as required, in the form of sugar, and transported through the general circulation to the systemic capillaries for utilisation. In opposition to this, Dr. Pavy maintains that in the healthy state the carbo-hydrate matter of our food is not permitted to reach the general circulation in a free state for transmission to the tissues. In diabetes it does, and as a result gives evidence of the fact by appearing in the urine.

Here, in truth, lies the difference between health and dia-

<sup>1</sup>"Glycosuries Toxiques, et en particulier, Intoxication par le Nitrate d'Uranium." Par le Dr. Francois Cartier, Paris.

<sup>2</sup>"The Physiology of the Carbo-hydrates; their Application as Food, and Relation to Diabetes." By Dr. Pavy.

betes. The glycogenic doctrine, implying as it does passage of sugar into the general circulation, means diabetes. To be free from diabetes, the carbo-hydrate matter of our food must be disposed of before the opportunity is afforded for its reaching the general circulation in [the form of sugar. In proportion as this fails to be effected, so will be the degree of diabetic condition existing.

Dr. Pavy goes on to show that sugar exists as a normal constituent of all the tissues and organs of the body, and that the liver does not differ in this respect from the other organs of the body; the excess of sugar which has been found in this organ being due to *post-mortem* changes. The blood flowing from the liver does not contain more sugar than that flowing to it. The portal blood, however, after ingestion of carbo-hydrates contains more than the general circulation, in the proportion of from 0.6 to 1 per 1,000 in the general blood to 5 per 1,000 or upwards in the portal blood. Through the instrumentality of the liver, the blood of the general circulation escapes being influenced by the ingestion of the carbo-hydrate matter, the sugar in the portal blood being stopped and converted into glycogen.

Healthy urine contains a certain amount of sugar, and this moves with, and, in fact, serves as an index of the amount existing in the blood of the general circulation. Under ordinary circumstances the urine gives no indication of being influenced by the carbo-hydrate food. The liver, in fact, instead of doing what is claimed for it under the glycogenic doctrine, does exactly the reverse—it keeps the circulation free from the sugar that would otherwise enter and show itself in the urine. It furnishes a line of defence against the passage of carbo-hydrate in a free state into the circulation, and this prevents the sugar derived from alimentary absorption, which is contained in the portal blood, from proceeding further. In proportion as the line of defence is ineffective, sugar will reach the general circulation, and then the urine. The effect of dietetic treatment in diabetes stands in strict harmony with this view. The deviation from the natural state depends as regards degree, in the first place, upon the extent to which

the impairment of the power of stoppage exists ; and in the next upon the amount of carbo-hydrate ingested. The one is at the root of the disease, and if it could be rectified all would be set right. The other is under our control, and by proper regulation of the diet much may be done towards ameliorating the condition existing.

It must be remembered that animal as well as vegetable food contains a certain amount of free carbo-hydrate ; and that sugar is set free by digestion as a cleavage product from proteid matter. Therefore, in all food a supply of carbo-hydrate matter is given from without. This, *in part*, accounts for the sugar encountered in severe cases where sugar is passed notwithstanding restriction to a purely animal diet, but only *in part*, for in severe cases there must be something further to be dealt with, seeing that sugar is passed apart from the influence of food. There can be no doubt that sugar is susceptible of being derived from the tissues, and, looking at the views propounded with regard to the glucoside constitution of proteid matter, it is a reasonable supposition that in connection with the altered state of things existing, a ferment becomes present, endowed with the power of wrongly splitting up the glucoside proteids of the body.

There is, then, a class of cases in which the fault consists only of a loss, or it may be varying degrees of impairment, of the power of disposing of ingested carbo-hydrate matter in such a manner as to prevent its reaching the general circulation ; and another in which, in addition to this, a condition within exists, attended with the splitting up of the proteids of the body, with sugar as a cleavage product. The former is completely controllable by dietetic management, the latter only so to a partial extent.

Dr. Pavy next goes on to consider the manner in which carbo-hydrate matter becomes disposed of in the system. The glycogenic doctrine throws no light upon this matter ; it assumes that carbo-hydrate matter is thrown into the general circulation in the form of sugar for functional transport to the systemic capillaries, but it fails to proceed further, and to show in what manner the sugar is disposed

of. Dr. Pavy considers that certain changes are wrought upon carbo-hydrate by the agency of living protoplasm. By virtue of the power with which living protoplasm is endowed, carbo-hydrate matter located within its sphere of influence is noticed to undergo :—

(1) Transmutation.

(2) Application to the production of proteid.

(3) Transformation to fat.

(1) *Transmutation*.—While ferments and chemical agents transmute by increase of hydration, the effect of the influence created by living matter is to reduce from the higher to the lower states of hydration. As an illustration : the sugar contained in the portal system, taking origin from the carbo-hydrate matter ingested, is stopped by the cells of the organ and transformed into glycogen. By transmutation into glycogen the carbo-hydrate is checked in its onward progress to the general circulation, and subsequently meets with application through one or both of the other methods of disposal of carbo-hydrate matter by the agency of living protoplasm. This transmutative power by no means exclusively belongs to the liver, but exists as a general property of the protoplasmic matter of the body.

(2) *Application to the Production of Proteid* by the agency of protoplasmic action from the incorporation of carbo-hydrate with nitrogenous matter. This takes place by the action of the protoplasm of the investing cells of the villi of the alimentary canal—the peptone and sugar, by the synthetic influence of protoplasm, being incorporated into proteid, and conveyed into the system by the lacteals. This is similar to what has been observed in the growth of yeast, when multiplication of cells occurs in a medium, where the whole of the carbon required to form proteid must be derived from the sugar it contains.

(3) *Transformation into Fat*.—In this again the protoplasm of the cells of the villi is the agent forming fat from carbo-hydrate. The cells of the liver probably supplement the action. As regards the mode of transformation, it may reasonably be surmised that the process is not a direct one, but one in which the production of proteid plays an inter-

mediate part — the fat being thrown off afterwards by cleavage.

The two mainsprings of power determining the chemical metamorphoses of life are protoplasmic and ferment actions. The effects of these are directly opposed. Whilst we witness, as the result of the one, a synthetic or constructive effect, the effect of the other is to dissever or split up.

Assuming carbo-hydrate to have been appropriated by the instrumentality of protoplasmic action to the construction of proteid, we have a body to deal with from which either carbo-hydrate or fat may be subsequently evolved, according to the surrounding determining conditions. The blood supply probably constitutes a great factor in the determination of the result.

The conditions conducive to fat deposition are sluggish circulation, deficient blood supply, and deficiency of the red corpuscular elements of the blood, all of which tend to produce a deficiently oxygenated state.

In advanced diabetes proteid cleavage with the liberation of sugar, instead of fat, as in fatty degeneration, occurs, and observation shows that an opposite kind of blood influence prevails.

Dr. Pavy's conclusion is that the question presented for solution is whether protoplasmic assimilative action is at fault, or whether assimilated carbo-hydrate is brought back into sugar by the operation of undue ferment influence.

I will now pass on to some cases, and afterwards consider them from this point of view.

*Case I.*—A girl of 16 was seen for the first time on October 30, 1895. She was an only child; father and mother alive and well, though the latter is abnormally stout, weighing 20 stone. An aunt was under my care at this time for glycosuria. Patient was tall and thin, had always enjoyed good health. Had had measles and chicken-pox. Menstruation regular. On October 26 (four days previously) her mother, who thought she was getting thinner, though no one else had noticed it, asked a doctor to see her. He examined her carefully, and said she was quite healthy, except for some constipation, for which he prescribed. On the 28th he saw her again, and this time, as the tongue was coated and very dry, he

examined the urine, and found the specific gravity was 1040; a large amount of sugar present, and a trace of albumen. Up to this time she had been going about as usual, and on the 25th had played a game of hockey without fatigue. She was brought to London on October 29, and I saw her the next morning. I learnt that she had borne the journey from the south of England well, and was not fatigued by it. She was in bed, and on entering the room the sweet diabetic smell was very strong; she did not complain of anything beyond thirst and dryness of the mouth. The tongue was red and quite dry, with thick coating posteriorly; the breath was very sweet. Pulse 96. Temperature in the mouth  $96.2^{\circ}$ . Examination of heart and lungs showed nothing abnormal, and there was no enlargement or tenderness of liver, spleen or pancreas. The bowels had been freely relieved two days before by castor oil. The urine was slightly turbid; specific gravity 1043; contained crystals of uric acid, a large amount of sugar, and by tube about 1-10th of albumen. Her appetite was not excessive, and had not been so at any time; and till the day before there had been no thirst. She was put upon nitrogenous diet. During the day she became drowsy, but aroused at once on anyone speaking to her. The evening temperature was  $98^{\circ}$ .

During the next few days, the wasting of the body was very marked. Temperature varied from  $96.2^{\circ}$  to  $98.8^{\circ}$ . The amount of urine passed varied from 80 to 100 ozs. in the twenty-four hours, the analysis giving the same results as before. The drowsiness gradually increased, and she died in a state of coma on the morning of November 3rd, six days after the sugar had been found in the urine.

There was no history of any accident, or anything to account for the diabetes. The only thing noticeable about her diet was that during the summer she had eaten very freely of apples and peaches. The medicines given were uranium nitrate, codeia and phosphoric acid, without any effect.

Cases with such a rapid course are fortunately rare, and in this one the duration could not have been much longer than the history given, for being an only child she was very carefully watched, and being able to play hockey five days before I saw her proves that she could not have been debilitated at that time.

As is so well known, the younger the patient the worse the prognosis in diabetes, and in acute cases like this neither dieting nor medicines produce as a rule any effect.



As to the actual cause in these rapid cases we are still in complete ignorance; no pathological changes have been found which in any way account for it, but looking at it with the knowledge given by Dr. Pavy's researches we have good reason to think that in a case like this no fault of assimilative action would account for the rapid course and the emaciation, but that by the action of a ferment the sugar is derived from the proteid tissue of the body. The only condition to which it is comparable is the diabetes produced by phloridzin.

Phloridzin is a glucoside obtained from the bark of apple, pear, cherry and plum trees, and produces glycosuria quite apart from its origin from food, and the sugar, therefore, must be derived from the tissues of the body. I therefore think that phloridzin is well worth a trial, on the principle of similars, in the acute form of the disease.

The other cases which I have to bring before you are very different in character, and certainly in the early stages ought not to be considered as true diabetes, the sugar present in the urine being only a symptom of a general condition, and due to mal-assimilation of food; but if these cases continue passing sugar, sooner or later a true state of diabetes develops, and, though differing in some symptoms from the rapid cases, pass on to a fatal coma.

*Case II.*—An aunt of the last patient. Consulted me on February 14, 1893. Had not felt well for some time. Had influenza in India, and while still weak had a great shock and mental strain; this was followed two months after by a premature confinement. There was gradual loss of flesh, the nails and hair became dry and brittle, and the skin harsh and dry. The tongue was often dry, and thirst troublesome, and more urine passed than usual. Specific gravity was 1048. Quantity passed in twenty-four hours was 54 ozs. Large deposit of uric acid and urates. Sugar 4 per cent. No albumen. Strict diet was ordered, and phosphoric acid  $\text{lx}$ ,  $\text{mxx}$  ter die.

*March 2.*—Urine gave a specific gravity of 1020. Quantity passed in twenty-four hours, from 35 to 37 ozs. No trace of sugar. Has put on 3 lbs. in weight.

*April 15.*—Specimen of urine was examined after she had been taking bread, puddings, &c. Specific gravity had risen to

1030; and there was some sugar present, which disappeared again in less than a week under strict diet.

In this case I found that when the specific gravity rose above 1025 sugar appeared, but with a lower specific gravity no sugar was present, so, as she was returning to India, I got her a urinometer, and by means of it she has been able to regulate her diet, and when I saw her in March of last year her general health was very good, though sugar appears when she indulges too much in starchy food.

*Case III.*—Seen July 12, 1892. A lady, aged 59. Complained of weakness, with great nervous depression; has been getting much worse for the last six months. Has had a long and trying attendance on her mother, daily expecting heart failure. Passing more urine than natural, being often disturbed at night. The quantity passed in twenty-four hours was found to be four pints; specific gravity 1025. Copper was reduced at once. She was put upon the same treatment as the last patient, and with the same result; the quantity of water lessened, the sugar disappeared, and there was a steady improvement in health. Her weight, which in July was 7 st. 10 lbs., by October was 8 st. 2 lbs., a gain of 6 lbs.

The after course of this case is interesting from the point of diet. She came to me again in January of the following year, not so well, and instead of being very careful in diet, as I had told her to be, allowed that she had been taking a large amount of sugar and farinaceous foods, with the result that the urine gave a specific gravity of 1032, and contained a large amount of sugar. This soon disappeared under treatment, and in consequence of the fright she kept more rigorously and for a longer time to the nitrogenous diet than I intended. I did not see her for more than six months, and found her pale and very thin, having lost more than a stone in weight. The specific gravity was 1015. No sugar. The loss of weight was evidently due to the diet, and by allowing some farinaceous food and fruit she soon improved, and was in very good health when I saw her a few weeks ago, though sugar soon appears if there is too much relaxation in diet.

Two of her brothers are at present suffering from glycosuria; both have been told that they have diabetes. A sister suffers from gall-stones.

*Case IV.*—A Jewess; very stout, weight 14 st. 5 lbs.; complains of losing strength, and being very nervous. Some five

years ago sugar was found in urine ; it disappeared under treatment, but has been noticed at intervals since. Eczema on both wrists. Flatulent dyspepsia, with frequent sharp attacks of diarrhoea. The pulse shows well-marked tension, and uric acid crystals are always present in the urine. All the symptoms pointed to a gouty state. Urine was passed every two hours ; specific gravity 1040. Contains uric acid, bile pigments, a quantity of sugar, but no albumen. Under the same treatment and lycopodium 3x, specific gravity fell to 1028, and the sugar disappeared. She has since been to Royat twice with great benefit ; but, at intervals, the sugar reappears, but can be kept under control.

*Case V.*—A lady, aged 72, consulted me about pruritus vulvæ, due to glycosuria, but the case is chiefly of interest from the duration of the condition ; for thirty years previously she had been told, by good authority, that she was far gone in diabetes. There was no excess of urine ; specific gravity 1025. Copper was reduced at once on boiling. She was very much relieved by mercurius solubilis. She was subject to bronchitis, and died about nine months after I first saw her from broncho-pneumonia.

*Case VI.*—A retired naval captain, aged 67, is another case of long duration. Sugar was first noticed sixteen years ago. The first attack I attended him for was in September, 1891. He was then very ill, vomiting all food, and had a constant flow of saliva into his mouth. Urine was scanty in quantity. No albumen ; and only a trace of sugar. He gradually improved. A year later he came to see me, and said he felt very well. His weight, which had been 11 stone 13 lbs., had gone up to 13 stone 7 lbs. Specific gravity of the urine was 1040 ; a large amount of sugar and albumen being present. Dietary is not an easy question when albumen and sugar are both present ; and I gave him a very bad prognosis, not expecting him to last very long, and advised him to put his house in order. That is more than four years ago, and last Monday he walked in to see me, to tell me he felt very well, having just recovered from a carbuncle, but signs of failure are present in attacks of giddiness, and well-marked albuminuric retinitis. No medicines seem to have affected the state of the urine, which remains the same.

I have come across many cases similar to these, and think more would be noticed if the urine was regularly examined for sugar, not waiting for a high specific gravity, as sugar has been found with as low a density as 1002.

Case III. illustrates my view with regard to dietetic treat-

ment. In chronic cases I think a strict nitrogenous diet should be given for some weeks, to see what effect it has on the secretion of sugar. As a rule the sugar disappears, and the patient gains in weight, but if the strict diet is continued too long, a loss of weight and general failure of strength comes on without any reappearance of sugar, and this is a sure sign that the patient is suffering from the effects of a too restricted diet, and small quantities of farinaceous food should be gradually allowed, and in most cases, after a time, they do well on a mixed diet, the power to assimilate carbohydrates having gradually returned.

In an acute case like the first one, I am inclined to think that the sudden change to a nitrogenous diet is a failure, and hastens the end—by helping to bring on the inanition which is the cause of the coma. I have not met with any that I could put down to disease of the pancreas, and would divide the others into acute and chronic.

*In the acute* I have always thought that some nerve lesion would be found to explain them, but from Dr. Pavy's work, feel now that a faulty ferment action is more likely to be the explanation. It is possible that from some sugar getting into the blood from mal-assimilation of the food we may have secondary changes taking place, and a ferment formed in the blood itself. No pathological lesion has been found to account for it. As I have said before, phloridzin seems from its symptomatology to be likely to be of use in treatment of this form.

*The chronic cases* I would divide into two classes :

(1) Where there has been a history of long mental strain or anxiety ; in two cases under my care it followed after a long attendance, in one upon a husband with epilepsy, and in the other upon a mother with daily-expected heart failure. We all know the effect of worry upon the digestion, and can understand how mal-assimilation of food arises from it. The patients are as a rule spare and very nervous.

(2) Where it is associated with dyspepsia and uric acid diathesis, as well as with obesity ; in these catarrh of the stomach and intestines are usually the cause of the mal-assimilation of the food.

In these chronic cases, however, in the later stages you have the waste which follows from cleavage of the proteid tissues of the body in addition; and though at first the glycosuria may only be functional, if not carefully treated it tends to increase, and secondary degenerative changes to be established.

*Therapeutics.*—We have a long list of drugs which have more or less repute in the treatment of diabetes, and it is interesting to notice that among the allopaths as well as ourselves, the drugs that are chiefly used have the power of causing glycosuria. Morphia, which is strongly recommended, is included in Dr. Cartier's monograph. In the cases which have resulted from mental strain I have found phosphoric acid do all that is required along with suitable diet.

In cases associated with dyspepsia and the uric acid diathesis, I have found most help from the liver medicines, especially mercurius solubilis or corrosivus, and lycopodium. Uranium nitrate is strongly indicated in these cases, its action being exerted upon the digestive tract and liver. I need only refer you to Dr. Edward Blake's researches on this subject. Dr. West, who has re-discovered its action, thinks it may act by checking the rapid digestion of starch and some forms of albumen. In poisonous doses, he says, it acts as an irritant poison, and ultimately produces albuminuria, and also glycosuria; but he does not say why diabetes was selected as a disease to try it upon.

Jambul has been introduced to this country by Dr. Dudgeon, but personally I have not used it.

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Dr. GALLEY BLACKLEY said Dr. Moir had very well pointed out the difference between the two sets of cases, those of genuine diabetes and those of mere glycosuria, which was generally intermittent. French authors even went so far as to say that unless the glycosuria was constant and the quantity averaged 200 grammes or upwards *per diem*, it could not be classed as genuine diabetes. As a matter of experience he found that the younger the patient the more rapid the progress of the case as a rule. He was rather surprised that Dr. Moir did not make more of the pancreatic theory, because it had been carefully worked out by

Mering and others, and they had found that in a considerable proportion of the cases of diabetes where *post-mortems* were made there were changes in the pancreas—atrophy, sclerosis, and vascular sclerosis. It was an interesting fact that the Jews were particularly prone to diabetes; they were also prone to many diseases which might be classed as diseases of retarded nutrition. Heredity certainly played a great part in diabetes, but when they came to inquire into the antecedents of a diabetic patient they almost invariably found that he belonged to a family which had rheumatism, obesity, gravel, gout, asthma, eczema, migraine, or gall-stones—all diseases of retarded nutrition—amongst its members. Ordinary diabetes generally lasted from eighteen to twenty-four months; a very much shorter time than paroxysmal glycosuria occurring in gouty patients, where it might last fifteen, twenty, or even thirty years.

Dr. GOLDSBROUGH did not quite gather from Dr. Moir's description how the necessary carbo-hydrates reached the tissues. Dr. Goldsbrough mentioned a case of diabetes in a commercial traveller, 15 years of age, which was associated with ophthalmoplegia. The man had had a good deal of mental anxiety. The symptoms yielded in a great measure to treatment by phosphoric acid, phosphate of strychnia, and strict diet. Later on, however, purpura was developed, due to the excessive amount of nitrogenous food. On examination then the urine was found to be of low specific gravity, and entirely free from sugar; it contained blood. The man had small hæmorrhagic spots distributed over the lower extremities and partially on the upper extremities. On returning to a partial farinaceous diet the patient recovered from the purpura, and the sugar did not appear again in the urine. The man, however, developed phthisis, and died from it at 54. Dr. Goldsbrough also mentioned a case of simple glycosuria coming in intermittent attacks, which was relieved by phosphoric acid, without any serious alteration in the diet. The man was a traveller, and worked very hard, which was probably the cause of the disease. A curious fact: this man's brother suffered from functional albuminuria, and had been rejected by one or two insurance offices on that account. Dr. Goldsbrough had tested the urine a number of times, and it occasionally contained a fourth or fifth of albumen. He did not believe that there was any organic disease of the kidney. Sometimes the urine was entirely free from albumen. The general health was otherwise perfect.

Dr. BLAKE said that he considered that we must view

diabetes, rheumatic gout, albuminuria, lithiasis, podagra and Addison's disease as interchangeable neuroses. They share many symptoms and often have a common causation. Trauma, arsenic and certain organic toxins will induce either glycosuria or osteo-arthritis according to sex, age, and soil. Both of these diseases have xanthoma as a common feature, both are associated with heart-hurry. He (Dr. Blake) had recently contributed to the *Monthly Homœopathic Review* an undoubted case of arsenical glycosuria occurring in a girl. Some years ago, he published an equally unmistakable example in an old gentleman, of arsenical rheumatic gout. A plump lady of middle age, residing on the south coast, had come to him with glycosuria which had not been recognised. Under treatment and suitable dieting, the sugar greatly diminished. She then went to Carlsbad, returning thence with the urine rich in free uric acid, but entirely without sugar. She afterwards enjoyed some years of good health, with complete immunity from glycosuria. Then came a rapid development of mammary cancer, the sugar returned in large quantities, and she soon succumbed. Arsenic, again, has been known to induce the emaciation, the pallor, the tremors, the tachycardia and the pigmentation of Addison's disease, itself so nearly allied to osteo-arthritis. He thought it seemed probable that every cell in the body may either possess or soon develop the property of splitting up grape sugar. He did not see any special relationship between the pancreas and either glycogenesis or glycolysis. If the pancreas be removed abruptly, glycosuria may follow. But if disease<sup>1</sup> slowly destroy the whole of the pancreas, then no sugar appears in the urine. The fact is, terror and traumatism play an important part in the production of the diabetes. In his experiments, conducted a quarter of a century ago, on various animals with uranium, it is significant that whilst established and undoubted glycosuria could not be induced, the urine of many of the animals became albuminuric, and a grave tropho-neurosis of the left vagus appeared, in the shape of deep pyloric ulceration. He believes that it is impossible to produce diabetes in some persons, whilst in others an incautious meal or a fall of external temperature are quite enough to act as *veræ causæ*. He considers that there is a very important medico-legal point involved in the recognition of diabetic coma. A young servant maid, who had been in the enjoyment of her usual health, was

<sup>1</sup> See a case of Dr. Bisset-Smith's, a woman of 52, in whom the entire pancreas had been destroyed by cancer. *Lancet*, p. 306, August 5, 1893.

found in the morning lying in bed comatose and moribund. She presented most of the signs of opium poisoning, and the case appeared to be a suspicious one. The mystery was, however, cleared up by an analysis of her urine, which was found to be laden with sugar.

Dr. JAGIELSKI advocated the use of koumiss in cases of diabetes. Several cases had been published where phthisis and diabetes had greatly benefited from it—in fact where it had been the exclusive diet. In one instance a patient had drunk as much as six quarts of koumiss in one day, and for three or four weeks had not tired of it, although it formed the exclusive diet.

Dr. DAY mentioned the case of a young man of solitary habits who had gone home one day and not feeling well retired to his bedroom, and gradually passed into a state of coma and died. Opium poisoning was suspected, but the doctor who attended him took the precaution to pass a catheter and drew off some urine, which on analysis was found to be loaded with sugar. The young man had died from diabetic coma. He had never sought medical treatment, as the disease came on so insidiously, and then suddenly ended fatally.

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## LESSONS TO BE LEARNT FROM TWO FATAL CASES OF GASTRO-JEJUNOSTOMY.<sup>1</sup>

BY C. KNOX SHAW.

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It is about fifteen years since gastro-enterostomy (to use the general term)—the making of a permanent fistulous connection between the stomach and small intestine—was first undertaken, and ten years since it was first performed in England. The conditions for which it is needed are not of frequent occurrence, and so we are only just arriving at a conclusion as to when and how best to operate, and even now there are certain points yet unsettled. The mortality is still unfortunately high, about 30 per cent., when based upon all the cases for which the operation is undertaken,

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, February 4, 1897.



many of the patients being in an advanced stage of exhaustion and emaciation; but when performed in the earlier stages of simple pyloric stenosis the mortality returns are much more favourable.

We ought, I think, first to consider the class of cases in which this operation is permissible. It may be done as a part of the operation of pylorotomy (the removal of the pylorus together with the malignant disease involving it), and this undoubtedly is its most important sphere of usefulness, though from its very high mortality it can only be seriously entertained in certain exceptionally favourable cases.

It has also been performed for the symptoms induced by malignant disease of the pyloric end of the stomach, where removal of the growth is out of the question and where the patient is harassed and distressed by the continual vomiting accompanying this condition. In these cases cure, of course, is not entertained, but by its means patients have gained flesh, have been enabled to return to work, and have had, for a time, a period of comparative comfort. I have seen a similar result follow colotomy for malignant disease of the rectum. When the irritation of food passing through the stenosed passage is removed the disease seems to become more quiescent.

It is also an operation to be thought of in some cases of dilatation of the stomach due to a mechanical non-malignant contraction of the pyloric opening, and it has been advocated by some as an operative measure in this condition, to replace pylorodiosis, better perhaps known as Loretta's operation of dilating the stricture; and also pyloroplasty, an operation designed to remove the stenosis by opening the stricture longitudinally and then reuniting the incision transversely. Other surgeons are equally of opinion that these operations should be done wherever possible instead of gastro-jejunosomy.

I propose first to describe two cases, and then to discuss briefly the conditions demanding operation, the stage at which an operation becomes justifiable, and a few points worth noting in the *technique* of the operation itself.

These cases require the most serious consideration of both the physician and the surgeon; the physician to realize the time when an operation is called for, and the surgeon to decide which out of the several methods advocated gives his patient the best chance.

The two following cases were the subject of carcinoma of the pylorus, and are the only cases that have been submitted to gastro-jejunosomy in the London Homœopathic Hospital, and both, I regret, terminated fatally. Mr. Dudley Wright has performed Loretta's operation, which, while life lasted, greatly relieved the patient. In both patients pylorotomy was considered both before and at the time of operation to be unjustifiable.

*Case I.*—Arthur E., aged 27, was admitted into Hahnemann Ward, September 19, 1891, under the care of Dr. Galley Blackley, for sickness and pain in the stomach. From the notes of the case taken by Mr. Spencer Cox, then Resident Medical Officer, we find nothing important in the family history. He had had gastric symptoms for three years, consisting of pain and vomiting, and a few weeks before admission he had hæmatemesis. In May, 1891, he had symptoms of intestinal obstruction, which were relieved by enemata. When admitted he was very thin, weighing 8 st. 12 lbs.; three years previously he weighed 11 st. 4 lbs. His tongue was coated with thick white fur, and his bowels were constipated. On examining the abdomen a firm hard swelling was found lying in the right side of the epigastric and umbilical regions, reaching to within three-quarters of an inch of the umbilicus, and measuring three inches from side to side, and two and a half inches from above downwards. His temperature was sub-normal, varying from 96·4° to 97·4°. He was given arsenic 3x. When the vomit was examined microscopically no sarcinæ were found, but the field was seen to be crowded with living rod-shaped bacteria and spores. In spite of careful diet, koumiss, &c., the vomiting continued, and by October 20 he had further lost 10½ lbs. He was then fed by zymised suppositories, and his stomach was washed out, but no note appears to have been made of the extent of its dilatation. His urine all the time seems to have been very scanty and of high specific gravity. A consultation was held on October 27, when it was decided to submit the patient to operation. The stomach having been previously washed out with salicylate of soda and water, and

again on the morning of operation, on November 2 at 2.15 a subcutaneous injection of morphia and atropia was given. The operation was commenced at 2.50, Dr. Day administering gas and ether, Dr. Burford assisting the operator. A median supra-umbilical incision was employed, and the tumour was found just beneath it. This was brought outside the wound and seen to be of large size, involving one-third of the stomach at its pyloric end. Just below the mass was an enlarged gland, and the transverse colon and the great omentum were adherent to the pylorus. The jejunum was found, and two india rubber ligatures passed around it; the stomach was next brought out of the wound and incised two inches from the growth, and one inch from the greater curvature. One of Senn's decalcified bone plates was then inserted. The jejunum was next incised and a second bone plate inserted, and the parts anastomosed. To make all secure, additional quilt and Lembert sutures were employed. The abdomen was washed out with hot water, and the skin wound closed with silkworm gut sutures. The operation lasted two hours. The patient vomited blood-stained fluid during the evening of the operation four times, and being in great pain had a morphia injection at 10.20. He had no food by the mouth, but was fed by nutrient enemata and zymized suppositories. Vomiting, however, continued, and he passed no urine till the early morning of November 3, and then it only measured two ounces. The patient never rallied well, and died at ten o'clock the morning following the operation. At the *post-mortem* examination the approximation was found to be water-tight, and the specimen was shown at a meeting of this Society. In addition to the growth of the pylorus it was seen that there was a slight extension of the growth to the colon.

*Case II.*<sup>1</sup>—John A., aged 40, was admitted in Hahnemann Ward, under Dr. Galley Blackley, on December 14, 1896. The only history of malignant disease obtainable was the death of his mother, at 56, from a probable cancer of the uterus. His only previous illness was rheumatic fever when 13. He had suffered from indigestion since 1890, the symptoms being pain both before and after meals, relieved by taking food, foul smelling eructations and acid waterbrash. Twelve months ago he began to vomit, at first only once or twice a week, but lately once or twice

<sup>1</sup> This case is abstracted from carefully recorded notes made, first by Dr. Hervey Bodman, House-Physician, and then by Mr. Chapman, House Surgeon.

a day. There had been no hæmatemesis. He had been very constipated and had lost flesh—5 lbs. in the last two months. He was an inmate of St. Thomas' Hospital last March, and had his stomach washed out. On admission he was seen to be a pale, emaciated man, weighing 6 st. 13½ lbs., with a fairly good appetite, but complaining of flatulence after food, which caused pain until it was brought up. He vomited generally at night about three hours after going to rest. The skin was dry and inelastic, the tongue thickly coated with white fur, the bowels constipated; pulse 48, temperature normal. On examining the abdomen there was marked fulness of its left half, and also between the umbilicus and the pubes. The epigastric region was slightly retracted. There was a small movable tumour to be felt about two inches to the right of the umbilicus. On deep palpation over left half of abdomen a succussion splash was obtained. When lying on his back the abdomen was resonant all over, but when sitting up there was dulness at the lower part of the area where abnormal fulness was noted. This was evidently the very dilated stomach containing a considerable quantity of fluid. Examination caused a cramp-like pain, and then peristaltic contraction of the stomach was distinctly visible, and showed that the greater curvature reached to the hypogastric region.

The filtrate of the vomit was found to be acid to litmus; gave no re-action to tropæolin; did not give the HCl reaction with phloro-glucin and vanillin. Uffelmann's reagent was turned a light yellowish brown colour. All these tests indicated the absence of hydrochloric acid. At the first examination no sarcinæ were found, but subsequently they were seen in abundance.

He was carefully dieted, rectally fed, and the stomach washed out; he was given at first argent. nit. 3x, and later hyposulphite of soda, but the vomiting continued and the patient got weaker. After a consultation, at which it was decided to advise operative interference, he was transferred to Bayes Ward, January 6. The stomach was then washed out several times, the contents being most offensive; the stomach easily held two quarts of fluid and would have held more, but Mr. Chapman feared to test its full capacity. The urine was clear, of neutral re-action, sp. gr. 1024, contained no albumen or sugar, and urea was present to the extent of 3 per cent. He weighed on the morning of operation 5 st. 3 lb. On January 19, Mr. Dudley Wright assisting, operation was undertaken. Every precaution was made to minimise shock. A median supra-umbilical incision exposed an enormously dilated stomach. The pylorus was found involved

in a growth, and there were enlarged mesenteric glands. The jejunum was found and clamped with Lane's clamps and then opened. An opening was then made into the stomach parallel to and a little above the greater curvature and towards its pyloric end. Anastomosis was made by first uniting the corresponding angles of each wound, and then joining the corresponding edges of the wounds by continuous silk sutures. The peritoneal surfaces of the stomach and intestine were further united by a row of Halstead's sutures. The abdominal wound was closed with silkworm gut sutures. The operation from first to last occupied barely an hour. The patient was a little sick soon after the operation and complained of pain, for which belladonna was given. He passed a restless night, passing flatus both by the mouth and bowel. At four a.m. his temperature was  $100.6^{\circ}$ , pulse 128. At four p.m. temperature  $98.8^{\circ}$ , pulse 126. Abdominal pain continuing he was ordered colocynth 3x with the belladonna. His urine was drawn off on the morning of the 21st, and urea was found to be present to the extent of 1.8 per cent. He had no food by the mouth, his medicines being given in teaspoonfuls of hot water. By the evening of the 20th he had lost his abdominal pain. By the 21st his temperature had fallen to  $97^{\circ}$  and his pulse to 100. He complained of feeling sick and of "nasty tasting stuff" rising in his mouth, and of excessive thirst. In the afternoon he had a teaspoonful of peptonised milk with half a teaspoonful of lime water. At 6 p.m. it was noted that he had vomited a little most offensive, yellow-coloured fluid three times during the day, and that he complained bitterly of its taste.

He had been sleeping quietly at intervals. On the 22nd it was noted that the patient had been irritable and restless during the night, scarcely sleeping at all. The eructations continued and made the ward so offensive that the window had to be opened. Temperature  $97.6^{\circ}$ , pulse 94. He was ordered arsenic 3x and creasote 3x every hour alternately. He now took two teaspoonfuls of peptonised milk. About this time he began to be troubled with hiccough. In the evening he suffered much from flatulence, also from something "beastly" (as he expressed it) rising in his mouth.

At nine o'clock on the morning of January 23 his temperature was  $97.8^{\circ}$ , pulse 104. He had passed a better night and slept an hour and forty minutes. He had once vomited the same yellowish offensive fluid. During the last twenty-four hours he had taken a pint of peptonised milk and six nutrient suppositories and enemata. At half-past one, without any warning, he suddenly

expired. A *post-mortem* examination was made by Mr. Chapman twenty-three hours after death. There was great emaciation of body. The abdominal wound was found healed and dry. On opening the abdomen a distended thin-walled stomach was seen to occupy the whole of the cavity, reaching from the epigastrium to the pubes; it contained a large quantity of most offensive yellow-ochre-coloured fluid of a distinctly faecal odour. There was some recent peritonitis around the seat of the anastomosis, where there was some lymph stained with some of the same coloured fluid as was found in the stomach. Some coils of intestine in the immediate neighbourhood were also stained, but there was no general peritonitis. At one point at the pyloric end of the union there appeared to be a pin-hole opening through which a little fluid could be squeezed. The pylorus was the seat of a small growth. The anastomosis had been made in the jejunum fourteen and three-quarter inches from the pylorus.

In the *Lancet* of September 26, 1896, Mr. Bevan enters "A Plea for Early Operation in Dilated Stomach due to Pyloric or Duodenal Obstruction." The paper is so graphically written, is the evident outcome of such acute observation, so clearly describes the condition to which a patient is brought by dilated stomach, and so emphatically points out the condition needing operation, that I do not think I can do better than make a somewhat lengthy quotation.

"In non-malignant cases (of pyloric obstruction) the progress of the disease is insidious, very gradual, and is probably prolonged over years. In the early stages, while the obstruction is slight, very little, if any, food is retained in the stomach and the patient continues to be fairly nourished. This is probably due to the fact that compensatory hypertrophy takes place in the muscular coats of the stomach at the same time as the dilatation. Later, however, there begins to be left behind at first a small residuum which ferments. This stagnating residuum is the commencement of a vicious circle, for from it are evolved the gases so powerful in the production of increased dilatation later, and from it are formed the acrid products which irritate the lining of the stomach, and, in addition, cause the further spasmodic contraction of the already obstructed pylorus. The further development of these

symptoms tends to give the finishing touch to a long series of sufferings and distress which can only be ably described by one who has suffered. The patient begins to lose flesh ; very little food is absorbed by the stomach (?) or reaches the duodenum ; he is anæmic, of an earthy colour ; he is plagued with horrible eructations ; he loathes food ; appetite he has none and eating is pain and sorrow to him ; he cannot sleep ; he vomits ; his lassitude and exhaustion are distressing ; he is poisoned with toxins and ptomaines, so that he is in constant danger of attacks of syncope ; he is cold, nothing warms him ; his thirst is that of "Dives," and, like him, it cannot, dare not, be gratified or satisfied. At this time, owing to the enfeebled state of the body, to the lack of nourishment, and to its being enormously distended with gas, the product of fermentation, and with gallons of fluid, the secretion of the mucous glands, I should fancy that the pathological condition of the stomach is that of dilatation without hypertrophy, for it is with the greatest possible difficulty that it can be got to contract, and dilatation increases apace. While this dilatation is going on an active destruction or atrophy of the peptic glands is proceeding ; to this I shall allude later, for on the advancement of this destructive process may depend the future comfort and speed in recovery of the patient. Life under the above-mentioned circumstances is only endurable by continued lavage of the stomach by means of the syphon tube—say twice a day or so ; in fact, under this he may gain a pound or two in weight, but unless the surgeon soon comes to the rescue the faintest breath of disease may carry him off like a vapour. It is, then, this necessity of having early recourse to the operator before the final stage comes on, with all its attendant dangers and drawbacks, that I would most earnestly press on the practitioner in charge. Up to then the patient has not lost a great deal of flesh, his body is fairly nourished, his rallying power is not abolished, and, moreover, his local trouble has not advanced to such an extent that after the operation, the success of which he may reasonably look forward to, he may not find his stomach a wreck and his digestion a trouble."

This realistic picture of the miseries of gastric dilatation must convey to the least imaginative of us the conditions demanding operative interference. The result of prolonged dilatation appears to be separation of the muscular and glandular structures of the stomach, fatty or other degeneration of the muscular fibres, and partial atrophy of the gland tubules. Ewald expresses the opinion that when once such a condition of gastrectasia is induced recovery of the stomach is impossible. At this period, too, the absorptive power of the stomach becomes almost entirely suspended, and we notice the same in the intestines. This condition was clearly shown in the two cases just quoted, for in addition to great marasmus there was constipation, scanty urine, and extreme dryness of the skin. It is evident that if we are to do any good by operation it must be done before dilatation is permanently induced. This is primarily a question for the physicians. Can they recognise clinically a stage in the treatment of these cases when medicines, diet and lavage have ceased to be beneficial? Between the cautiousness of the physician and the activity of the surgeon there ought to be found a useful mean, and I am hoping that discussion will elicit information on this point.

Dilatation not only has a deleterious influence upon the health of the patient, but, as shown in the case of the second patient, it may lead to most serious results following the operation. It will be noticed in reading the notes how soon after the operation the patient began to complain of offensive eructations. The *post-mortem* revealed that this was due to regurgitation into the stomach of the intestinal contents—a most horrible complication, for it simply poisons the patient, and I am inclined to think his sudden death was due to syncope from this cause. I had not realised to what an extent this regurgitation might occur. I have looked through the journals of the last eight years to see if any similar cases have been reported, and in the *British Medical Journal*, 1893, vol. ii., p. 1148, I noticed that Mr. Rutherford Morison records two cases of gastro-enterostomy in which there was regurgitation of intestinal contents after operation. In both cases sickness did not cease after



operation. In one, a man, aged 53, at the *post-mortem* the stomach was found enormously distended with a greenish, stinking fluid; the stomach wall was very thin and the cavity of immense size. The patient lived three days after the operation. Mr. Morison refers to another case, a woman, who died five days after operation, the stomach being enormously distended with intestinal contents. He considers that the stomach, when healthy, is tonically contracted, its walls being opposed when empty. In the dilated stomach no such obliteration of the stomach is brought about, and intestinal contents pass easily in and fill it up. This seems a more satisfactory explanation of this unfortunate condition than reversed peristalsis.

Before concluding this part of the subject let me once more quote Mr. Bevan.

“Immediately after the operation, among some of the drawbacks consequent upon this enfeebled or atonic condition of the stomach, the most pressing is the discomfort arising from the regurgitation of bile into the stomach through the new opening. This causes sickness (quite distinct from the anæsthetic), non-digestion of food, increased dilatation, and is a source of great distress and even danger to the patient, who is in dire need of nourishment and the strength it gives in order to tide over the operation. This difficulty may continue for weeks, or, as in my patient, for months afterwards. It is most prone to occur when the patient reclines, consequently more often at night, and especially if the stomach is distended with a considerable evening meal and he goes to bed before he gets rid of some of it. This seems to dilate the opening at the junction and readily allows of the entrance of the bile from the bowel. No doubt the stomach contracts considerably directly after the operation, but until it obtains tone and strength it lacks much of the power of expelling the food into the bowel, and the entrance of bile seems to add to its incapacity. . . . The want of digesting power owing to the destruction of the peptic glands is a fruitful source of trouble to the convalescent. . . . The benefits conferred on both these patients were enormous, mainly by getting rid of some at

least of the food that they put into the stomach, so that it reached the lacteals and veins of the intestine, for they gained flesh, colour, weight, energy, and courage almost at once. One patient returned to hard work in five weeks, and gained over two stone in weight in three months, the other seven pounds in a fortnight; both, however, I am bound to say, enjoyed freedom from discomfort only by the aid of once or twice a day using the syphon tube. By its use comfort was obtained, appetite restored, sleep returned, and gradual contraction of the stomach was secured."

I need not emphasise the fact that the operation must always be a serious one. I would suggest that if, in spite of treatment, we find the patient steadily losing flesh and the dilatation of the stomach increasing, the question of operation should be submitted to him. It was not the extent of the carcinoma that brought both these patients to death's door, but it was the mal-nutrition induced in the patient by the atrophy of the glandular structure of the stomach secondary to its dilatation. This was very clearly shown in some of the cases I came across lately when looking through some of the medical journals. Not a few cases have been recorded where, in non-malignant cases, a most successful operation, as regards the perfect anastomosis, has been followed by death from asthenia or syncope. The atrophied glands were unable to absorb the food when it was possible for the stomach to retain it.

Finally, a few words as to operative *technique*. There are three practical methods open to us—simple suture, the use of bone-plates or bobbins, and metal buttons. There are other anatomical points, such as joining the intestine to the posterior wall of the stomach by perforating the transverse meso-colon (Hacker's method), which give variety to the mode of procedure. There are advantages and disadvantages in each. The trend of surgical opinion is towards suture alone. An important point in all operations is to secure oneself if possible against subsequent contraction of the opening, and if I was operating again I should be disposed to remove a portion of the stomach wall, or at least its protruding mucous membrane. There seems to be a

great liability to the subsequent contraction of the fistula after the use of Senn's plates; and in too many cases the Murphy button has fallen into the stomach instead of into the intestine. But I am a great believer in a catholic spirit in operative surgery; at first one is almost bewildered with the numerous means offered to attain the same end, but the varying pathological conditions met with in disease frequently require a variety in the methods of attacking them. But this part of the subject could easily occupy the whole evening.

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Dr. GALLEY BLACKLEY said he had seen both the cases mentioned by Mr. Knox-Shaw, and he entirely endorsed every word that he had said as to the advisability of early operation. With regard to hospital cases, medical men did not send their cases to the hospital until they were *in extremis*, and that was what occurred in ninety-nine cases out of one hundred.

Dr. GOLDSBROUGH said that when he first saw the second patient mentioned the growth was very small and the symptoms were not so grave, which led him to believe that something might possibly be done with medicine. He did not pursue the treatment for very long, but sent the man to the hospital under Dr. Blackley's care.

Mr. DUDLEY WRIGHT said Mr. Knox-Shaw had kindly referred to a case of stricture of the pylorus upon which he (Mr. Wright) operated. It was originally his intention to perform pylorotomy, but unfortunately the pylorus was so bound down to the parts beneath that he was unable to do that, and the collapsed condition of the patient prevented him performing gastro-enterostomy. He simply opened the stomach in the middle line and put his fingers in and felt the stricture, which he dilated from a comparatively small sized opening to a fairly large one. Before the operation the patient had been continually vomiting, but the vomiting ceased after the operation. There was a considerable amount of diarrhoea, and the patient died of inanition. At the *post-mortem* not only was stricture of the pylorus found, but also enormous nodules in the liver, one of which had suppurated. With regard to the case mentioned by Mr. Knox-Shaw, he should like to know whether microscopical examination had been made of the growth.

Mr. KNOX-SHAW: Not yet.

Mr. WRIGHT said it seemed to be chiefly in the muscular tissue and limited to the sphincter of the pylorus, and there might possibly be a good deal of cicatricial growth about it. The thing which carried the patient off was extremely unfortunate, and he suggested it might be prevented by laying the patient on his face. The dropping of the Murphy button might be prevented in that way. In doing the operation again he should prefer simple suturing to Murphy's button. The decalcified bone hobbin was also a very useful plan. It was not necessary for him to emphasise again what had been said so well before about the necessity of getting cases early. It was absolutely impossible to do much when the patient was in the last stage.

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## A REVIEW OF SOME NARCOTIC DRUGS.<sup>1</sup>

BY HENRY D'ARNIM BLUMBERG, L.R.C.P., L.R.C.S.EDIN.

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MR. PRESIDENT AND GENTLEMEN,—I have endeavoured in my paper this evening to bring before your notice some prominent narcotic drugs, not only from a utilitarian and therapeutic, but also from an artistic and classical point of view. And as the mental symptoms caused by medicine concern us who believe in the principle of *similia similibus*, as much as the physical symptoms, I feel that my subject need not be limited to a purely practical discourse.

Narcotics have no doubt been used from time immemorial. Some of them are hardly within the memory of modern medicine, and to say the least of it, are regarded more in the light of antique superstition than as agents with remedial virtues. The mandrake, *mandragora officinarum*, is still used in the East as a narcotic and anti-spasmodic. In ancient times, according to Isidorus and Therapion, it was given for its anodyne and anæsthetic effects in surgical operations. In the Middle Ages it was

<sup>1</sup> Presented to the Liverpool Branch, January 14, 1897.

extensively used for love philtres, and, curiously enough, Dioscorides identifies it with the "*κερκάλα*," the root named after the enchantress Circe. Shakespeare makes several allusions to it. Banquo, in "*Macbeth*," says: "Or have we eaten of the insane root which takes the reason prisoner." In "*Romeo and Juliet*" there is a reference to the popular belief that the plant shrieked when touched: "And shrieks like mandrakes torn out of the earth, that living mortals, hearing them, run mad." Unlike mandragora, the lotus lily, if, indeed, it ever existed in any pharmacopœia, has now come to be looked upon as a mythical hypnotic. This flower, the rose of Egypt, may still be seen, apart from its natural state, in hieroglyphs, and the capitals of architectural columns. Homer, however, has immortalised it in his "*Odyssey*," and endowed it with the power of creating "languorous forgetfulness." You may remember that Ulysses and his men landed on an island off the north coast of Africa, where the natives in their hospitality gave them a decoction of this plant, with the result that they conveniently managed to forget all about their homes and wives, and lingered on in a dreamy beatitude. This highly poetical theme was in our own day revived by the late Poet Laureate.

"Branches they bore of that enchanted stem,  
Laden with flower and fruit, whereof they gave  
To each, but whoso did receive of them,  
And taste, to him the gushing of the wave  
Far, far away, did seem to mourn and rave  
On alien shores: and if his fellow spake,  
His voice was thin as voices from the grave;  
And deep asleep he seemed, yet all awake,  
And music in his ears his beating heart did make."

Poetical licence has no doubt exaggerated the physiological actions of the mandrake and lotus, but it has not overdrawn the properties of the liquid which the Friar administered to Juliet. That was surely opium, the drug of all drugs—at once most exalted and most condemned. "*Quantum venenum tantum remedium*," and though many deny that its beneficial effects counterbalance the baneful *sequela*,

all must agree that it has supplied literature with the most fascinating vagaries in the shape of De Quincey's Confessions. This book has only its parallel in the treatise on Haschish, by Baudelaire, to which I will revert later on. Both are masterpieces of style and profundity, and moreover, are brilliant records of the mental phenomena caused by these potent medicines, embellished with the highest artistic fancy. "The Confessions of an Opium Eater" strikes the happy mean between the fanatical anti-opium agitator and the biassed official commissioner, for it states fairly both sides of the question—the pleasures and the horrors. Before entering upon the pleasures of opium it will be advantageous to recall the actual circumstances under which De Quincey indulged in this drug. He himself tells us that a college acquaintance first advised him to take it for an acute rheumatic attack of the head and face. "Opium, dread agent of unimaginable pleasure and pain; I had heard of it as I had of manna, or of ambrosia, but no further; how unmeaning a sound was it at that time; what solemn chords does it now strike upon my heart! what heart-quaking vibrations of sad and happy remembrances!" From the initial dose of 25 minims of tr. opii, De Quincey ascended gradually, till he tolerated 8,000 minims a day; that is, allowing one grain of the crude opium in 25 minims, no less than 320 grains per diem. This seems incredible, especially when it is coupled with the fact that after more than ten years of steady perseverance he was able to "unwind the cursed chain," and within a period of three months free himself from the habit altogether, and live on to a good old age. De Quincey denies the intoxicating effect of opium, which such writers as Anstie, and Hughes in his "Pharmacodynamics," affirm. He says, sarcastically:—"I confess, however, that the authority of a surgeon, and one who was reported a good one, may seem a mighty one to my prejudice, but still I must plead my experience, which was greater than his greatest by 7,000 drops a day; and though it was not possible to suppose a medical man unacquainted with the characteristic symptoms of vinous intoxication, it yet struck me that he might proceed on a logical error of

using the word intoxication with too great latitude, extending it generally to all modes of nervous excitement, instead of restricting it as the expression for a specific sort of excitement, connected with certain diagnostics. Some people have maintained, in my hearing, that they have been drunk on green tea, and a medical student in London, for whose knowledge in his profession I had reason to feel great respect, assured me the other day that a patient in recovering from an illness had got drunk on a beefsteak." Without drifting into a controversy as to the effect of opium on the cerebro-spinal and sympathetic nervous system, as regards stimulation, inhibition, or depression, it may be stated that the type of an opium debauch varies with the temperament of the individual. And though De Quincey affirms that a glass of "laudanum negus, warm," unlike alcohol, communicates serenity and equipoise to all the faculties, active and passive, and rouses the diviner part of a man's nature, it would be erroneous to suppose that these results would take place in the case of a man of a low order of mind. It seems more reasonable to conclude that under these circumstances the symptoms would simulate those of excessive alcoholism, and suggest, as Hughes maintains, increased activity of the lower and torpor of the higher centres. But we are dealing with the pleasures of opium—the untrammelled intellectual pleasures! In reading De Quincey's account, we observe how all obnoxious trivialities were absent in his dream-fugues, as he called them. In his rambles through London, after taking his periodical dose, he became absolutely indifferent to time and space, and threaded the labyrinthine intricacies of a vast metropolis like a liberated spirit.

He says: "The town of London represented the earth, with its sorrows and its graves left behind, yet not out of sight nor wholly forgotten. The ocean, in everlasting but gentle agitation, and brooded over by a dove-like calm, might not unfitly typify the mind and the mood which then swayed it. For it seemed to me as if then first I stood at a distance and aloof from the uproar of life; as if the tumult, the fever, and the strife were suspended; a respite granted from the secret burden of the heart; a Sabbath of repose, a resting from human labours.

“ Here were the hopes which blossom in the paths of life, reconciled with the peace which is in the grave; motions of the intellect as unwearied as the heavens, yet for all anxieties a halcyon calm; a tranquillity that seemed no product of inertia, but as if resulting from mighty and equal antagonisms; infinite activities, infinite repose.” Here follows his eulogy on opium, without doubt the finest specimen of prose in the English language:—

“ Oh just, subtle, and mighty opium! that to the hearts of poor and rich alike, for the wounds that will never heal, and for the pangs that tempt the spirit to rebel, bringest an assuaging balm; eloquent opium! that with thy potent rhetoric stealest away the purposes of wrath, and to the guilty man, for one night gives back the hopes of his youth, and hands washed pure from blood, and to the proud man a brief oblivion for ‘wrongs unredressed and insults unavenged’; that summonest to the chancery of dreams, for the triumphs of suffering innocence, false witnesses, and confoundest perjury, and dost reverse the sentences of unrighteous judges; thou buildest upon the bosom of the darkness, out of the fantastic imagery of the brain, cities and temples beyond the art of Phidias and Praxiteles—beyond the splendours of Babylon and Hecatompylos; and from the anarchy of dreaming sleep, callest into sunny light the faces of long-buried beauties, and the blessed household countenances cleansed from the dishonours of the grave.

“Thou only givest these gifts to man; and thou hast the keys of Paradise, oh just, subtle, and mighty opium!”

(2) The horrors of opium.

De Quincey tells us very little about the effect of opium on his physical health, for his object in recording his experiences was not so much scientific as artistic.

Dr. Smith, of Pulo Penang, gives among other symptoms of chronic abuse the following:—Emaciation, forgetfulness, debility, anorexia, depraved appetite (sweetmeats being most relished), dryness of the throat, vertigo and prostration. If an attempt is made to stop the habit, colic and diarrhoea supervene, accompanied by terrible mental wretchedness, frequently terminating in death. The offspring of opium



smokers are weak, stunted, and decrepit. Medically speaking, this is a concise and practical synopsis of the chief morbid symptoms engendered by the abuse of opium, but it inadequately portrays the state of mental chaos induced by the prolonged continuance of this poison. Personally, I am strongly of opinion that a paragraph of De Quincey's sufferings would do more to wean a patient from this fascinating vice than all the nerve tonics and sermons put together.

Allow me to quote:—

“The sea appeared paved with innumerable faces up-turned to the heavens.

“I seemed every night to descend, not metaphorically but literally to descend, into chasms and sunless abysses, depths below depths, from which it seemed hopeless that I could ever re-ascend.

“Female forms and the features that were worth all the world to me, and but a moment allowed, and clasped hands, and heart-breaking partings, and then everlasting farewells!

“I was stared at, hooted at, grinned at, chattered at by monkeys, by paroquets, by cockatoos. I ran into pagodas, and was fixed for centuries at the summit, or in secret rooms; I was the idol, I was the priest, I was worshipped, I was sacrificed. I fled from the wrath of Brama through all the forests of Asia; Vishnu hated me, Seva laid wait for me. I came suddenly upon Isis and Osiris. I had done a deed, they said, which the ibis and crocodile trembled at. I was buried for a thousand years in stone coffins, with mummies and sphinxes, in narrow chambers at the heart of eternal pyramids. I was kissed with cancerous kisses by crocodiles, and laid confounded with all unutterable slimy things among reeds and Nilotic mud.”

This last quotation is the acme of horror, and reminds one of the ravings of Bedlam. Before leaving opium I should like to tabulate some points of practical interest.

(a) The sale of opium brings the British Government a revenue of several millions. But for this revenue there would be a deficit instead of a surplus on our Indian budget.

This revenue is decreasing year by year owing to the increase of the cultivation of the poppy in the Chinese Empire.

(b) China consumes as much opium as the rest of the world together.

(c) Opium is far more prejudicial to the health of the European than to that of the Oriental.

(d) Opium taken in moderate quantities is no more harmful to the Oriental than alcohol in limited doses is to the average European.

(e) Two-thirds of the terrible calamities resulting from the abuse of opium in the East are to be found among the dregs of the population where the conditions of health are unfavourable.

(f) In certain malarial districts opium is of value as a remedy because of its stimulant and anti-periodic properties.

#### HASCHISH.

What De Quincey is to opium, Baudelaire is to haschish. Though neither of them were medical men, their lack of scientific observation is compensated by the fact that their experiments were upon themselves and not upon others. Herodotus relates that the Scythians were in the habit of piling up the powdered seeds of the Indian hemp and, after igniting the heap, inhaling the fumes to cause a kind of ecstasy. In Egypt and in the East generally *cannabis indica* has long been used under the different names of *banjie*, *teniaki*, etc. A confection of the drug is made from the thick extract and sold under the name of *dawamesk*. This contains sugar, vanilla, and divers aromatics to disguise its unpleasant taste of the greasy extract. Dr. Hughes tells us that the first action of the Indian hemp is to cause mental exaltation, in which state everything is exaggerated. All this time a dual consciousness is present. Anæsthesia and headache as if the brain were boiling over are the only important physical accompaniments. Finally, complete narcosis and coma set in. Baudelaire has divided the haschish trance into three stages:—(1) Excessive hilarity. (2) Hallucination; Transposition of ideas; Exaggeration of

size; Confusion of objectivity and of subjectivity. (3) Kief; stage of absolute beatitude. In the first stage (excessive hilarity) there is an uncontrollable desire to laugh. The most trivial things, the simplest words, have their comic side, and all sorts of puns and oddities crowd the brain. Baudelaire gives an illustration of this stage in the case of a man who was unable to restrain his laughter at a serious scientific meeting.

The second stage is preceded by a momentary lull, followed by a sensation of lassitude in the limbs and a sense of general stupefaction. As this is the most interesting period, I have essayed to give a complete translation of a passage relating to it. You will observe the physical symptoms of the onset followed by the mental hallucination with its train of exaggerations of sound, distance, light, ideas, etc. I have imitated (as closely as possible) the original French:—

“I had taken a moderate dose of the thick extract of haschish and so far all had gone well. The crisis of morbid hilarity had been of very short duration, and I was drifting into a state of languor and wonderment which bordered on beatitude. I accordingly hoped for an evening unhampered by care. Chance unfortunately compelled me to accompany a friend to the theatre. I made the best of it, resolving to hide my intense desire to remain in a condition of idleness and immobility. Finding all the carriages in the neighbourhood engaged, I was forced to resign myself to the lonely walk before me, not to mention the harsh clatter of vehicles and the dull conversation of passers-by—in a word, an ocean of trivialities. A slight coolness had already begun to make itself felt in my finger-tips, very soon this grew into a sharp sensation of cold, as if my hands were being plunged into a bucket of iced water. But it entailed no suffering, it was an acute sensation that, so to speak, penetrated through me like a thrill of pleasure. By and by it struck me that the further I proceeded on this endless journey, the more intense the cold became. Several times I asked my companion if it really were cold, and he replied that, on the contrary, it was very warm. When I had at

last reached the hall, and was seated in my box, with the prospect of three or four hours' rest, I felt indeed that I had reached the Promised Land. The thoughts which I had collected on the way with what little energy I had at my disposal then crowded upon me, and I willingly gave way to a mute ecstasy. The cold became more and more intense, although I saw people lightly dressed, some even mopping their foreheads with an air of weariness. A delightful thought seized me, namely that I was a privileged being, to whom alone was granted the right of remaining cool in the hall of a theatre, in the height of summer. Although the cold gradually increased to an alarming degree I was yet above all things dominated by a keen desire to learn its furthest limit. At length it reached such a pitch, it was so complete, so general, that all my ideas were congealed, so to speak. I was metamorphosed into a block of thinking ice. I imagined myself a statue chiselled out of a glacial pyramid, and this ludicrous hallucination gave me a sense of pride, stimulated in me a sense of moral *bien être* which I am unable to define. That which added to my gnomish delight, was the certainty that the spectators were unconscious of my state, and of the advantage I possessed over them, and further the happiness of thinking that my companion never for a moment suspected what *bizarre* sensations I was experiencing. I alone reaped the reward of my dissimulation, and my extraordinary rapture remained a true secret. Moreover, the moment I entered my box, my eyes were overcome with a dimness, which seemed in keeping with the idea of frigidity. It can easily be understood how these two ideas borrowed force from each other. You are no doubt aware that haschish always invokes creations of light, glorious splendours, cascades of liquid gold, all light is acceptable to it, from the beams that play upon the surface to those that cling like spangles to peaks and outlines, the candelabras of salons, the tapers of the Virgin Mary, the rose-tinted avalanches of sunset. The feeble globes diffused a light utterly insufficient to satisfy my craving for it. I repeat, I felt I was entering a world of darkness, which, whilst I was dreaming of Polar nights and eternal winters, gradually became denser and denser.

“As for the play (it was a comedy) it alone was illuminated, infinitely small and far distant as if placed in the field of an immense stereoscope.

“Needless to say, I was not listening to the actors. From time to time my thoughts caught in passing a fragment of a sentence, and, like a clever *danseuse*, I utilised it as a spring-board from which to plunge into far-distant reveries. You may suppose that a drama heard in this fashion lacks logic and succinctness; undeceive yourself, for in the drama of my own creation I discovered a singularly subtle meaning. Nothing jarred on me, and I resembled in some degree that poet who, on seeing ‘Esther’ played for the first time, found it quite natural that Haman should make love to the Queen. You will recollect this happens when he falls at the feet of Esther, imploring pardon for his guilt. If all plays were enacted in this way, they would gain greatly in beauty, even those of Racine. The comedians seemed to me ridiculously small and invested with a sharp and clearly-cut outline, like the faces of Meissonier. I distinctly beheld, not only the most minute details, such as the patterns of their material, seams, buttons, &c., but even the junction between the false and the real forehead, the white, the blue, and the red paints, and all the paraphernalia of make-up. And these Lilliputians were suffused with a clear and magical brightness, such as polished glass adds to an oil painting. When at length I emerged from this cavern of ice and darkness, and my mental phantasy had evaporated, I returned to my normal self again with a feeling of lassitude, such as no severe and long-continued labour had ever caused me.”

(3) Kief.—The third stage, called by the Oriental “*Kief*,” is a period of absolute untroubled calm. “La notion du temps ou plutôt le mesure du temps est abolie.” This stage, which is usually of short duration, is more akin to the second stage of opium. It is interesting to compare the two drugs. According to Baudelaire, a haschish debauch is always followed by more or less mental and bodily exhaustion. He says, finely: “C’est la punition de la prodigalité impie avec laquelle vous avez dépensé le fluide nerveux.”

On the other hand, De Quincey says of opium: "For ten years, during which I took opium at intervals, the day succeeding to that on which I allowed myself this luxury was always a day of unusually good spirits."

Both opium and haschish exaggerate the habitual sentiments and moral perceptions, but whereas haschish only distorts and magnifies the natural surroundings, opium goes much further, and creates a new world. In the natural dream the occupations of life are mingled with the nocturnal visions.

In the haschish dream, the experiences are based upon the immediate surroundings.

In the opium dream, there is in addition, a series of supernatural visions.

Baudelaire uses the word *rapsodique* as regards haschish, and considers it more *véhément* in its action than opium: "L'un est un séducteur paisible, l'autre un démon désordonné." He regards the nervo-bilious temperament most liable to the influence of these drugs, especially if united to a cultured, artistic bent of mind. He adds: "It would be absurd to expect the marvels of opium from a butcher—he would only dream of beef."

But there is a penalty to be paid for this transcendental bliss. "L'homme a voulu être Dieu, et bientôt le voilà, en vertu d'une loi morale incontrôlable, tombé plus bas que sa nature réelle."

#### THERAPEUTICS OF OPIUM AND CANNABIS INDICA.

It is needless to dwell on the well-known uses of opium for the relief of pain and sleeplessness. That belongs to its antipathic action.

The homœopathic *modus operandi* concerns us chiefly. And here it is highly amusing to recall the fact that Dr. Lauder Brunton, who considers a general application of the law of similars as irrational, reported in a leading medical journal a case of obstinate constipation cured by  $\frac{1}{4}$ -minim doses of laudanum. This treatment is surely as plagiarised as Dr. Fraser's  $\frac{1}{12}$  of a grain of bichromate of potash in

gastric ulcer, or the new (?) treatment of Asiatic cholera by tabloids containing  $\frac{1}{1000}$  of a grain of arsenite of copper.

*Can anything be more convincing than this of the tendency among modern scientific physicians to trust to the efficacy of medicines selected for specific reasons, and given as far as possible singly and in small doses—a system inaugurated by Hahnemann a century ago, and maintained as the basis of treatment by homœopathic practitioners of the present day!*

I append some cases illustrating the curative value of opium :—

*Case I.*—In July, 1892, I was called to see a woman who had been found in an unconscious condition in the street. Her breathing was slow and stertorous, the pupils were contracted and did not react to light. The pulse was 56, weak but regular. The urine was retained. There was some bruising of the left side of the head, and one or two slight lacerations of the cheek, no doubt caused by a fall. The patient was stout, and addicted to alcohol. I ordered hot applications to the feet and an ice-bag to the head. As there was no improvement in 48 hours I injected 3 minims of opium 1, hypodermically, and repeated the injections at intervals of 3 hours. Within twelve hours my patient regained consciousness, and though there was aphasia for some time she eventually made a complete recovery.

*Case II.*—A gentleman, aged 70, of considerable means, suffered from acute melancholia. His mental condition was wretched in the extreme; he was haunted by a delusion of abject poverty, and grudged even the daily penny paper. Pronounced insomnia, loss of appetite, nausea and constipation were the chief symptoms accompanying this mania. By my father's advice the patient was put on morphia sulphate 3rd decimal trit. gr. ii. t.i.d., and this with acetic acid and water-douching constituted the whole treatment for six weeks, after which the patient returned to the country well.

*Case III.*—A lady, aged 35, suffered from uterine polypus and dysmenorrhœa, accompanied by the most terrible retching and vomiting, which sometimes lasted without intermission for thirty hours. Concomitant with the sickness there was considerable pelvic pain, at times culminating in a climax of sheer agony. The left ovary was enlarged and tender. The cervix

uteri had been curetted by an eminent specialist, after which the patient had visited both Woodhall Spa and Kreuznach. The curetting proved absolutely useless, and the spas were only of temporary benefit. Between the periods the patient was comparatively well, except for more or less nervous debility. During one of the attacks I tried a pill containing one grain of pulv. opii and one grain of oxalate of cerium, at the same time placing a cold compress over the abdomen and lumbar region. This treatment proved successful for some time in checking the vomiting and tiding the patient over her indisposition with the minimum amount of pain, after various other methods of alleviation had failed.

I have not sufficient data to maintain the value of opium in the treatment of diabetes, but I should like to draw attention to the extreme benefit that arises from the use of codeia in some forms of bronchorrhœa, phthisis, &c.

Whenever an incessant, harassing, chronic cough robs a patient of sleep, a  $\frac{1}{8}$  to  $\frac{1}{4}$  gr. of codeia combined with 1 minim of dilute hydrocyanic acid, or 5 minims of dilute phosphoric acid, will be found most serviceable in quieting the irritation, and procuring rest. This, of course, is not due to any homœopathic action.

#### CANNABIS INDICA.

Indian hemp has not so extensive a medicinal field. I once benefited an intractable migraine with doses of  $\frac{1}{2}$  gr. of the extract. Phenacetine, Antipyrin and the Bromides had been tried in vain by a previous medical attendant.

The wild hallucinations which sometimes result from its abuse give us the key for its remedial uses in "violent mania." *Apropos* of this the word "assassin" is a derivative of "Haschishin."

#### CHLORAL AND SULPHONAL.

Regarding these two hypnotics there is little of historical importance. Liebreich states that the action of chloral is without excitement, that it leaves no bad after effects, and that the nervous power of the heart is the last to suffer.



This description is not entirely true. First of all, it occasionally produces frightful dreams; secondly, its administration has been followed by syncopal attacks. Yet, Dr. Levenstein reports the case of a man who recovered after swallowing ʒvi. Warmth, artificial respiration and nitrate of strychnia were used to combat the toxic effects. In twenty-two hours he could be roused, and after thirty-two hours he awoke "quite refreshed." The temperature at one time fell as low as 91.2°.

Dr. Fothergill considers that chloral causes sleep by producing anæmia of the brain. Dr. Gordon Stables has published the confessions of a chloral eater in the twenty-sixth volume of *Belgravia*.

Sulphonal, like chloral, generally causes a dreamless sleep, but takes very much longer to act. Within the limited dose it is rarely followed by unpleasant symptoms. I once attended a lady, who for two years had averaged 40 gr. a night. There were no apparent bad consequences, except diminished appetite, loss of flesh, extreme pallor, dryness of the skin, and listlessness. The therapeutic uses of chloral and sulphonal are too well known to require mentioning. I have found the syrup of chloral, well diluted, of value in dry laryngeal coughs. I am of opinion that chloral in minimal doses might also prove useful in some forms of typhus fever, though I am not aware that it has ever been advocated as a "simillimum" for that disease.

Of the newer hypnotics—trional, hypnal, urethan, &c.—I have found trional the best. Indeed, I prefer it to paraldehyde, or sometimes even to sulphonal.

And though the exhibition of narcotic drugs, as a routine practice, is strongly to be deprecated, yet I consider that there are occasions when it is the duty of the practitioner to afford to the patient a relief, which, though it may only be temporary, is none the less called for and appreciated.

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LIVERPOOL BRANCH: CLINICAL EVENING.<sup>1</sup>*A Case of Bright's Disease.*<sup>2</sup>

T. U., aged 36; wheelwright; life abstainer. About the second week in August, 1895, this patient noticed that his legs began to swell. He worked up to August 18, when he had to give up, and was then under the care of his club doctor. As he made no progress, he went into the Royal Infirmary, where he remained five weeks, during which time no improvement whatever took place. After this time he was again under his club doctor, until February 4, 1896, when I was called in to attend him.

I found him suffering from an extreme degree of anasarca, involving feet, legs, abdomen, scrotum, face, &c.: in fact, the whole of the skin was doughy, and pitted on pressure. He was passing only small quantities of urine, which, on testing, was found loaded with albumen; and, on microscopical examination, numerous tube casts were revealed. For a while I placed him on the strictest milk diet, and kept the kidneys well flushed by means of an infusion of *triticum repens*; giving him a course of medicines, among which were arsenic, apis, *mercurius corr.*, *plumbum*, *helonias*, *cantharis*, and *terebinth*. Improvement was very gradual, but, nevertheless, certain. On March 22 he had a very critical attack of uræmic convulsions, from which, however, he rallied, under the influence of half-grain subcutaneous injections of *pilocarpin*. Since then he has made steady progress. At present there is hardly a sign of œdema to be detected anywhere; there is still a large quantity of albumen, but he complains of nothing except severe headaches, which attack him occasionally. Formerly, he used to vomit when the head attacks came on, but this he has not done

<sup>1</sup> Held at the Hahnemann Hospital, Liverpool, December 10, 1896.

<sup>2</sup> Exhibited by Dr. Edmund Capper.

lately. He would be able to resume his employment but for his sight, which has unfortunately been seriously affected ; the retina of both eyes being completely broken down by hæmorrhages. This condition is, however, gradually improving.

The medicine which has undoubtedly done him most good is mercurius corr. 3, and this he has had more or less throughout the treatment. The case, although not entirely successful, illustrates the great improvement brought about by homœopathic treatment after the failure of old school methods.

#### *A Case of Rupture of the Uterus.<sup>1</sup>*

Mrs. D., aged about 30. On the night of October 22, I was called in by a colleague to give chloroform to this patient, who was in labour. When I arrived I found the pains were incessant and very severe, and my colleague told me he had examined a short time before, and had found that the presentation was a breech, which had become impacted. On being requested to examine, much to the surprise of both of us my fingers encountered the placenta, separated, and lying high up in the vagina. The chloroform was therefore rapidly administered, and the placenta dragged away. On passing the hand up into the uterus no sign of the child was at first felt, but the fingers encountered a hard, thickened edge in the left wall of the uterus. The child was delivered as quickly as possible by the breech, there being considerable difficulty in getting down the arms. The patient did not rally from the chloroform, but remained in a state of semi-collapse, and uterine examination then revealed a large tear in the left side of the uterus, through which the intestines could plainly be felt. A well-known local specialist was sent for, and his treatment consisted in keeping the patient well under the influence of opium, and packing locally with cyanide gauze, a piece being inserted into the wound to ensure drainage. This was changed every twenty-four hours. Considerable tympanites supervened, and large enemata of

<sup>1</sup> Reported by Dr. Edmund Capper.

turpentine and castor oil were administered, but without relief. Some obstruction of the bowels was strongly suspected, although it could not be definitely discovered, and the patient succumbed on the fourth day without any rise of temperature. The rupture of the uterus undoubtedly took place shortly before my arrival, when the pains were very severe, and almost unremitting. There was a history of two severe previous confinements, the children being still-born, and there was one child living.

*Some of the Nervous Sequelæ of Epidemic Influenza.*<sup>1</sup>

Dr. Hayward, after mentioning the mental depression (amounting in some cases to melancholia), other mental symptoms, the loss of taste and smell, neuralgia, insomnia, &c., instanced in detail cases in which profound nerve diseases had been closely imitated, especially paralysis, spinal sclerosis, paralysis agitans, and locomotor ataxy. In one case, a previously strong, healthy man was so tremulous, especially on attempts at movement, that for two or three weeks he could not stand unsupported, or write his name. He recovered completely, except that he has not been able to walk the same distances as before his illness. In three instances locomotor ataxy had been diagnosed, two of these diagnoses having been confirmed by eminent consultants in London and Paris; but complete recovery had falsified the verdicts. In a case now under observation the ataxy is so marked that the man can hardly write his name or pick up a pin; he has not the characteristic gait, or the Argyll-Robertson eye symptom, but he falls when feet are together and eyes closed, and has exaggerated knee reflexes, with very marked lightning pains in the legs, especially at night-time. A Liverpool consultant predicts his complete recovery.

Such nerve symptoms seem to be more frequent after mild attacks of the influenza, and are apparently due to peripheral neuritis.

<sup>1</sup> Reported by Dr. John D. Hayward.

*Paget's Disease of the Nipple.*<sup>1</sup>

Dr. Charles Hayward showed a case of Paget's nipple, for which he had operated three months previously. Nodules had been present in the skin extensively before operation, but the breast was removed, taking away as large an area as possible and removing all the recognisable nodules. Owing to the unfortunate occurrence of a case of erysipelas in the hospital, the patient developed erysipelas extensively round wound, but healing took place well, and the patient went out in three weeks. Within six weeks she returned with fresh nodules near the scar, and pain. Arsenic and conium were carefully tried, but no improvement took place, and the arm became painful and swollen. Having seen reports of cases of epithelioma treated with chelidonium majus, Dr. Charles Hayward gave her chelidonium 1x five times a day. Eight days afterwards she reported herself as much improved, and was shown to the meeting. The pain and swelling were gone from the arm, and some of the most recently-developed nodules had disappeared. There were still a good number of well-developed nodules, and Dr. Charles Hayward explained that she was shown in order that the members of the Society could watch the progress with him, eight days' treatment with chelidonium being insufficient on which to found any reliable knowledge of its action; but the medicine would be continued and future progress reported to the Society.

NOTE.—*February, 1897.* The disease is progressing in spite of medical treatment. The nodules are enlarging and spreading.

*Chronic Albuminuria due to Lead Poisoning.*

Dr. Charles Hayward referred to one case of chronic albuminuria, W. J., of which details are given in his essay on "Albuminuria." There have been three cases of chronic

<sup>1</sup> Reported by Dr. Charles Hayward.

albuminuria in this family, and in no case could any cause be ascertained by any of the medical men who had attended. Dr. Charles Hayward suggested that it might be due to chronic lead poisoning, and requested that samples of the drinking water should be sent to him for analysis. This was done, and it was found that while the high-pressure supply which is used at their home is free from lead, this has only been available during the last two years, and that before this time, and even during the dry season of the present summer, the drinking supply was from a well and pump. On analysing samples of this water, Dr. Charles Hayward found that the first water drawn from the pump in the morning contained a large quantity of lead, while even after pumping continuously for more than five minutes, the water collected contained a considerable quantity of lead. He is convinced that the constant use of this water, while it has failed to produce any more evident symptoms of lead poisoning, is the cause of the chronic albuminuria which has occurred in at least three of the family, which was originally discovered by accident, and which has terminated fatally in one of the cases by an acute attack of nephritis superadded. (For further details of this case, see the contribution on albuminuria presented by him to the Congress of 1895.)

*Prosopalgia of over Four Years' Duration cured by use of Local Anæsthetic.*

Dr. Charles Hayward reported a case of violent prosopalgia, which had persisted for four years, in a lady, aged about 60. She had neglected any treatment during the first eighteen months, and, although afterwards treated carefully, only slight relief was obtained. The pain was almost constant, and the paroxysms frequent; opening the mouth was difficult; excruciating pain on movement or touching the part, occurring from the middle of the chin all along the right side of the lower jaw, back to the angle and ramus. The patient had consulted Sir Andrew Clark six months before his death, when he prescribed phenacetin and opium

pills, but when she consulted him again, a week before his death, there was no improvement. She had then consulted an eminent specialist, who urged cutting the nerve as the only remedy, and, on her refusing this procedure, recommended daily injections of cocaine or morphia—which she did not adopt. Soon after this she had an attack of cystitis (from which she had suffered several times previously), and Dr. Charles Hayward was called in, and, finding her still in such pain, gave her some local anæsthetic, the prescription for which he had copied out of the *Practitioner* for December, 1895. Painting the painful part with this relieved the pain, and the patient continued its use several times daily. By its use the pain gradually disappeared, and the frequency of the times necessary for painting the face decreased until the pain was removed. She still uses the anæsthetic once a day, as she says “for fear of its returning,” but for the last three months she has been free from the pain. The prescription for the local anæsthetic is given for the benefit of any who desire to use it in similar cases :—

*Parsons' Local Anæsthetic (Practitioner, December, 1895).*

Chloroform	...	...	...	12	parts
Tincture of aconite	...	...	...	12	„
„ capsicum	...	...	...	4	„
„ pyrethrum	...	...	...	2	„
Oil of cloves	...	...	...	2	„
Gum camphor	...	...	...	2	„

Dissolve the camphor in the chloroform, add the oil of cloves, and lastly the tincture.

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## SOCIETY NEWS.

MR. AUSTIN EDWARD REYNOLDS, M.R.C.S.Eng., L.R.C.P. Lond., L.S.A., was on March 4 elected a Member of the Society.

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A copy of the Transactions of the Fifth International Homœopathic Congress has been added to the library.

## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

“GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST.”

DECEMBER, 1896—FEBRUARY, 1897.

### PHARMACODYNAMICS.

**Acidum benzoicum.**—Dr. McElwee comes forward to confirm, from considerable experience, the indication for benzoic acid supplied by the strong odour of the urine. He adds thereto a urinous smell of the other outlets or discharges of the body, excepting the menstrual.—*Minneapolis Hom. Magazine*, December.

**Acidum carbolicum.**—Mr. Ghosh, of Dacca, has had excellent results from carbolic acid in cholera, where veratrum was indicated, but did no good. In one case a pre-existing diabetes was so much improved after the attack that, on a relapse, the acid was tried as a remedy, and succeeded excellently, no restriction of diet being required. Mr. Ghosh gives the 3rd dilution.—*Hom. Recorder*, January.

**Acidum picricum.**—A case of poisoning by a tablespoonful of this acid is extracted from the *British Medical Journal* in the December number of the *Monthly Homœopathic Review*. A (hæmatogenous) jaundice was the leading phenomenon evoked.

**Æsculus.**—“More and more confirmation accrues as to the efficacy of tincture of horse-chestnuts in hæmorrhoids.” So an old school physician begins an article quoted in *L'Art Médical* for December. It is, he thinks, against the element “pain” that the drug specially acts. He gives from 10 to 30 drops for a dose.

Dr. Coumont, in the *Journal Belge d'Homœopathie* of



November—December, shows that such material dosage is unnecessary, giving a case of chronic constipation, with intense pain—as if the anus were torn—after every motion, where speedy cure resulted from the 1st dil., 3 drops night and morning.

**Agaricus.**—The Editor of the *Indian Homœopathic Review*, in its number for November—December, mentions the agaricus phalloides as commended to him by Dr. Salzer in cholera, to which disease he shows its homœopathy; and also that the late Dr. Bhaduri esteemed agaricus muscarius very highly in typhoid and delirious states supervening after cholera. Of its efficacy here he relates a case in point taken from the last epidemic.

**Amyl nitrite.**—Dr. Cushing finds this substance, given by inhalation, very effective against uterine pains of all kinds; and even as a substitute for chloroform in labour. He uses a dilution of one part to three or four of alcohol.—*Hom. Journ. of Obstetrics, &c.*, January.

**Anhalonium.**—The intoxication induced by this singular member of the cactus family (mescal buttons) is illustrated by extracts contained in the *Hahnemannian Monthly* for December and the *Monthly Homœopathic Review* for February. It seems an analogue of cannabis indica, with visual illusions full of colour.

**Arnica.**—A case of cardiac dropsy, the legs becoming erysipelatous, and the urine being nearly suppressed, was going from bad to worse, when the obvious fatty loading of the heart led to a trial of arnica. It was given in the 6th dil., and under it diuresis was established and the œdema disappeared.—*Journ. Belge d'Hom.*, November—December, p. 352.

**Arsenicum iodatum.**—In a case of cardiac dropsy with albuminuria, where the patient vomited the least thing taken into the stomach; was anxious and restless to a degree almost maniacal; complained of much burning pain, and presented the waxen hue characteristic of arsenic, this drug was prescribed in the 6x trit. without avail. An old syphilitic history led to the iodide (3x trit.) being substituted, and now rapid improvement set in, the patient losing all the œdema (though not the albuminuria) and gaining strength.—*N. Am. Journ. of Hom.*, December.

A new use of this drug is in locomotor ataxy, in a case of which, treated by Dr. Mackechnie, the lightning pains were

almost entirely removed by it (3x trit.), and the patient reported himself as wonderfully better in every respect.—*Monthly Hom. Rev.*, January.

**Atropinum.**—Dr. Thom reports a rapid and permanent cure of a gastralgia of some standing by sulphate of atropine 5x trit. The patient was supposed to have ulceration of the stomach.—*Hom. Recorder*, February.

**Berberis.**—Dr. Baisig writes:—"If you wish to smooth the skin on a lady's face which has become rough and unsightly, give her berberis, and she will give you many a puff, together with her thanks. Pimples and brown liver spots are also removed by this remedy."—*Med. Century*, January.

**Borax.**—The "aggravation from downward motion," which has been made so much of as an indication for this remedy in the troubles of childhood, has by Dr. F. H. Lutze been allowed to lead to its choice in sea-sickness, and with the best results. "Every time the vessel goes downward, everything within me wants to come up." Two powders of the 200th cured, after the patient had been sick two-thirds of the voyage, and the rough weather still continuing.—*Hom. Physician*, December.

**Calcareo iodata.**—Dr. C. L. Nichols, of Worcester, Mass., has had very favourable experience with this salt, in the 3x trit., in what Herbert Snow calls "dispersable mammary tumour." These growths, Dr. Nichols considers, are fibromata; but often simulate cancer. He relates four illustrative cases.—*N. Engl. Med. Gazette*, December.

**Cantharis.**—An old-school physician, M. Comby, raises a voice of protest against the use of blisters, and among the ill effects he cites is a case of meningitis, with pyelo-nephritis, fever, and great emaciation.—*L'Art Médical*, December.

In the *Hahnemannian Monthly* for January, Dr. Howard Crutcher illustrates the rapid and thorough effect of a lotion of the drug (3rd dil.) applied to a burn produced by the explosion of burning alcohol. "Within five minutes my pain was gone entirely, and it never returned. From the severity of the burn I had firmly expected a crop of ugly blisters. Within six hours not a trace of discoloration was visible."

**Carbo vegetabilis.**—Dr. Haynes relates a case of "sore mouth" in a young mother. The gums were red and spongy,

and bled easily. There was constantly some salivation; and beneath the tongue and within the upper lip were deep, red ulcers with sharply-cut edges (sometimes white-coated, she said). General health was fair, save for some flatulence and heartburn. Homœopathic treatment (including carbo) failed utterly to relieve, as allopathic had done previously. Later it was discovered that the patient had adopted the practice of charcoal eating "to relieve acidity," and on discontinuing this the mouth got well immediately.—*Amer. Homœopathist*, February 1.

**Ceanothus.**—Dr. Majumdar thinks that this drug is only applicable in recent inflammatory disorder of the spleen, where the organ is painful and tender. He goes on, however, to record a case where there was great enlargement and induration of malarious origin and of old standing, causing dyspnoea and palpitation, where ceanothus 3x did all that could be required of medicine.—*Indian Hom. Review*, September—October.

**Cicuta.**—Some experience with this remedy was reported at the meeting of the N.Y. Homœopathic Materia Medica Society in November. A case of meningitis in a man of 43 recovered under the 200th, though pronounced hopeless by two old-school physicians. Dr. A. W. Palmer had used the 3rd with good effect in the convulsions of children, and Dr. A. B. Norton praised it in spasmodic twitching of the eyelids and spasmodic squint in the same subjects. In similar affections, Dr. G. W. Roberts had used the 30th successfully. Dr. McMichael, giving the 3rd, found rapid succession of convulsions an almost infallible indication for the drug; and Dr. von Musits said that when cicuta is the remedy, anyone entering the room, noise, jarring of the bed or patient, will cause a return of the convulsions.—*North Amer. Journ. of Hom.*, February, Appendix, p. 13.

**Cocainum.**—Dr. Parenteau records a singular experience, in which cocaine, instilled into the eye for scleritis, developed a glaucomatous condition therein when used too freely. It speedily passed off on omitting the application. He has taken the hint, and used the drug internally (3rd to 12th dil.) in glaucoma itself, finding it specially useful where this process supervenes upon cervical, iridal, or choroidal affections.—*Revue Hom. Française*, December.

**Cocculus.**—A gentleman, given up to die in the collapse of cholera, presented among his symptoms deep and difficult breath-

ing. Dr. Bhaduri ascribed this to spasm of the diaphragm, and gave a dose of cocculus 30, repeating it in half an hour. The patient revived, and ultimately made a good recovery.—*Indian Hom. Review*, September—October.

**Echinacea angustifolia.**—Dr. Charles F. Otis writes a paper to commend this plant—the “narrow-leaved cone flower” or “black Samson”—in malignant scarlatina and diphtheria. Black coating of the tongue (always an ominous symptom) is a special indication for it. He gives from 2 to 4 drops of the mother-tincture for a dose. Septicæmia and rattlesnake bites have also yielded to it.—*N. Am. Journ. of Hom.*, December.

**Ferrum phosphoricum.**—A case is reported by an Indian native practitioner in the *Homœopathic World* of January, which well displays the activity of this remedy. The case was one apparently of phlegmonous erysipelas of the left thigh in a boy of 6. It had been going on for some six weeks, and was little influenced by the mercurius iodatus, hepar sulphuris and silicea at first prescribed. Ferr. phos. 6x wrought an immediate change for the better, and effected a rapid cure.

**Gelsemium.**—A good lecture on Gelsemium, from Dr. W. A. Dewey, appears in the *Medical Era* for December, and shows how profitable the teaching is likely to be from his newly-occupied chair. A statement is made in it which, if well vouched for, is decisive as to the action of belladonna and gelsemium upon the pupil. Both dilate it, but the former (Dr. Dewey thinks) actively through the sympathetic, the latter by depressing the third nerve. Correspondingly, physostigma, which presumably contracts the pupil through the third nerve, finds no difficulty in so doing when atropine has been the dilator, but fails to reduce the mydriasis of gelsemium.

**Graphites.**—Dr. H. Goullon relates two cases showing graphites (3rd trit.) to be a very effective remedy for pure gastralgia, occurring in anæmic or debilitated subjects, without any signs of catarrh of stomach, and having the pains (which are crampy) rather relieved by eating.—*Hom. Recorder*, January.

**Gratiola.**—This drug, though its action is so well known from provings and poisonings, has found little application in practice. Dr. Sonnenschmidt sends to the *Homœopathic Recorder* of December two cases of diarrhœa, in which it acted very promptly.

Yellow, watery, *frothy* stools are considered to indicate it, especially when gushing out forcibly, and attended with sense of coldness in the abdomen.

**Hypericum.**—In addition to the use of this drug in nervous lesions, Dr. Roehrig propounds it as a “real specific” for piles. “In a few hours,” he says “effects can be reached with it which cannot generally be attained by means of nux vomica, sulphur, and other remedies, even after many days.”—*Hom. Recorder*, January.

**Iodides.**—Dr. Gilman, of Chicago, relates a case of Hodgkin’s disease recovering under the use, successive or alternate, of the iodides of barium, arsenic and iron. Dr. Gilman has for twelve years past given these three remedies in all cases of hypertrophy of glandular structure, such as nodules in the breast, enlargements and indurations of the cervical and inguinal glands. “In this time,” he says, “I have removed many cases that the surgeon had marked as his own especial property; and I do not now recall one single instance of a failure to entirely remove the induration and restore the normal condition of the involved tissues when the 3x triturate of these three iodides has been given persistently and steadily.” Dr. Shears confirms this statement from his own observation; but points out that it is hyperplasia, not neoplasms, to which the treatment is applicable.—*The Clinique*, January.

**Iodine.**—Two cases, presumably of tabes mesenterica, are reported by Dr. Wingfield as making complete recovery under iodine 3x.—*Monthly Hom. Rev.*, January.

**Iodoform.**—The striking homœopathicity of this drug to meningitis has been again utilised in the tubercular form of the complaint. Dr. J. W. Martin, of Pittsburg, reports the cases (two), which showed complete recovery under the 2x trit. given internally.—*Hahn. Monthly*, December.

**Ipecacuanha.**—Dr. Nyssens is giving an account, in the *Journal Belge d’Homœopathie*, of the lectures on *Materia Medica* he heard from Professor Bakody at Buda-Pesth. In the number of November—December, ipecacuanha is the medicine treated of. Dr. Bakody states that he made twelve experiments on cats and young dogs with emetine, generally introduced subcutaneously. “The intestinal mucous membrane was always hyperæmic,

sometimes ulcerated. The secretions were formed of a serosity holding in suspension epithelial cellules, as well as round corpuscles—red and white. In the pulmonary parenchyma I have often found inflammatory foci of some extent, and the bronchi were always hyperæmic, and lined with tenacious mucus."

**Jaborandi.**—A study of this plant, by Dr. Fröhling, of Heilbronn, is translated in the *Revue Hom. Belge* for January. He begins with a case of profuse perspiration following rheumatic fever, against which mercurius and sambucus were ineffectual, but pilocarpinum muriaticum in the 4th trit. proved curative. He shows that a prolonged action of the drug may produce an inflammatory state of the sudoriparous glands—suggesting its *modus operandi*; and advises it in serous bronchitis and pulmonary œdema.

**Kali ferro-cyanatum.**—Dr. Dietz has had favourable experience with the 1x trituration of this salt—the supposed inert "Prussian blue."<sup>1</sup> Its principal sphere of usefulness he finds to be neuralgic affections, depending on an impoverished state of the blood or an exhausted condition of the nerve-centres—especially the spinal. It must be given for some length of time.—*N. Am. Journ. of Hom.*, January.

**Mays.**—The fungus that forms upon the maize-plant, *ustilago maydis*, is well known for its action in the female generative sphere. The stigmata, however, the so-called "corn-silk," have now been discovered to act on the heart and arteries like *digitalis*, and also to exert a curative influence in catarrh of the bladder and urinary tract. Dr. J. H. Cook relates an obstinate case of the latter kind, in which, after everything else had failed, he gave tea-spoonful doses of the fluid extract, with most unhopèd-for results.—*Med. Century*, December 15. [Yet another succedaneum of *digitalis* in its cardiac action seems to have been found in the fruit of the common hawthorn—*cratægus oxyacantha*. Introduced by an Irish practitioner named Greene, an American one, Dr. M. C. Jennings, imparts his knowledge and experience of the plant to his countrymen in the *N. Y. Med. Journal* of October 10th, with cases. Crude dosage seems to be required here, as with its prototype.—*Hom. Recorder*, December.]

The corn-silk is also brought before us as a urinary remedy by Dr. R. K. Paine. He finds it especially valuable in the cases

<sup>1</sup> See p. 106 of January number.

for which *sabal serrulata* has been so much praised of late—chronic catarrh of the bladder in old men, from enlarged prostate and the consequent retention of urine. He gives five-drop doses of a tincture.—*Minneapolis Hom. Magazine*, February.

**Morphia.**—A case of idiosyncratic poisoning by gr.  $\frac{1}{2}$  of morphia sulphate is recorded in the December number of the *Homœopathic Physician*; with references to others of recent record in the same journal. In this instance were noted spells of faintness, with great anxiety, thought she was going to die; vertigo, objects seemed turning in a circle; head heavy as lead, could hardly hold it up; visual illusions on closing eyes; intense itching, tingling, numb feeling on end of nose, which she rubs constantly; nausea, with repeated vomiting; violent palpitation with throbbing of carotids; heaviness of lower extremities, with weakness and trembling; numb feeling all over; intolerable itching of skin. These symptoms lasted twenty-four hours and then gradually subsided.

**Naja.**—Dr. B. Arnulphy records a case of mitral insufficiency plus aortic stenosis and regurgitation. Its interest (which is great) is mainly pathological; but it is important to note the usefulness of naja in “promoting and preserving the work of compensation.” Before taking it he suffered terribly from pain, palpitation, dizziness, and insomnia.—*The Clinique*, January.

**Natrum phosphoricum.**—Dr. Hinkle finds this Schüsslerian salt the best medicine for the nausea of pregnancy (6x trit.). [It has acted well, he says, in one of those curious cases where the husband felt the nausea, instead of the wife. This is *quantum valeat*.—Ed.]—*The Clinique*, December.

**Opium.**—Dr. H. K. Leonard narrates an instructive case of congestion of the liver in an old lady, with much fever of an oppressive character. The latter indicated opium, though the local symptoms did not; but, after failure with other remedies, it was given, in the 3x dil., with speedy and lasting benefit. It is interesting to note that the pupils were dilated.—*Medical Century*, December 1.

**Palladium.**—Dr. Horace P. Holmes sends an article on this drug to the *Homœopathic Physician* of January. It is mainly a study of its pathogenesis, but may be consulted with advantage when the drug seems suggested in practice. [Dr. Holmes' basis,

however, is somewhat insecure, for he writes: "By far the best pathogenesis is found in Hering's *Guiding Symptoms*, where it covers nearly sixteen pages." The symptom-lists of the *Guiding Symptoms* are avowedly not pathogenetic in their main substance, but clinical.—ED.]—*Hom. Physician*, January.

**Petroleum.**—Dr. John H. Payne has had two striking cures from petroleum, led thereto by the patient having a "sensation on the skin of the face and lids of dryness and constriction as though it were covered with a thin layer of albumen." The first was a case of entire loss of the eyelashes dating from infancy; the second was chronic recurrent iritis, with ectropion and trachoma. For the former patient the local application of crude petroleum had done nothing.—*N. Eng. Med. Gazette*, January.

**Phaseolus.**—The common white bean, *phaseolus nana*, so much affected in Boston as an edible, is found by Dr. A. M. Cushing, of Springfield, to have a potent action on the heart. He gives a case of cardiac dropsy where a decoction, and of weak and irregular heart where a dilution, of the pods has been of the utmost service.—*Ibid.*

**Sabal serrulata.**—The saw palmetto has hitherto been known only for its action on the prostate and other urinary organs in the male subject. The new *Journal of Materia Medica*, however (which we have heard of, but never seen), contains in its September number a proving on a woman, of which an account is given in the *Homœopathic Recorder* of December. It appears to have caused severe and long-lasting ovarian pains, with (at first) sympathetic head and stomach disturbance and (throughout) vesical irritation. The mental state was profoundly altered—a combination of indifference and irritability being present. Silicea proved antidotal to the persistent symptoms. In the February number, Dr. Mullins points out that the Transactions of the American Institute for 1892 contain a yet earlier proving on the female subject, carried out under his superintendence. He states that it has become his leading remedy in diseases of the uterus and its appendages. He gives the 3rd and 6th dils.

**Silicea.**—Dr. Walter M. James states that the vertigo of silicea is, like that of conium, felt most on turning while lying down; but that with the latter medicine turning to either side will excite the sensation, while with silicea the movement



must be towards the left. He gives a case in point.—*Hom. Physician*, January.

**Spongia.**—Dr. E. G. Pyrum Perry states that in his hands spongia is a specific for all kinds of eczema, especially for the "salt rheum" of scrofulous children. He gives two drops three times daily, but does not say of what dilution.—*Hom. Recorder*, January.

**Symphytum.**—Dr. Wm. Thomson, President of the Royal College of Surgeons in Ireland, in an address delivered in Dublin, related to his colleagues a case of malignant disease of the antrum, returning after operation, in which complete recovery followed upon the application of poultices of comfrey root.—*Hom. World*, January.

**Thuja.**—A young lady came to Dr. George Royal for dry painless cough of three months' standing. Save a green and acrid leucorrhœa, no other symptoms were present; but examination revealed "half-a-dozen small growths on the back of the throat and one near the vocal chord." Under thuja 30 the growths disappeared in about three weeks, and with them the cough.—*Amer. Homœopathist*, January 1, p. 13.

**Thyroidin.**—An extensive experience of this substance in cutaneous disease is given, from an Australian source, in the *Homœopathic World* for December. The dry eruptions seem to be its especial sphere—notably ichthyosis, xeroderma and scleroderma.

Dr. Halbert has had excellent results from the dilutions 3x to 30x in psoriasis. "The proportion of cures," he says, "has been beyond my most sanguine expectations." He has only given it hitherto in cases where ordinary remedies have failed.—*The Clinique*, February.

**Tissue Remedies.**—An interesting discussion on these medicines is reported in the appendix to the *North American Journal of Homœopathy* for February. With magnesia phosphorica Dr. Hasbrouck had never been able to get the slightest relief from pains, and Dr. Chaplin found it useful only in those of colic. Others (two) had been more successful. Dr. Butler had been much disappointed with kali phosphoricum as a nervine remedy. Dr. Wiggins praised natrum phosphoricum in helminthiasis from ascarides (6x trit.).

**Trional.**—This sedative has been vaunted as having no toxic properties; but Dr. Gierlich, of Wiesbaden, has observed a case of poisoning by its use daily for eight weeks, in which the symptoms presented all the features of general paralysis.—*Revue Hom. Française*, February.

**Xanthoxylum.**—Dr. Barrow records a case of severe dysmenorrhœa, of long standing, in which speedy and permanent cure was effected by this drug, given in the 1x trit. of the concentrated preparation xanthoxilin. No special symptoms are mentioned.—*Monthly Hom. Review*, December.

### THERAPEUTICS.

**Acromegaly.**—Dr. Mosely describes a case of this curious disease where the constitutional symptoms subsided nicely under the administration of an extract of the pituitary body.—*N. Am. Jour. of Hom.*, December, App., p. 104.

**Albuminuria.**—A man, aged 21, of delicate frame, suffered from chronic albuminuria, without any other symptom except having pain on passing urine. He had been long treated in vain. He now got arsen. 30 and 6 without effect; then for a longer time calc. phos. 3 followed by 30, and the albuminuria went off quickly.—Lutze, *Arch. f. Hom.*, vi., 24.

Dr. Leavitt mentions a case occurring in pregnancy, and so far improved by milk diet and arsenicum that labour was passed through without convulsions. The albuminuria and dropsy, however, continued still for two weeks after the confinement; and it was not till sulphur 30x had been given that the kidneys became fully active, the tissues unloaded themselves, and the urine was entirely freed from albumen.—*Hom. Jour. of Obstetrics, etc.*, January, p. 87.

**Anæmia.**—A valuable series of papers contributory to our knowledge of this affection and its management is contained in *The Clinique* of January.

**Anæmia perniciosa.**—Dr. Arnold relates a good case of this malady, in which poikilocytosis was very marked. Entire cure resulted from the steady administration of arsenicum 3x and 2x.—*Monthly Hom. Rev.*, February.

**Atrophy of leg.**—Fred. O. had his bare foot trodden on by a cow in the autumn of 1893. The middle toe of the right foot was so injured that it only remained connected to the foot by a bit of skin. All attempts to save it were fruitless, and the toe mortified and came off. The allopathic treatment by carbolic acid failed to heal the foot. He suffered much pain. He continued to get worse. The foot swelled, the sole also. He lost his appetite and sleep, and had fever every night. The ball of the foot was very red, hot and swollen. It was proposed to incise it, but the parents objected, and put him, in January, 1894, under homœopathic treatment. He got *acon.* 4 and *arnica* 4 alternately every two hours. A compress of 20 drops of *arnica* tincture to  $\frac{1}{4}$  litre of water was applied. The second night the boy had a good long sleep. The fever ceased and the foot began to heal. After eight days the wound was healed, and the swelling abated so rapidly that he was able to put on a boot and walk about. His mother said that when one year old the child had got a blow on the left foot, which had become immovable, and its development was arrested. The leg was much emaciated, and shorter than the other. It was cold and of a blue colour, it hung down quite lax, and could only be drawn up about 5 cm. It was as flexible as indiarubber, and could be turned and twisted in all directions. It seemed to have no bones or joints. When the right foot was cured, an attempt was made to treat the left leg. He got *calc. phos.* 6th trit. twice a day. After eight days the boy experienced formication in the left leg. It became gradually warmer, and after four weeks he could raise it better, and after another four weeks could stretch it out at a right angle. He gradually began to make attempts to use it in walking. His parents provided him with a boot with a very thick sole, and in about two years he had worn this sole out, after the leg had remained useless for ten years.—*Med. Monatshefte f. Hom.*, iii. 10.

**Cataract.**—In a paper contained in the *Revue Homœopathique Française* for December, Dr. Parenteau gives reasons for believing cataract amenable to treatment in the forming stage, and enumerates, with indications, the medicines he has found most useful for it. *Natrum muriaticum* and *secale*, with occasional help from sulphur, are those in which he has most confidence.

**Catarrh of Bladder, &c.**—C., aged 80, consulted me on September 11 on account of extensive chronic catarrh of the bladder, which he had had for six months. For some time previously he

had suffered from difficulty of urinating, and the urine then presented a greasy muco-purulent fluid mixed with blood, and was discharged by drops every half hour or oftener, with great pain in urethra and glans penis, and much straining, which was often ineffectual. He complained also of painful evacuation of fæces, with much tenderness, and the discharge of small quantities of slimy fæces. The call to pass urine tormented him also at night, until he fell asleep from exhaustion, during which he passed his urine unconsciously, and woke in the morning with his bed soaked in urine. His general health was indifferent, but his strength was fairly maintained. Examination showed hypertrophy of the prostate, but was not particularly painful. The prostate invaded the rectum to such an extent that the fæces were passed in thin masses. I thought of sending him to the hospital for treatment, but before doing so I gave merc. sol. 2 every three hours alternately with canth. 3. October 1, he came again. A few days after commencing the medicine amendment commenced. He now felt quite well; he had fewer calls to pass urine—only twice in the night; he had no pain, though the bladder was only emptied slowly. No more enuresis. The urine was nearly quite clear, with slight slimy sediment. Stool nearly normal; no more pain in anus, urethra or glans. The prostate, though still enlarged, was not more so than is common in old men. I continued the medicines each twice a day, and he may be considered as cured.—Gross, *A. h. Z.*, cxxxiii., 178.

**Diabetes.**—Dr. Clifford Mitchell, who has done so much for the clinical and chemical study of diabetes, has hitherto had little to say of its treatment beyond dietetic regulation. He now writes, however, to testify to the remarkable results he and some of his colleagues have obtained from the use of “a certain Wisconsin mineral water, from near Green Bay.” As, having only this description, it is rather an uncertain mineral water as yet, we hope that Dr. Mitchell will give us further particulars about it.—*Hahn. Monthly*, January.

In the same number of the *Hahnemannian*, Dr. Charles Platt shows that there is an essentially renal glycosuria, and that this is the form of the affection which phloridzin<sup>1</sup> causes.

**Enuresis.**—Dr. G. T. Dunham strongly recommends atropine in obstinate cases of enuresis. He dissolves a grain of the sulphate in an ounce of distilled water, and of this gives a drop for each year of the child's age at 4 and 7. Dr. Lambert has “seen

<sup>1</sup> See vol. iv., p 386.

very marked benefit in a very chronic case from the 6th dil.," and here belladonna had been previously used without effect.—*Hom. World*, January.

**Fistula lacrymalis.**—(1) A farmer's wife, aged 30, had suffered for years from a lacrymal fistula on the right side; the edges of the lids were also inflamed. Pressure on the lacrymal sac caused a mucous fluid to exude. The treatment of a specialist was of no use. On September 14 she got petrol. 3. A slight improvement of the inflammation of the edges of the lids was observed on October 2. Nothing was heard of the patient for several months and then she was quite well.—Junge, *Arch. f. Hom.*, vi., 24.

(2) A merchant's wife had suffered for a long time from lacrymal fistula of the right side. Pressure caused thick pus to exude. On February 13 she got petrol. 3. On April 8 great improvement was visible, the patient had no complaint to make, and pressure only caused a small quantity of watery fluid to exude. The same medicine was prescribed.—*Ibid.*

**Hiccup.**—Dr. Schneider, in an experience of fifty years, has never known sulphuric acid fail to check this trouble when persistent. He gives the 1st and 2nd dils. [In the *Lancet* of August 26, 1895, an old-school physician writes in commendation of this remedy, and cites "Schneider" among other observers of its value.]—*Hom. Recorder*, February.

**Hidrosis pedum.**—"The editor has been repeatedly appealed to by his patients to stop the intolerable odour of the feet in valued servants who, in consequence of this objection, were felt by the family to be intolerable. A careful study of the symptoms has resulted in the selection of a remedy that has entirely cured the trouble. Most of the cases seemed to respond best to silicea, and rarely has there been a failure to relieve."—*Hom. Physician*, December.

Dr. Coumont contributes an illustrative case of this medication to the *Journ. Belge d'Homœopathie* of November—December. The medicine was given in the 6th dil. Some symptoms of nervous failure, impairing writing power, passed off simultaneously.

**Hydrocephaloid.**—(1) On October 16 I was called in to see Arno F., aged 4½ years, who had been ill for two days. On the 14th and 15th the child had had several attacks of convulsions. The allopathic doctor who had hitherto treated the child diagnosed meningitis basilaris, and had given a very unfavourable prognosis,

in consequence of which the parents desired to put him under homœopathic treatment. The child was quite unconscious, made no response when spoken to; he was insensible to pin-pricks. Pupils round, hardly reacted to light; lips cyanotic, respiration blowing, resembling the Cheyne-Stokes character. Swallowing very difficult; only drops could be taken. Extremities and skin cool. Abdomen not retracted. Pulse over 100, small. No vomiting; constant involuntary discharge of green-coloured fœtid fæces. This I attributed to the calomel given by the allopathic doctor. Ung. hydrarg. ciner. had been rubbed into the nape so vigorously that after some days the skin peeled off in large flakes. Afterwards I became convinced that the stools were owing to the morbid state, and that the mercurial treatment had nothing to do with them. My prognosis was lethal, or at least *dubia ad malum vergens*. I first prescribed bell. 3 and bry. 3, and applied vinegar compresses to the legs. The next day: cyanosis gone, sensorium freer, dysphagia gone, stools and pulse as before. The child was very restless, threw off the clothes constantly, great jactitation; otherwise the state the same. Prescribed bell.  $\phi$ , verat. alb.  $\phi$ , and rhus, alternately. Diet, milk. Third day: all symptoms better except the fœcal evacuations. Prescribed phos. and rhus. The child answers to its name, but is still very confused, as if waking from a deep sleep. Urine could not be examined as it was all passed beneath him. Fourth day: the confusion and stools persisted. From the sixth day consciousness restored. Food: milk, beef tea, bread, meat juice. Restlessness abated. From seventh day marked improvement. Prescription as before. On the tenth day dismissed cured.—Weidner, *Allg. h. Ztg.*, cxxxiv., 10.

(2) I was called in on April 27, 1895, to Agnes E., aged 8, who had been for fourteen days under the care of an allopathic doctor, who diagnosed meningitis. I found her in a condition of complete apathy; she hardly reacted to pinching or pin-pricks. Pupils rather dilated, and with very imperfect reaction. The nape was rather stiff, pulse very small and quick, but regular. The abdomen was sunken in, and the emaciation was great, especially of the thorax and extremities. For fourteen days she had constant diarrhœa of thin, slimy, but well coloured fæces, which were passed involuntarily. I diagnosed intestinal tuberculosis with tuberculous basilar meningitis, and gave an unfavourable prognosis. But as the parents begged me to undertake the case I consented to do so, with little hope of success. I first prescribed bell. 4x alternately with ars. iod. 4x, every two hours.

After some days, though the sensorium was occasionally freer. convulsions set in. I gave zinc. cyan. 4x alternately with bell. 4x, and afterwards with ars. iod. Under these remedies the sensorium became much freer, the patient recognised me and was glad to see me. The convulsions ceased entirely. I continued the same remedies for about fourteen days. Then, as the sensorium continued to improve, I gave calc. phos. alternately with ars. iod. The character of the stools improved, but owing to the extreme weakness were for a long time passed in bed. Nourishment, which had only been taken in the form of teaspoonfuls of milk and wine, was now better borne, and by the middle of June the patient could be considered convalescent. Besides the medicines I ordered every day, or every other day, warm baths, followed by cool douches. The convalescence lasted a considerable time. After getting up the child could walk in about fourteen days, and as the appetite improved she gradually gained strength and became robust and healthy. Her intellectual faculties, which had previously been good, did not suffer from her illness.—Veith, *ibid.*

**Hydrocephalus.**—Dr. Partridge sends two cases of the congenital form of this disease. The second is of pathological interest only; but in the first a complete cure was effected by feeding the infant (whose mother failed to nurse) on whey, and administering medicines, mainly calcarea phosphorica.—*Hom. Journ. of Obstetrics, &c.*, January.

**Hydrophobia.**—In 1832 I was bitten severely in several places on my hand by my own dog, which had rabies. The dog was shut up and died in three days with all the symptoms of rabies. Convinced of the inefficacy of the ordinary medical treatment, I applied to a peasant who was reputed to have a remedy for hydrophobia. He gave me a portion of fresh root cut into small pieces, and told me to take a teaspoonful of it for three successive mornings. Eighteen years have now elapsed and I have experienced no bad effects from the bite. I learnt from the peasant that his remedy was the root of the spiræa ulmaria. Since then I have had many cases of bites from mad dogs and wolves, and I have always employed this remedy with success. In my neighbourhood dogs frequently go mad. I have set my powerful watch dog on them, and he has always killed them, though often bitten by them severely. I gave him the spiræa, and he has never been the worse of the bites. One of the cases I have cured of actual hydrophobia I may give in detail. The

servant of a neighbour was brought to me with all the symptoms of hydrophobia. He was under the care of two strong men, who held him securely. He had a dull, staring look, and made constant efforts to attack his attendants. I took a fresh root of spiræa, and, after cleaning and washing it, gave it to the patient, who seized hold of it and ate it up ravenously. Another root he devoured greedily, and likewise the half of a third root. During all this time he was held fast by the attendants. I directed the attendants to let him go. His look had lost its dull appearance, and he was much quieter. After a quarter of an hour he exclaimed, "O, how thankful I am to you!" He was placed in a carriage and driven home, five wersts distant. He slept the whole way, and as he was still asleep when he got home he was allowed to lie in the carriage. He woke up in the morning, became very restless and complaining, said he felt very ill, and was sure he was dying. He vomited a quantity of bile and some thick, dark green stuff, but not a fragment of the spiræa root he had swallowed. After this vomiting he fell asleep again, and woke next morning quite well.—Kunen, *A. h. Z.*, cxxxiii. 194.

**Hyperchlorhydria.**—This form of dyspepsia seeming now to have been well established as a reality, we must look for its remedies. Dr. Coumont of Verviers makes a contribution to the subject by relating a case cured by calc. carb. 6 and phosphorus 6 in alternation. A subsequent relapse was speedily checked by the same medicines.—*Journ. Belge d'Homœopathie*, November—December.

**Hystero-epilepsy.**—Dr. Halbert, in a paper on this rare affection, propounds aconite as its most suitable remedy. He relates a case in a young lady of 25, "in every way a neurasthenic," where "paræsthesia, hyperæsthesia, and disseminated anæsthesia were prominent symptoms. The hysterical signs were also seen in the associate and athetoid movements, together with general inco-ordination and spasticity. The bladder sphincter was perfectly incontinent; the mental symptoms presented a complete picture of aconite, and the epileptic seizures were severe and frequent. She was given aconite in various potencies, and I am happy to say that her recovery is almost accomplished. The bladder has regained its tone, the hysterical features have almost disappeared, and the epileptoid spasms are not nearly so frequent."—*Med. Era*, January.

**Impetigo contagiosa.**—Dr. E. M. Gramm gives a good comparative account of this form of skin disease. He finds local



treatment as well as internal indispensable—using for the former an ammoniated mercury ointment containing ten grains to a drachm, for the latter most frequently cicuta.—*Hahn. Monthly*, December.

**Keratitis scrofulosa.**—Confirming Dr. Mersch, who in the first volume of the *Journal Belge d'Homœopathie* published some cases of strumous inflammation of conjunctiva and cornea cured by aurum mur. and hepar sulph. in alternation, Dr. de Couman relates a severe case, presenting the condition called “pannus,” where complete cure resulted from the steady use of these medicines in the 6x trit.—the 3x having aggravated for a time.

**Liver, enlarged.**—Dr. Majumdar has had a good deal of experience in the malariously-enlarged livers of children in India. Calcarea arsenicosa 30 and the abandonment of milk are the main features of his treatment, which he claims as satisfactory.—*Indian Hom. Review*, September—October.

**Lupus.**—Two cases of this disease (of the “non-exedens” form) are reported by Dr. Wingfield. In the first, kali bichromicum 3x was given internally, and a local application was made of “hydrocotyledon” (? hydrocotyle asiatica)—ʒij. of φ to ʒi. of glycerine. Complete cure resulted in a month, though the disease had lasted eleven years. In the second case the same local application was made, but the internal remedy was the same “hydrocotyledon” in the 1x dil. Great improvement resulted in a fortnight, when the patient had to leave the town, and passed from observation.—*Monthly Hom. Rev.*, January, p. 30.

On the consultation day at the London Homœopathic Hospital, Dr. Geo. Clifton exhibited a case of undoubted cure of lupus exedens—having the “bat’s wing.” Arsenicum iodatum 3, and a weak paste of arsenic or zinc locally, had been the effective agents.—*Ibid.*, p. 35.

**Melancholia attonita.**—Dr. Morris Butler gives an interesting account of this form of mental disease in the *North American Journal of Homœopathy* for February. The medicinal remedies for it are carefully studied. Baptisia when there is elevated temperature, calcarea, conium, opium and veratrum in its absence, seem to have been most effective. Of the last he writes:—“Veratrum album has proved, in our experience, the most valuable remedy in our pharmacopœia in combating this formidable disease. Many of these patients, who for weeks had passed their days sitting with heads bent and hands resting on their knees, noticing nothing, with their mental and physical vitality reduced to the lowest ebb, we have seen, under the

influence of this drug, revived, renewed and restored to their normal activity of mind and body."

**Migraine.**—Dr. H. Moser has a paper on the treatment of this malady. His experience is that one can never hope to cure a case without getting the patient to give up coffee entirely; that sanguinaria and iris are the leading remedies; and that niccolum, when indicated, "will surprise." Its pain is most severe in the forenoon, from ten to eleven, and may be so intense that the patient cries out in anguish. It occurs first on the left side, then possibly jumps over to the right. In the evening it subsides.—*Amer. Homœopathist*, February 15.

**Night-sweats.**—Apropos of Dr. Snader's commendation of silicea for this trouble,<sup>1</sup> Dr. E. M. Hale writes to commend some other remedies. Camphoric acid he finds most generally useful; hydrastis is best when exhaustion is the cause, cimicifuga in acute rheumatism, china when the sweats occur on going to sleep. One obstinate case, where the sweating was a sequel of influenza, he cured with what he writes "pyrotoxin," but probably meant to write "picrotoxin." [So corrected in February No.—Ed.]—*Hahn. Monthly*, January.

**Osteitis deformans.**—On January 20, 1896, a boy aged 10 was brought to me. He was pale, emaciated, walked with his body bent forwards. The arms and head seemed larger than normal, there was curvature of the limbs with the concavity inwards. His expression was sad; his mucous membranes completely discoloured. When a child he had manifested all the signs of scrofula, especially cicatrices in the neck. For two years he had suffered from pains in the head and extremities, which were not relieved by any medicine, and a few months later the deformity commenced, and the pains increased and his intelligence was affected. He had undergone all sorts of medical treatment without any good effect, and at last he was brought to me to try what homœopathy would do for him. I prescribed calc. phos. 3x trit. three times a day, and staphisagria every two hours when the pains were bad. I saw him again in a fortnight. His appearance was quite altered. He walked more upright, the curvature of the legs was less marked, he had gained flesh, and the skin and the mucous membranes were less pale. He had only required the staph. for the pains one day. I continued the same medicine for five months, at the expiry of which he was completely transfigured and had only slight marks of the disease he had suffered from.—J. Giro Savall, *Revista Homeopatica*, vii., 325.

<sup>1</sup> See p. 99 of this volume.

**Pelvic cellulitis.**—Dr. H. P. Holmes records a striking case of pelvic cellulitis, in which the whole basin was literally blocked with the exudation. Under colocynth, hepar, and silicea complete recovery—without manifest suppuration—occurred.—*The Clinique*, December.

**Phthisis.**—Dr. Mitchell relates two cases, and refers to others, encouraging us in the homœopathic treatment of pulmonary tuberculosis. He gives the ordinary medicines, adding the baptisia whose good effects he long ago brought under the notice of the profession.—*Med. Era*, January.

**Pollutions.**—Dr. Olivé y Gros sends a series of cases to the *Revista Homeopática* of Barcelona for 1896, which seem to show great power over too frequent nocturnal emissions on the part of dioscorea (3 and upwards), preceded by a course of china (3x).

**Puerperal Fever.**—Dr. Majumdar states that there was an unusual amount of puerperal fever in Calcutta last year. He relates three cases, in two of which pyrogenium 6 acted well as the antipyretic required, while in the third it failed, and arsenicum—which was well indicated by the symptoms—succeeded.—*Indian Hom. Review*, November—December.

**Retinitis albuminurica.**—Dr. Speirs Alexander records a well-marked case of this affection in which under the influence of mercurius corrosivus 3x “defective vision improved, power of accommodation returned, retinal degeneration cleared up, and the albuminuria almost disappeared.”—*Monthly Hom. Review*, January.

**Syphilis.**—Drs. Taylor and Collins communicated five interesting cases of syphilis to the Clinical Society of Hahnemann Hospital, Chicago, at its January meeting. They illustrate—(1) the value of free elimination in old, especially mercurialised, cases; (2) the curative effect of merc. iod. 3x when no mercury has been given in the previous (allopathic) treatment; and (3) the efficacy of nitric acid and aurum in appropriate cases.—*The Clinique*, February.

**Traumatism.**—Dr. Maffey, of Sydney, reports an interesting case of apparent spinal disease in a child of 4½. The symptoms indicated rhus, which was given in the 1x, aided by ferrum phosphoricum and ignatia. Complete recovery ensued, and that rapidly, when it was discovered that there had been a fall down-stairs some months previously, which would readily account for the phenomena.—*Hom. World*, December.

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ON PNEUMO-GASTRIC PARESIS.<sup>1</sup>

BY D. DYCE BROWN, M.A., M.D.

*Consulting Physician to the London Homœopathic Hospital.*

IN a Society like the present I do not propose to waste your time by describing the relations and actions of the pneumo-gastric nerve. Its relations to the brain, stomach, heart and lungs afford the key to the effects of paresis of the nerve, and of these the quickening of the pulse is one of the most marked features, its inhibitory action on the heart being more or less in abeyance. This may be shown only in a more or less developed state in what is known as tachycardia, a state that may be only functional and curable, and by few other marked symptoms. But the paresis may also be deep-seated, probably at the origin of the nerve, and then the state of matters is a grave one, usually ending fatally. What the exact nature of this lesion is, is not precisely known, but probably it is of the nature of softening, and cases are not sufficiently frequent to permit of more than a

<sup>1</sup> Presented to the Section of Medicine and Pathology, April 1, 1897.

surmise as yet. The class of cases to which I will draw attention to-night have not been described elsewhere, as far as I am aware.

They are caused by (1) long-continued and severe overstrain of the brain and the nervous power; (2) by some severe shock to the nervous system; (3) by some poison such as influenza, which specially attacks the nervous system and the nerve centres.

The symptoms are first those of nervous exhaustion. The patient feels unfit for work, sleep becomes very broken, the heart beats quickly, and perhaps irregularly, a sense of oppression is felt in the cardiac region, the spirits become depressed, with a sense of great languor. Then the breathing becomes uneasy and difficult, he cannot lie down on an ordinary height of pillow; the appetite goes, and nausea or vomiting of food ensues. Cough then follows, developing into bronchial catarrh with expectoration and mucous râles at the bases, followed by pneumonia of low or hypostatic type. The heart is found to be beating either rapidly or irregularly, or both, though there may be no valvular lesion. The inability to take food, with vomiting, increases, sleep gets more and more difficult, with wandering at night; the brain then becomes confused, the breathing more difficult. Then albumen appears in the urine, the legs become œdematous, and the œdema spreads steadily upwards, and the liver becomes engorged. Towards the end the breathing partakes of the Cheyne-Stokes type, and the patient sinks from exhaustion or from cardiac failure, or from erysipelas affecting the lower limbs. Usually there is a period of unconsciousness or semi-consciousness before the end arrives. The temperature at first is normal, but when the lung, brain and kidney symptoms develop, it rises more or less according to the severity of the case, and before death it is generally  $101^{\circ}$  or over, though it may fall in the morning to a certain extent. There have been no *post-mortem* examinations in any of my cases.

Having thus sketched the downward course of such cases, I shall proceed to give some cases of this disease, which illustrate the points I have named.

*Case I.*—Mr. A. B., aged 55, a gentleman of great physical strength, tall and handsome, an engineer by profession, who had built up an enormous business, and was very widely known. When I first saw him, professionally, he was suffering from a nerve-breakdown. He was devoted to his profession, and was one of those men who could not devolve duties to subordinates without practically doing them himself. The result was that his brain and physical powers were completely over-taxed, and nothing would induce him to take his business easily. He seldom cared to go for a holiday, and when he did go it was with guests, who prevented his holiday being a restful one, owing to his un-failing hospitality. Besides his professional work he undertook directorships, and, being a Member of Parliament, the late hours at the House cut up his night's rest. This had been going on for years. When I saw him in this break-down, he was in bed, completely prostrate, could not sleep, had lost his appetite, and though there was no valvular lesion of the heart it was very irregular and rapid, and his pulse was feeble and very irregular.

It was with difficulty that I could get him to stay in bed. With insisting on perfect rest, and with suitable treatment, he got over it, and was able to go about again. But all my injunctions about taking rest and not working so hard, and going away for a time of quiet, were forgotten as soon as he was able to get about; the same old course was pursued, with the result of a repetition of the nerve-collapse, and the same symptoms three or four times at no long intervals. I constantly warned him of the sure ending of continuing as he was doing, that it must result in a complete break-down, when he would be fit for nothing, and be obliged to take a very prolonged rest and absence from occupation. The heart now remained irregular and rapid, even when he was going about saying he was all right, and his sleep became bad, more or less continuously. At last, as I expected, the final collapse came. I found him, as before, with a rapid, irregular pulse, feeble, irregular and rapid action of the heart, utterly sleepless, with a distaste for food, and nausea, and dull pressive headache. I hoped that I might again be able, with perfect quiet and treatment, to get him round again. But it was not to be this time, and progress was steadily downwards. Vomiting next came on, with a loathing for all food, and even for stimulants. The heart became feebler and quicker, though still without signs of valvular lesion. The breathing then became rapid and difficult, and he could not lie down on an ordinary pillow. Bronchial catarrh followed, then a low form of congestion of both

lungs, with small crepitation at the bases, and much expectoration. Sleep became almost impossible. Albumen then appeared in the urine, the legs began to swell, and the œdema spread up to the thighs and to the trunk. The urine became scanty and high coloured, the liver enlarged, and finally the breathing became of the Cheyne-Stokes type, the heart getting weaker and weaker. He ceased to be able to micturate, and the catheter had to be used daily. And finally, after about six weeks' illness, fatal syncope occurred in the early morning. At the beginning of the illness there was no albumen in the urine, thus showing that it and the dropsy were only secondary to the central mischief, and to the weak irregular cardiac state. The whole illness clearly was due to primary paresis of the pneumogastric nerve, probably at its origin, which fully explained the development of all the other symptoms—the sleeplessness, the vomiting, the state of the heart, the breathing and lung congestion, and the albuminuria. As to treatment, each medicine given seemed to benefit for a short time, and then lost its effect. For the sleep, everything was tried, homœopathic, and then in despair every likely allopathic remedy, with the same result, benefit for a couple of days, and then failure. The disease went steadily on in the downward course. During his illness, I had frequently the benefit of Dr. Kidd's help in consultation, and every conceivable method of benefiting him was tried. The legs had to be punctured to drain off the œdema, but even with this the relief was only partial. The clear cause of the disease was the long continued and severe strain of the brain, and of the whole nervous powers.

*Case II.*—Mrs. — , age about 65; was in good health for her age; went to the Riviera for the winter with her daughter, remaining in England or Scotland for the rest of the year. She had been troubled for some time with noises in the ears, especially in one side, and slight deafness; but otherwise was well. Heart healthy. She had been advised by friends to try electricity for this, and went to a well-known medical electrician. He applied the current at first gently, but as no result one way or another was visible, he increased the strength of the current. At the first application of this increased strength, she felt giddy and uneasy in the head, but thinking this would pass off she went out to lunch at Fulham Palace. In the midst of lunch she felt sick and faint, and had to leave the table. Her daughter took her home as soon as possible, and got her to bed. She sent for me in

the evening. I found her complaining of giddiness, faintness and constant vomiting. Her pulse was very rapid and feeble, the heart's action feeble, but the temperature normal. Her breathing was not affected markedly. Next day, under treatment, the sickness had abated considerably, but she had not slept, and the heart and pulse were still rapid and feeble. But the breathing now was quick. No rise of temperature, and no lung congestion. The following day she was no better. She could hardly take any food, had sense of nausea, but only slight vomiting. Her temperature then began to rise, the breathing too became rapid, the heart and pulse remained also very rapid and feeble, and sleep was very broken and in short snatches. She had to be propped up with pillows for the breathing. Lung engorgement on both sides and bronchial catarrh now supervened, the urine became scanty, but with no albumen in it at first, and with a steady downward progress in all these symptoms, with the later appearance of albumen in the urine, and finally involuntary micturition and passage of fæces, she died from heart failure 10 days after the application of the strong electric current. Dr. Kidd saw her with me, and agreed in the diagnosis. Treatment had no effect in any way, except for the primary vomiting. There could be here no doubt of the cause of the illness—the shock to the nerve-centres, and specially the pneumo-gastric, from the electricity, paralyzing it.

*Case III.*—Mr. P. L., aged 55, was an engineer by profession, and a great inventor, as was his father and grandfather. Like case I., he was devoted to his profession, worked at it with all his energy, sitting up to the early hours of the morning, after a hard day of brain work. He would sometimes, when he had an invention in his mind, sit up day and night for 48 hours at a stretch, till he could see his way through some difficult point. This had been going on for years, till he finally broke down. When I was first called to see him, he had been under allopathic treatment, and Dr. (now Sir W.) Broadbent had seen him a few days before I did. The treatment, however, was so severe, that having been homœopathic all his life, he would have no more of the old school treatment. When I saw him, he was sitting up in his chair, as he could not lie down for the breathing, which was difficult and rapid. He had much cough, from bronchial catarrh, and congestion of the bases of the lungs. The heart was rapid, fast, and irregular, but with no valvular lesion. He had little sleep. His tongue was dry and coated, and he had the greatest difficulty in taking his food from nausea and distaste for it.



The bowels were acting only with purgatives. The urine was scanty, but free from albumen. There was extensive œdema of the lower extremities, extending up to the thighs and the lower parts of the trunk. It looked a very hopeless case, but under treatment he began to improve. The gastric state ameliorated, the tongue cleaned, the bowels were relieved fully by enema, and he soon began to eat well. Sleep also improved, though he never could sleep long at a time. The cough and lung congestion got markedly better, and he was for a time even able to lie down on high pillows. The heart strengthened and also the pulse, but it continued rapid, and the breathing remained quick. Progress towards a better state continued slowly but gradually, and I began to have hopes that ultimately he might get about as an invalid, and I even got him out in a bath chair into the garden. This state of improvement up to a certain point continued for nearly a year, but yet the main features of the rapid breathing and heart's action persisted, with sleep only for an hour or so at a time. His lying down could not be persevered with, and he sat up day and night. The œdema of the lower limbs never disappeared, though cracks in the skin permitted the free exudation of the fluid. Unfortunately, erysipelas came on, not severely, but having the effect of so weakening his remaining power, that though it seemed passing off, his strength gave way, and he sank from cardiac failure.

In this case, homœopathic treatment was of marked and prolonged benefit, and the highest dilutions always did most good, but yet the main feature of the case—the pneumo-gastric paresis—continued till he sank.

*Case IV.*—Mrs. D., aged 52. Had had a very large family, and had always been most active and energetic in her home, and in religious works, overtaxing her strength for years. When I first saw her, she complained of pain in the lower back, which was evidently spinal, and pain going down both sciatic nerves, keeping her from sleep. She had been getting bad for some time before, and she felt constantly tired, and had a pale, worn-out look. Her catamenia were passing off altogether, though gradually; appetite was very poor. She had no desire for food, and often felt sick in the morning. Bowels regular, urine pale, and with no albumen. She was much depressed. Her heart was healthy, but weak, and the pulse quick. Temperature sub-normal. Under rest and treatment she improved markedly, and after going to Switzerland, came back much better. A few months after this,

however, she came back to me, in the same state, weak, pale, and worn-looking; the old spinal and sciatic pain had returned. She could not sleep for it, and even when it was eased, sleep was very bad and restless. Pulse quick, breathing not affected, took food with difficulty, no albumen in urine. Bowels required enema. I ordered her to bed, and at first the rest and treatment did good, but only for a time. The symptoms steadily got worse. Sleep became more difficult, the breathing became quicker, and the pulse also. Heart's action weak. Headaches became troublesome, food more and more difficult. She began to be confused in her head, lost her memory, and wandered at night. Lung congestion followed, and albumen appeared in the urine. Strength was rapidly failing, till she could not turn in bed, or sit up without help. The brain became more and more confused, the pupils dilated, sleep almost gone, though she lay still. Unconsciousness followed, with marked rise of temperature, involuntary passage of urine and fæces, Cheyne-Stokes breathing, and finally death from heart-failure, after two months' illness from the time I ordered her to bed.

*Case V.*—For the notes of this case, I am indebted to the kindness of Dr. E. A. Neatby, who called me in in consultation. I read Dr. Neatby's report of the case, and only add that when I saw this lady, the breathing was distinctly irregular, of the Cheyne-Stokes type. I formed the opinion that it was a case essentially of pneumo-gastric paresis, caused by the influenza poison, and gave a very unfavourable prognosis, which unfortunately was verified. Here also treatment seemed to have little more than temporary effect.

*Notes on Mrs. U.'s Case.*—Mrs. U., aged 64, an old sufferer from mitral incompetence, was taken ill suddenly in October last while away from home, with shivering, faintness, severe headache and general aching. When first seen by her medical man her temperature was raised about two degrees, and the pulse and respiration were slow. It was thought that the patient was suffering from the effects of influenza. For the first week or two the patient persisted in getting up part of most days, after which, however, she remained in bed. Tiredness and extreme drowsiness were two of the most marked symptoms in the early stages. Beyond the evidence of the old endocarditis no abnormal physical signs were detected. The headache gradually became less prominent or less noticed, the drowsiness increased, inability to converse connectedly came on, developing into complete incoherence;

the fever varied, seldom reaching the normal line, pulse and respiration gradually quickened, the latter being always more rapid during sleep. Some weeks before the end a dry, futile short cough came on, apparently due to irritation of the throat. About the same time incontinence of urine developed, with occasional want of control of the bowels; the latter, however, was rare, constipation usually being present. For about a month before her death the mouth and throat were covered with thrush; the patient was semi-comatose, with great effort recognising her own relatives, but occasionally saying a few intelligible words with much difficulty. Throughout the urine was clear, of low specific gravity and free from albumen or sugar. The fundi oculorum showed no change, and the pupils reacted to light. Towards the end slight œdema of the legs and sanguineous bullæ appeared, and unhealthy sores developed on the skin. Her death took place from lung failure on February 4. At the *post-mortem* the mitral and aortic valves were found damaged, and serous meningitis was present, but no fluid to cause pressure.

*Case VI.*—For the notes of this case I am indebted to the kindness of Dr. Goldsbrough, with whom I saw the patient in consultation.

A. McD., 44, builder, a very hard-working man, over-taxing his strength for years; accustomed to drink freely of spirits, but not to become intoxicated; had been known to have albumen in the urine for more than two years. Complains of languor dyspnoea on exertion, loss of appetite, nausea and sense of discomfort after any food; tongue thickly coated, liver enlarged, albumen present in urine, pulse weak, frequent, weak action of heart, restless at night. Under treatment constantly until death on August 13. *Ars.*, *Digitalis*, &c. The gastric condition improved under treatment. In the course of a few weeks œdema of extremities ensued, with increasing loss of strength and peculiar embarrassment of respiration somewhat resembling Cheyne-Stokes breathing. The œdema was succeeded by erysipelas of lower extremities, which extended up to the thighs, accompanied by septic temperatures, sloughing of gangrenous patches of skin and cellular tissue, and exhaustion, which terminated in death.

To Dr. Goldsbrough's notes I may only add that when I saw him with Dr. Goldsbrough, his heart and pulse were markedly rapid and feeble, the breathing was uneasy and

quick, and slightly, though distinctly, of the Cheyne-Stokes type. He got very little sleep, and only of short duration at a time. The œdema of the legs was present at that time, and he felt generally prostrate. There had been vomiting, but that had been checked under treatment.

The case was clearly, to my mind, and I think Dr. Goldsbrough agreed in my view, one essentially of pneumo-gastric paresis, brought on by over-strain of his nerve-power in his business. Very probably his habit of taking stimulants freely had been induced by the state of weakness and exhaustion which he had felt coming on for some time. This would temporarily give him a fillip, and thus make the mischief which was steadily wearing him down, till he finally had to give in and take to bed.

In all these six cases the last was the only one where albumen had existed prior to the final collapse, while in the first four it supervened in the course of the illness, and so was clearly only secondary, resulting probably from the general engorgement of all the vital organs. But in all these six cases we have, as a cause, over-strain of the brain and general nerve-power, going on for years, or from, as in case V., the influenza poison, and all showing as the primary and essential feature, evidence of deep-seated disease of the pneumo-gastric nerve, producing paresis of it.

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## CASE OF PNEUMO-GASTRIC PARESIS ENDING FATALLY.

BY ED. M. MADDEN, M.B.

*Physician to the Phillips Memorial Hospital, Bromley.*<sup>1</sup>

MRS. W., aged 79, has nearly all her life been more or less of an invalid, suffering from emphysema, frequent attacks of bronchitis, and a weak, flabby, somewhat dilated heart, so that she was liable to palpitation, dyspnoea, and occasional faintness.

On the night of September 27, 1896, while she was staying at

<sup>1</sup> Presented to the Section of Medicine and Pathology, April 1, 1897.

Folkestone, she was woken from sleep by an unusually violent thunderstorm, with severe wind, which seemed almost to threaten to blow the house down. She was very much alarmed, and was very sick during this night, with acute cardialgia.

I saw her at her own home on the morning of October 1. She was then suffering from severe pains in the epigastrium extending round the left lower ribs and simulating pleurisy, though there were no physical signs of it; the pulse was 100, but very uneven, and the temperature  $102^{\circ}$ . I gave her aconite and bryonia in alternation. That evening her temperature was  $102.2^{\circ}$ , but the next morning it had fallen to  $100.4^{\circ}$  and the pulse to 94; still no physical signs. She continued much the same for the next two or three days, only the pain left her side and went to a spot below the left shoulder, where auscultation showed harsh breath sounds and slightly increased vocal resonance, as if the first stage of a lobular pneumonia, and for some days similar patches of slight congestion appeared and disappeared in several spots over the left lung, but never went beyond this stage. There was hardly any cough, but several times, usually at night, she had attacks of sudden pain in the stomach followed by vomiting food or empty retching, and bringing up a great quantity of wind. Though taking her food fairly well she felt a constant weak sinking sensation in the stomach and was very prostrate, and her pulse feeble, irregular, and fluttering. By October 5 her morning temperature was  $98.6^{\circ}$  and pulse 90, and we were hoping that her attack was passing off, having been, as I then thought, one of a severe chill with threatened pneumonia, which had been arrested in the first stage.

This, however, soon proved illusory, as for the next three days her temperature never fell below  $100^{\circ}$ , and rose to  $101^{\circ}$  or  $101.5^{\circ}$  in the evenings. The physical signs, slight as they were, had now shifted to the right side, where similar limited local patches of congestion appeared and disappeared in the same erratic manner, finally to disappear on the 9th, when the morning temperature was normal, and we again hoped we had seen the end of her attack. About this time she began to have night sweats which, in a greater or less degree, continued from this time till her death, and were at times very profuse and exhausting. For the next two days the temperature was low in the mornings, but the pulse became very feeble, irregular, and fluttering so as to be practically uncountable, and her tendency to nausea and general prostration was unaltered. On the 11th the

temperature again rose to  $101^{\circ}$ , and continued high till the 15th, when instead of rising at night it fell to normal, and remained subnormal for the next 48 hours. On the 17th, 18th, and 19th, the temperature was hectic, subnormal in the morning and between  $100^{\circ}$  and  $101^{\circ}$  at night, the pulse being now fairly steady, varying between 90 and 110. All the 20th the temperature was normal, and on the morning of the 21st, the pulse, however, being again uncountable and very weak, her general state remaining unaltered and the urine showing a faint haze of albumen on boiling. On the evening of the 21st the temperature again rose to  $99.8^{\circ}$ , and now rose steadily each day till on the 23rd and 24th it remained between  $101^{\circ}$  and  $102^{\circ}$  all day, and she had occasional slight flushes and rigors followed by sweat.

On the evening of the 23rd Dr. Dyce Brown saw her with me, and after a most careful and exhaustive examination could find no evidence of local inflammation or organic disease, and diagnosed it as being purely neurotic, and in point of fact an example of pneumo-gastric paresis, resulting from the fright at Folkestone, acting on a system in which the pneumo-gastric functions were always in a state of unstable equilibrium. Looking to her age and her evident great feebleness Dr. Brown gave a very guarded prognosis, and thought the probability was that she would not recover.

I have not given the details of the treatment, and inasmuch as no medicines had any lasting effect upon her condition, though several appeared to do so very markedly for a few hours after being first exhibited, it could be of no value to give their names; suffice it to say that she had in the course of her illness most of the drugs which have been proved to possess the strongest power to derange the pneumo-gastric, but that her pneumo-gastric centres proved quite unable to respond to their stimuli except in a very temporary and flickering manner.

After this the changes in her condition were more a varying of the degree in which the cardiac, pneumonic, or gastric symptoms predominated than in the kind of disturbances from which she suffered. By November 6 she began to suffer from dropsy of the left foot and leg, which gradually extended till the whole leg and thigh was as large as in a case of phlegmasia alba, but was entirely painless, and curiously enough the right foot and leg were hardly at all swollen. About the same time the urine began to diminish in quantity, but it never contained more than a trace of albumen.

The temperature varied considerably, going as low as  $95^{\circ}$

several mornings and frequently between 100° and 101° at night, while her general weakness and tendency to have slight fainting attacks gradually increased.

On the evening of November 13 her temperature was 100.2°, but on the next night it was normal and never again rose above it, in fact most of the time after this date remaining a long way below it, and for the last two days of her life not above 96° at any time. She died in the early morning of November 22 quite peacefully, having been fully conscious and possessing all her senses up to within one hour of her death.

Looking at the above history I am bound to confess that I can see no other explanation of it than the one suggested by Dr. Dyce Brown, and this, I think, seems to meet all the requirements of a satisfactory diagnosis, though until I attended this case it had never suggested itself to me that a purely functional neurosis could be the cause of such extreme changes of temperature; and if further investigation of similar cases, whether fatal or not, confirm this observation, it supplies, I think, a most useful key to a fairly large class of somewhat obscure clinical phenomena.

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#### DISCUSSION ON DRs. DYCE BROWN'S AND E. M. MADDEN'S PAPERS ON PNEUMO-GASTRIC PARESIS.

Mr. DUDLEY WRIGHT (Vice-President) said he had no doubt that some present would hesitate before accepting *in toto* the diagnosis which had been made in the various cases. Pneumo-gastric paresis was a condition which might come on towards the end of any particular disease. In the cases mentioned, the symptoms certainly pointed to that affection, but the question naturally came whether, before giving the disease the name of pneumo-gastric paresis, that was really the primary cause of the death of the patients. There were certain points which, to his mind, rather went against it than otherwise, particularly with regard to the respiratory symptoms; although the pneumonia which was present in several was a point of considerable importance. It must be remembered that the respirations were increased in number, and very often were irregular in rhythm. Those were symptoms which were practically always absent after experimental section of the pneumo-gastric nerve.

When both vagi were cut, the respiration was slowed, but the rhythm of the respirations was not altered at all; it was only when the higher centres of the brain were affected, in conjunction with affection of the vagi, that the Cheyne-Stokes and other various irregularities in the rhythm of the respirations were brought about. The simple section of the vagus alone, or section of both vagi, would certainly not produce that irregularity of rhythm which came with Cheyne-Stokes and other forms of irregular respiration. Dr. Dyce Brown mentioned the accelerated action of the heart. It was generally understood that the inhibitory fibres of the vagus were derived from the spinal-accessory nerve, so that put out of the question a disease of the pneumo-gastric high up in the trunk, at its origin, or in the centre, and they had to come back to the lower parts of the pneumo-gastric, or at all events those below the junction with the spinal accessory. If that part were involved, they would expect to find a certain amount of paralysis of the larynx, which was certainly not mentioned in any of the cases. (Dr. Dyce Brown: In none of them.) That rather looked as if the pneumo-gastric was not particularly affected. It might have been affected in its lowermost part, as was very common in certain diseases, more particularly so, according to recent accounts, in patients who were suffering from influenza.

Dr. DUDGEON thought that the selection of only one nerve as the denominator of those many affections, which had been described as attending those curious cases of disease, was going a little too far, or rather not going far enough. It appeared to him that, besides the pneumo-gastric nerve, a great many other nerves and functions, which were not presided over by the pneumo-gastric nerve, were involved. To limit the disease to pneumo-gastric paresis was very unsatisfactory, because how did that pneumo-gastric paresis itself arise? It could not be imagined that one nerve by itself would take upon itself to become, as it were, semi-paralysed, but there must be a co-operation of a number of different things. It seemed most likely that the disease was a degeneration of some tract of the brain or spinal cord which involved in its action an affection of the pneumo-gastric nerve and other nerves besides. The disease seemed to be unaccounted for by merely calling it pneumo-gastric paresis. He thought Dr. Dyce Brown had not shown the real origin and seat of the disease which he had so well described.

Dr. HUGHES said that the pneumo-gastric nerve was undoubtedly an entity, and any affection which could be described



in terms of the branches of the pneumo-gastric, and the functions it presided over, would be a deeply interesting addition to pathology; but he thought, according to the symptoms read, they must look further afield for their origin than the affection of the nucleus of the vagi alone. The motor fibres of the pneumo-gastric, in all probability, were derived from the spinal-accessory. Itself was a sensory, or at any rate a periphero-centred nerve, where the nervous current travelled upwards to the centre rather than centrifugally from centre to periphery, and the motor fibres which were bound up with it came (as had been said) from the spinal-accessory, which originated from a considerable tract of the spinal cord, and if its fibres were to be affected in their functions, the mischief, whatever it might be—softening or any other degeneration—must at least extend some way down the spinal cord. Then, again, they had evident involvement in Dr. Madden's case of the heat centres and the sweat centres. All those lay in the neighbourhood of the nuclei of the vagus, but not identically at their seat. They must again look for an extension of the mischief, so that instead of calling those cases pneumo-gastric paresis, instead of looking to the nuclei of the vagi for the paresis, he would rather call them cases of probable localised softening of the brain from overstrain, as had been suggested, than an affection of the pneumo-gastric nerve considered as an entity. The absence of slow respiration struck him too as a feature of the cases. If they were simply from disease of the roots of the vagi they ought to have phenomena analogous to those which occurred when these nerves were divided in the neck, when they had increased heart's action, and the respiration was not quickened, but slowed. The disease was probably of the nature of a true degeneration, a real softening of the nerve centres, and they could do very little there by medicine. In functional paresis of the pneumo-gastric, there were two medicines which might be depended upon. One was lachesis, and the other was the alkaloid of dulcamara—solanine.

Dr. GALLEY BLACKLEY said Dr. Dyce Brown's and Dr. Madden's cases threw a little more light upon the subject of the sequelæ of influenza, for that some of those cases were really influenza hardly admitted of doubt. They knew, of course, that many of the nervous sequelæ of this disease were really of the nature of neuritis. He saw nothing incompatible in Dr. Brown's account of those cases with the possibility of their being of a neuritic character. He wished to ask Dr. Brown if any of the patients exhibited any of the signs of

bulbar paralysis, because paresis of the pneumo-gastric was generally reckoned as part of the symptoms which were known as labio-glosso-pharyngeal paralysis, generally in a late stage. These, of course, originally were all of the character of neuritis, at least an inflammation with subsequent degeneration of the motor cells of the nuclei of those nerves which arose in the bulb. He did not quite see the objection with regard to the lack of slowing of respiration being a difficulty in the way, because, after all, those degenerations were sometimes limited and sometimes very extensive, and it would depend entirely if the degeneration went down as low as the spinal-accessory roots, whether the slowing of the respiration took place or not. In many cases referred to by recent writers, the slowing had taken place, but one and all were decided as to the essential nature of the lesion, and that was the granular degeneration of the motor cells, and apparently all the trouble which arose in those cases was directly due to that. The bronchial catarrh, the lobular pneumonia, the inability to get rid of sputum, and all the other symptoms that came on one by one, were due to the same cause. The patient was unable to expectorate, to cough, and to rid the chest of any of its contents. The gastric paresis which occurred in those cases was very interesting, and of course was quite in keeping with Dr. Brown's contention that the pneumo-gastric was at fault. There was tinnitus aurium in the second case, which was also an interesting symptom as showing implication of the portio mollis. All those cases apparently had occurred either in patients who were old or broken down, or who had had influenza. Influenza, undoubtedly, produced prematurely broken-down individuals. With regard to treatment, he imagined that Dr. Brown was of the opinion of Dr. Hughes, that they had not got the simillimum yet. He supposed they must hope for some *post-mortem* information before they could get at that. He was only sorry that Dr. Brown had not been able to give the result of some microscopic examination of the bulb.

Dr. BYRES MOIR considered the cases showed nothing beyond an interference with function; there was no sign of true paresis in any case brought forward. There seemed to be great variety in the cases—general nervous break-down, insomnia, and failure generally of the powers in every way. In two other cases the most important symptoms were heart trouble of old standing, and the temperature from beginning to end was more of a septic nature than anything else. Dr. Dyce Brown had given no explanation why there should be such a temperature if the pneumo-gastric alone was involved.

Dr. CARFRAE thought that the cases related went over a much more extensive field than paresis of the pneumo-gastric would account for. In one of the cases mentioned, the symptoms pointed to spinal mischief more than exclusive pneumo-gastric nerve disease. In Dr. Goldsbrough's case the symptoms did not point to the pneumo-gastric nerve at all; there was albuminuria, there was an enlarged liver, and plenty to account for the symptoms apart from the mere pneumo-gastric nerve mischief. Dr. Madden's case might possibly have that origin, but it seemed very different to the others.

Dr. GOLDSBROUGH said that until they had carefully prepared microscopic sections of the medulla oblongata from cases of the kind brought forward, they would not be able to establish whether the pneumo-gastric nucleus was involved or not. He did not think Dr. Dyce Brown's cases established the title which he had given to his paper, although no doubt the functions of the pneumo-gastric nerve were interfered with in all the cases. In the case which had been seen by himself and Dr. Brown, the albuminuria had existed for two or three years previously. That was an extremely important point in reference to the occurrence of interference of function of the pneumo-gastric, and it seemed to him that that would be sufficient alone to induce such interference. On the other side of the question, caution should be exercised in comparing Dr. Brown's cases with those in which the nerve had been divided. In cases of disease they might get an interference of function, and as a sequence an irregular respiration, which would be a direct consequence of it, without expecting to find all the effects of complete division of the nerve. Supposing Dr. Brown's hypothesis could be established, would it be a safe principle for them, as practitioners, to select from a certain class of remedies which were known to produce paresis of the pneumo-gastric in the cases described by him? He (Dr. Goldsbrough) did not think it would. They must keep to their old-fashioned, well-worn plan of following the course and the totality of the symptoms which the patient gave.

Dr. STONHAM said that he had had the opportunity of seeing the fifth case mentioned by Dr. Dyce Brown. At first it seemed more like a case of blood-poisoning than anything else—the questions of typhoid fever, sewer gas, and influenza were mentioned; it was not certain what it could be. By a process of exclusion they at last came to the conclusion it was a case of influenza. The chief symptom, as time went on, was the peculiar apathetic cerebral condition—the patient would lie in bed and

take no notice of anything except when strongly roused. It was a difficult symptom to account for merely on the supposition that the pneumo-gastric alone was affected, but it was accounted for at the *post-mortem*, where they found meningitis over the upper portions of the brain.

Dr. MACLACHLAN said it seemed to him there was more than one centre affected in these cases.

Dr. DYCE BROWN, in reply, said that what he wanted to point out was that the cases were essentially and primarily pneumo-gastric paresis. Of course in many cases there were other nerves which became involved, and one could quite understand that if there were serious disease in the region of the pneumo-gastric, that might affect other nerves. The whole course of the cases showed that gradually the functions of all the nerves became affected—going on to wandering, unconsciousness, inability to recognise friends and relatives, and loss of memory, showing it was not purely pneumo-gastric. But he maintained that those cases were essentially traceable to the one commencing primary and essential disease, and as it went on the organs supplied by the pneumo-gastric became involved. There was not any tenderness over the spine or solar plexus in any of the cases. As to the breathing being quickened, it might be remembered that in most of the cases the quickening of the breath did not take place at the very beginning, but came on afterwards. As to the tinnitus aurium which Dr. Blackley had alluded to, that had nothing to do with the illness, because the patient referred to had had that symptom for a long time before he treated her for it. With regard to the case he had seen with Dr. Neatby, although Dr. Stonham hesitated to put it down to influenza, he had not the smallest doubt that it was due to influenza. Dr. Goldsbrough had raised an exceedingly important point. He thought that much more than a functional disturbance existed. He agreed with Dr. Goldsbrough in what he said about treatment. The whole object of his paper had been to point out a class of cases which had not been described before, as far as he was aware, and which seemed to be explainable by no other cause than pneumo-gastric paresis.

LA PHYRISM.<sup>1</sup>

(Translation from the Russian into *pure Materia Medica*).

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(Formerly a Member of the Society.)

As our *Materia Medica* is not over rich with remedies which have shown themselves beneficial in the treatment of certain diseases has induced me to call the attention of our countrymen to some public lectures given by Professor of Neural Pathology in the University of Moscow. I will content myself with a short notice of these lectures, in order to draw the attention of those who are specially interested in our *Materia Medica* with native remedies to this subject, and thus report to a further and more detailed study of the remedy in question. Perhaps some of our countrymen which may give me the right to speak upon the subject. Judging by the contents of the article itself, there seems to be no objection to my also wish it to be understood that I do not intend to give a theoretical or pathological description of the disease, as described in all the lectures. My aim is that of giving a list of the symptoms accidentally called forth in the course of the disease; these symptoms are relatively sound; these symptoms experienced and intelligent provers may be able to give us a list of our *Materia Medica* with a view to determining its worth in the treatment of this disease.

The disease is a product of modern observation, and was unknown in olden times, where it was known as *impotentia* or *imbecillitas*; both of which terms speak of the epidemical appearance of the disease, and paralysis of the lower extremities.

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Dioscorides is inclined to trace the cause of the disease to the eating of husky fruit (legumes). Avicenna also mentions lathyrism.

Much later on, in the beginning of the second half of the 17th century, the culture of the lathyrus was legally forbidden. In the beginning of the 18th century the illness was observed by Ramazzini, Chevalier Duvernoy, Virey, and others, who attributed it to the poisonous effects of the flour of lathyrus cicera, Lin. Binninger attributed the same to the *ervum ervilia lathyrus*.

Until 1873 the principal observers are Vicat, Torgioni, Tozzeti, Tenore, Pellicioti, and, last of all (1873), Cantani.

*Lathyrus sativus*, *λαθυρος*; French: gesse; English: vetchling, everlasting pea, chick-pea; Italian: cicerchia, latiro dolica; leguminosæ, papilionaceæ; German: Platterbse, Acker, Genüsserbse, called also Kicherling; seeds white or dark brown, smooth or in folds; they are eaten as peas, particularly in France, Spain, Roumania; they have a strong taste, and remain rather hard when boiled. More than one hundred species of the plant are known.

The family of the chick-pea or lathyrus being so numerous, it is difficult to specify which is most poisonous. According to the observations made till now there are three species considered as particularly injurious; they are generally cultivated as fodder for the cattle, and also eaten by the people. Those three species are: *lathyrus sativus*, *lathyrus cicera*, Lin., and *lathyrus clymenum*; their poisonous effects have been principally observed in ancient times during famines. This is also the predominating cause in the five cases reported by Professor Koshevnikoff. All the patients had been workmen in the same village, in the Government of Saratoff, during the famine of 1891; in the course of the same winter 40 workmen out of 140 fell ill in the same place; out of the number five cases came under the observation of Professor Koshevnikoff.

The lathyrus, or chick-pea, formed the principal ingredient of the flour used for baking bread, and was also eaten in different preparations, so that it was about the only resource of the population during that unfortunate year.

Professor Koshevnikoff was naturally interested as to the species of lathyrus which had caused the disease; he had seeds sent to him from the place where it formed the principal nourishment of the population, and compared them with seeds sent from Erfurt by Haage and Schmidt, and from Paris by Vilmorin. The seeds were proved to be belonging to the lathyrus sativus; they were all sown in the ground, and the fresh seeds gathered from the following harvest were shown to a first-rate botanist, who declared them to be all belonging to the species called lathyrus sativus.

*It is therefore acknowledged beyond doubt that the pathological picture observed by Dr. Koshevnikoff was called forth by an intoxication with LATHYRUS SATIVUS.*

The principal symptoms of these five cases are transcribed separately without any alteration in the chronological order of the symptoms: the patients belonged without exception to the peasant class.

*Case I.*—Aged 21. Healthy, belonging to a healthy family, without any disposition to nervous diseases, has never been seriously ill, never made any abuse of spirits. The first symptoms of the disease appeared after the patient had partaken during three months of the chick-pea, baked and cooked in different forms. First of all he felt a weakness in the legs, heaviness in the gait, temporary tremor in the legs, principally in the night, cold feet; succeeded by tremor in the hands, though not as strong as the tremor in the legs. About a week later he felt a strong pressure upon the bladder, a strong and frequent wish of urinating; he had to make haste, otherwise the urine passed of itself, and with such force that it spouted out. Weakness, tremor and heaviness of the lower extremities increased gradually, so that after two months he could only move if leaning on some support; when in a sitting posture his legs grew very swollen; during the whole time of his illness he had not a single erection. At Easter, after the Great Lent,<sup>1</sup> the change of food, the nourishment with meat, cheese and milk acted beneficially upon his health, though, on the whole, the

<sup>1</sup> According to the precepts of the Orthodox Church all animal food is prohibited during the seven weeks which precede Easter, and are called the Great Lent.

improvement in his condition was very insignificant. Soon after Easter he entered the local district hospital; nothing is said of the treatment to which he was submitted there; his state remained unrealised during two months, after which lapse of time he was transferred to the clinic of Dr. Koshevnikoff. The results of the examination were as follows:—Strong constitution, well developed muscular system, face pale but not emaciated. He walks with difficulty leaning on two sticks, his legs do not bend at all, the toes never leave the ground, whilst the heel is raised; the muscles of the lower part of the legs are strongly developed, and are hard and strained. Passive movements, particularly in the tibio-tarsal joint, require a great deal of strength; the muscles of the calf are so strained that a dorsal flexion of the foot is impossible. In the passive movements of the joint of the knee, the quadriceps femoris is the muscle that offers most resistance; the opposition in the coxo-femoral joint is decidedly weaker.

The reflexes of the knee and of the Achilles tendon are too energetic to be normal; percussion calls forth a number of oscillating movements (trepidations), very strong reflexes in the footsole, normal reflexes in the abdomen and cremaster. The electric excitability, although unchanged in quality, is much weaker, during both faradisation and application of a continuous current. The voluntary movements of the lower extremities are very limited; it is with great difficulty that he can bend his knees or draw them nearer to his body; the same may be said of the ab- and adduction of the lower extremities. The tibio-tarsal joint has quite lost its flexibility, the extension and flexion of the toes is scarcely noticeable. When the patient lies down his legs stretch out involuntarily, and at the least effort to make a voluntary movement the tremor in the legs grows so strong that he is obliged to replace them with his hands into another position. The cramps in the calves, with which he suffered in the beginning of the illness, occur very seldom now; the sensitiveness (which was tested in all directions) was found normal. As soon as the patient takes a standing or sitting posture the lower part of his legs grows swollen with a livid tinge of the skin, which is quite cold; the temperature is  $20\cdot23^{\circ}$ ,<sup>1</sup> whilst it rises to  $30\cdot41^{\circ}$  when the patient remains in a horizontal position and is covered with a counterpane.

There is a predominating feeling of coldness in the legs, which

<sup>1</sup> All the temperatures stated in this article belong to the scale of Reaumur.



changes in the night to a hot and burning sensation, so that the patient seeks alleviation in uncovering his legs, whose temperature is then generally at 32.33°. The muscles of the upper part of the legs are strongly developed; a certain degree of stiffness is palpable during the passive movement; the reflexes of the triceps and biceps are reduced; the electric excitability is normal; the cords of the nerves of the upper and lower extremities are painless; the muscles of the trunk are weakened; the patient sits with the upper part of his body bent forward; he cannot sit up straight without great difficulty, he feels very weak but has no pains. He bows down and rises with great difficulty; when lying on his back he cannot get up without help. No alteration is to be found in the muscles of the face and neck; the symptoms with the passing of urine, which had been observed in the beginning of the illness, have disappeared and have given place to normal functions; he has erections and pollutions from time to time. Respiration, action of the heart, and digestion quite normal; no derangements in the sensorium or any mental symptoms have been noted.

The patient left the clinic after three months without any notable amelioration in his condition. The symptoms in the lower extremities and in the trunk, and the difficulty in walking, remained unrelieved.

*Case II.*—Age 19, belongs to a healthy family; himself rather weakly, although he never suffered from any serious illness. Four years ago he began to complain in the night of pains in the lower extremities with swelling of the bones (exostosis); he cannot say whether there has been syphilis in the family, all his brothers and sisters are healthy. The first symptoms of his present condition appeared after two months of the above mentioned diet; he began to feel weakness in the legs, tremor, cramps in the calves during the night, so that at the end of the second and at the beginning of the third month he could walk only with the greatest difficulty, and even fell down very often; at the end of the fifth month his condition was so much worse that he decided upon entering the district hospital; he left it, however, after a month and went home, as the treatment had given him no relief; he stayed at home six months before he entered the clinic of Professor Koshevnikoff. During that time he had grown very thin from insufficient nourishment, as the famine still reigned all over the country. His condition on entering the clinic was as follows: Tall, pale, emaciated;

weight of the body 53 kilos (116·8 lbs.); temperature normal, pulse 90; mind, movement of the muscles of the face and eye, reaction of the pupils, voice and speech, normal. Weakness of the upper extremities, particularly in the carpal joint and in the fingers. The dynamometer shows 25 kil. in the right hand, and 23—24 kil. in the left. The muscles are badly nourished, particularly in the fore-part of the arm; no atrophy; the passive movements are not hindered, the reflexes of the sinews in the biceps and triceps are brisk, the electric excitability is normal, the faculties of sense and touch are quite unimpaired. The muscles of the trunk are considerably weakened, he sits crookedly and cannot sit upright, neither can he rise from his bed by himself; he cannot surmount the least resistance, when moving the trunk forward or backwards. The lower extremities are extremely weak, he walks leaning on two sticks, with the upper part of his body bent forwards, whilst he waddles from side to side like a duck; the front part of the sole never leaves the ground, whilst the heel never touches it; the knees are slightly bent and they scarcely move when the patient is walking. When lying he is able to bend and stretch his legs both in the coxo-femoral joint and in the knees, but the force of resistance is very weak. The movements in the tibio-tarsal joint are scarcely noticeable, and sometimes even quite absent, owing to the general weakness and rigidity of the muscles; the toes are generally stretched out and their movements very limited; one is struck by the extreme stiffness, which is particularly apparent during the passive movements in the quadriceps femoris and the muscles of the calves. The patellar and Achilles reflexes are very much heightened, the symptoms of the toes and sole remain unaltered. The electric excitability called forth both by the constant and inductive current is weakened. The cramps in the calves have abated in the later time, the tremor and involuntary stretching of the lower extremities in the lying posture have also abated. The sensation in the legs is normal. The reflexes of the skin in the soles, stomach, cremaster, are brisk, but not heightened. Urination is in the same state, the pressure upon the bladder is so strong that the urine must be passed immediately. Acid reaction of the urine, no albumen or sugar, stool normal. The results of auscultation are the following: lengthened expiration in the left lung, no muffled sound during percussion, slight cough, heart normal. Considerable swelling of the lower part of the legs; stagnation of blood in the veins after remaining for some time in a sitting posture; legs grow blue and cold. Considerable

thickening in the middle of the right tibia ; thickening in the left tibia less than in the right.

*Case III.*—Age 25, married, has no hereditary complaint, has never been seriously ill, except with intermittent fever for two to three weeks some years ago, has never suffered from syphilis, drinks no brandy. The first symptoms of his disease appeared less than two months after the beginning of the lathyrus diet ; he felt heaviness and pains in the region of the stomach, heartburn, nausea, sometimes vomiting (the patient speaks of having once vomited blood), colics, sometimes diarrhœa, followed by general weakness, tremor, difficulty in moving, coldness of the feet and cramps in the calves. About a week later appeared the pressure upon the bladder ; it came on with such force that he had to satisfy the necessity immediately, if not the urine rushed out of its own accord with great force ; the diarrhœa from which he suffered at the same time grew worse, he felt a pressure upon the intestines similar to that upon the bladder, with the same consequences. The sexual excitability disappeared totally ; the patient felt pains in the back. The weakness, immovability and tremor made such rapid progress, that after a very short time he could only walk with the greatest difficulty ; this induced him to enter the local hospital, where he remained about a month, there the functions of the intestines and of the bladder returned to their normal state ; the immovability of the members remained unimproved. According to the hospital reports his condition in the hospital was as follows : Spirit, mind, senses, even the reaction of the skin, normal. The muscles of the throat and neck rather stiff ; sensitiveness of the spinal column, particularly of its lower part ; muscles of the abdomen and back in a parietic condition, the patient sits in a bent posture, at the least movement to raise himself he falls back ; he cannot rise from his bed without support. The fingers display a slight tremor. The passive and active movements of the upper extremities are normal, those of the lower on the contrary are impaired. He cannot stand without support, he walks leaning on two crutches and can hardly move his legs ; he suffers sometimes from cramps, which pass over into fits of trembling,—this even occurs when he is lying in bed ; he often falls down when trying to walk ; the stiffness of the muscles renders the passive movements of the lower extremities very difficult. The patellar reflexes are very much increased, a clonus of the feet could not be called forth, the reflexes of the foot-sole are weak. The electric excita-

bility is very much lowered during the application of both the constant and the inductive current; stagnation of blood in the veins, cyanotic colour of the legs. Excretion of urine normal. After the lapse of more than a year (he passed all that interval at home without any treatment) he entered the clinic of Professor Koshevnikoff in the following state:—

Middle-sized, sturdy constitution, well developed muscular system; his present complaint is immovability of the lower extremities; he cannot walk otherwise than leaning on two sticks, with his body bent forwards; his legs cannot bend, and he has no power to stretch his knees. His toes drag on the ground, whilst the heel is raised; he waddles in walking, he moves with great difficulty. The objective examination showed the muscles to be well developed but hard and strained, particularly the gastrocnemii and quadricipites femoris. When the patient remains in the reclining posture, the legs are stretched out and the foot turned in the form of the "pes varo-equinus." There is an absolute resistance of the Achilles tendon at any attempt of moving the foot; very great impediment in the flexion and extension of the neck proceeding from the rigidity of the muscles, passive movements are easier, although the rigidity of the muscles is also apparent. When lying on the back the patient is capable of making a few movements with the legs, but not otherwise than with a certain amount of exertion; the flexion in the coxo-femoral joint is weak, the extension stronger; the joint of the knee is in the same condition, with the difference that the flexion is often impossible on account of the rigidity of the quadriceps femoris, and the extension requires exertion. The movement in the tibio-tarsal joint is nearly imperceptible, and sometimes quite impossible; after a forced extension the patient cannot move without great effort; it is impossible for him to stretch the foot; the mobility of the toes, which are in constant flexion, is very slight. The reflexes of the tendons are very much exaggerated; the electric excitability in the muscles of the upper leg is normal, but that in the lower part of the leg is reduced. When the patient lies quietly in bed he is taken with sudden fits of trembling and involuntary stretching of the legs; these symptoms were much stronger in the beginning of the disease. He is sometimes seized during the night with painful cramps in the calves; this usually happens when the weather is cold or when the patient has cold feet,—this is the case now; in bed and well covered the temperature of the feet rises to 28° and even 30°; but when sitting it falls to 21°—22°, and the skin takes a cyanotic

tinge; at times however in the day, or towards evening and night, the cold feeling is replaced by heat, the feet burn, they are warm at the touch, and uncovered attain a temperature of 32·5 and 33°; if covered the temperature rises to 35·5; this burning feeling repeats itself every day for a few hours. Sitting or remaining in a vertical posture causes swelling in the legs. The sensibility of the lower extremities is quite normal, the cords of the nerves and the muscles are painless; the muscles of the trunk are weak, the extensors are stronger than the flexors, the patient sits in a crooked posture and cannot sit straight without falling down. He complains of pains in the back, which are principally called forth by the touch, or by an effort to rise; the pains are also called forth by pressure on the vertebral column, but do not remain confined to the same place, but extend over the whole back. No symptoms of disease were found in any of the other organs.

*Case IV.*—Age 32, has never been seriously ill; no symptoms of disease found in any of the internal organs, has never suffered from syphilis, takes brandy moderately; he fell ill in the same place and under the same conditions as the preceding cases, after a little more than than two months' diet of lathyrus. About two weeks before the appearance of the symptoms affecting the regions of the spine, he suffered from heart-burn, sickness, vomiting (according to his assurance, with blood), and finally dysentery. His present condition began with the following symptoms:—Weakness, trembling, difficulty to move, coldness of the lower extremities, and cramp in the calves; later on he began to suffer from pains in the small of the back, which grew so strong that he could hardly move, but they passed after two or three days. It seems that he was not much inconvenienced by the complaints of the bladder which have been described in the preceding cases. He was placed at first in the clinic for mental diseases, where, after having been duly examined, his case was reported as follows:—State of mind depressed and hypochondriacal, body well nourished, internal organs normal, pulse 84, temperature of the body normal, stool and urination normal, urine acid, free from sugar and albumen; the sexual functions normal, the muscles of the lower extremities very stiff although well nourished. The patient walks with great difficulty, with his body bent forward, leaning with both hands upon a chair, which he pushes in front of himself; his gait has the character of spasmodic paralysis. The electric excitability is abated for both the inductive and the

constant current. Nervous sensibility all through the body; the vertebral column is painful on pressure. As he got no relief in the clinic for mental diseases, he was transferred to the nervous section, where the following report was given of his condition:— Structure of the body strong, muscular system well developed, ample corpulence; the difficulty of movement in the lower extremities is the principal symptom of his illness. He walks with much difficulty, with his body bent forward, leaning on two sticks and dragging his legs; there is hardly any movement in the coxo-femoral joint and that of the knee, so that his toes never leave the ground and the heels never touch it; it is only after a certain lapse of time that his foot, which is turned inwards, can be straightened; he waddles very much in walking; in the reclining posture the legs are stretched out straight; the foot is turned inwards and downwards. The muscles are hard and stiff, particularly those of the calf and the quadricipites femoris. During the passive movements one notices resistance in the coxo-femoral joint; it is stronger in the joint of the knee. The foot on the contrary cannot be stretched on account of the rigidity in the muscles of the calves; the rigidity of the muscles is not constant, and is at times stronger or weaker. The toes remain in a state of flexion, the patient is not more able to move them than his feet. The mobility of the coxo-femoral joint and that of the knee is very insignificant, and requires great efforts; from time to time the patient is taken with fits of trembling and involuntary stretching of the legs. The knee reflexes are very brisk and mostly accompanied by trembling; the same may be said of the clonus of the foot. The electric excitability is reduced. If the feet are cold, particularly in the night, the patient suffers from painful cramps in the calves; the feet are mostly cold and feel so to the touch; when the patient sits, be it even for a short time, the skin takes a cyanotic tint, and its temperature falls as low as 25-26°; from time to time this sensation is replaced by a disagreeable feeling of heat, when the temperature rises to 30-32°. The reflexes of the sole, of the stomach, of the cremaster, are brisk, though not exaggerated; when the muscles are very stiff the reflex of the sole is null. The sensibility is perfectly normal, the cords of the nerves can be touched without pain. When sitting the body is bent forwards, he cannot raise himself and sit straight, neither can he leave his bed without helping himself with his arms; at every movement or pressure he complains of pains in the back, which are not confined to the vertebral column, but spread all over the back. The upper

extremities have not had to suffer from any of the symptoms with which the lower have been afflicted. Digestion, stool, secretion of urine are normal; from time to time there appear erections and pollutions. Lungs, heart, and the faculties of the mind are all normal.

*Case V.*—Age 37; has always been in good health, has never suffered either from any hereditary disease, or from syphilis; he is married and has a family. He fell ill after a lapse of  $4\frac{1}{2}$  months, during which he had been reduced to a diet of lathyrus; he lived in the same locality as the preceding cases; the first symptoms of this disease were weakness and immovableness in the lower extremities; at first the cramps in the calves were most intense; about two weeks later, the upper extremities grew weak, so that he could not work any more and moved about with great difficulty. The complaints of the bladder appeared at the same time, and were accompanied by complete impotence. He entered the local hospital and remained there about two months; no details are given of the manner in which he was treated. He left the hospital when the symptoms of the bladder were partially relieved; the other complaints remained in the same state. He passed the following six months at home, where his condition was so far improved, that the complaints of the bladder disappeared completely, his arms regained their strength, and he could walk, though with difficulty. On entering the clinic for nervous illness his condition was as follows:—

Tall, strongly built, mental condition normal, the flexibility and the strength of the upper extremities in good condition, the carpal joint is a little weaker than the rest. The muscles are all well developed and well nourished, there is no stiffness in the passive movements, the reflexes of the triceps and biceps brachii are very brisk, the electric excitability is normal; the sensibility is also quite normal; the muscles of the trunk act energetically, so does the diaphragm; the back is straight and upright. The gait of the patient presents the same peculiarity as the preceding cases, only in a less degree, with this difference, that he can walk without a stick, although he prefers using one; the body is bent forwards, he waddles, his feet move very little, the front part of the sole never forsakes the ground. The muscles of the lower extremities are hard and strongly developed, particularly the muscles of the calves and the quadriceps femoris. The resistance in the passive movements is very perceptible, particularly in the lower part of the leg, where the dorsal flexion of the foot

is impossible on account of the stiffness of the muscles of the calves. The patellar reflexes and those of the Achilles tendon are increased and pass easily over into trembling fits, the clonus of the foot also is heightened. The reflexes of the skin are brisk, without overstepping the normal; the electric excitability is reduced in the peroneus and extensor communis digitorum longus; the sensibility of the legs is normal. The organs of the pelvis are normal in their functions, so are the rest of the internal organs. In the sitting and upright posture the lower parts of the legs grow cold, and take a cyanotic tint; the temperature goes down to 27°. The swelling of the feet, which had troubled him in the beginning, has completely disappeared.

Nothing is said of the modes of treatment to which the patients were submitted in the different hospitals and in the clinic; the Professor contents himself with giving a list of the remedies which have been applied, and which form a whole therapeutic paraphernalia. Amongst them the principal external remedies are vesicatories, hot iron, galvanic current, baths, &c.; the internal are arsenic, cod-liver oil, amara, and iron. Not one of the patients was cured completely; their state improved even without treatment, for they passed comparatively a very short time in the hospitals and clinic, and remained the greater part of the time at home in their own village without medical assistance. On the whole, the illness, although not supposed to be mortal, is considered incurable by most authors.

As to the diseases of the spine which have most similarity with lathyrism, Brunello, Marie and Althaus compare it with the spastic paralysis of the spine. Professor Koshevnikoff's opinion is, that lathyrism can be taken for tabes spasmodica, and for sclerosis lateralis amyotrophica. He says, nevertheless, that in lathyrism there is an important disturbance in the organs of the pelvis, and that, though the illness may be a very long one, it never finishes with atrophy of the muscles; both these circumstances make a considerable difference in the cases. It is certain that the different species of lathyrus are capable of calling forth serious disturbances in the nervous system. As pathological and anatomical data were failing, one has to turn to experi-



ments with animals; these, however, have led till now to no satisfactory results. The experiments of Debaut, Catherau and Caignon with fowls, rabbits and dogs, those of Dr. Semiladoff with guinea pigs, and those of Dr. Koshevnikoff with a little pig, have remained so far without results, as the lathyrus intoxication has failed to call forth any derangement in the regions of the spine. This is contradicted by the experiments of Gabary, who fed eighteen ducks with dumplings made of lathyrus flour, and they all died the same day of the same symptoms—intoxication, sleepiness and paralysis of the legs; some peacocks and geese were submitted to the same experiment and had the same end. Ferrari, Bourlier, Gauthier and Zurcher (the three latter in Algeria) report that whole herds of pigs who had grazed on fields sown with lathyrus had died in the space of twenty-four hours.

It once happened that the oats had risen to a high price in the town of Rouen, so that forty-eight omnibus horses were fed with a mixture of lathyrus and oats, in the proportion of two parts of lathyrus to thirteen parts of oats. After a space of three months, weakness of the hind legs ensued; it was followed a month and a-half later by paralysis of the muscles of the throat and windpipe. Twenty-nine horses died little by little, partly from suffocation, partly from paralysis of the hind parts, partly from both diseases together.

Althaus transmits in his work "Upon the Scleroses of the Spine" a fact which was communicated to him by T. Barron: A hackney coachman in Liverpool fed eighteen horses with fodder mixed with lathyrus sativus (the proportion is not mentioned). No alarming symptoms were noticed in the beginning, except that the trot of the horses seemed to have grown slower; later on, after six months, when the weather grew cold and damp, thirty-three horses died successively, after having all the symptoms of asphyxia. Barron made a *post-mortem* examination of the marrow of one of these dead horses, and obtained the following results:—Complete atrophy of the left nervus recurrens and of the muscles which it supplies; in the right nervus recurrens and

its muscles atrophy in the first stage; atrophy of the cells of the nerves in the upper part of spine and sclerosis of the pyramidal filaments of the lateral cords, which represents the picture of the amyotrophic sclerosis.

As much time and large quantities of lathyrus are required to call forth symptoms of intoxication, some have searched for the poisonous principle by means of chemical experiments, in the hopes of operating quicker and more conveniently; unfortunately the experiments which have been tried in this direction have given no positive results. Theilleux prepared out of lathyrus cicera a resinous substance, which called forth paralysis with tetanic cramps in the hind part of rabbits. Bourlier used for his experiments a mixture of brandy and ether with lathyrus cicera; subcutaneous injections of a few drops of the drug made little animals, such as frogs and birds, die in the space of a few hours, and very few of them lived for three or four days; some animals, particularly tortoises, got paralysis of the hind legs. P. Marie succeeded in obtaining an alkaloid, which remained, however, without effect when used as an injection for guinea pigs. L. Astier continued the experiments of Bourlier; his experiments on dogs brought forth complete paralysis of the legs, trembling and convulsive contractions of the muscles. These symptoms passed away a few days after the injections had been stopped. His efforts to bring forth a chronic intoxication did not come to an end.

Astier got from lathyrus cicera a gluey volatile substance with a strong taste and a weak alkaline reaction, soluble in chloroform, insoluble in water. Whether it has been used for experiments is unknown. In Russia the Professor of Chemistry, Dr. Buluiginsky, has tried to establish the toxic principle of the lathyrus as an alkaloid. He succeeded in obtaining a substance formed of crystals with very fine prisms and having the properties of an alkaloid; injections of this substance, however, had no toxic effects on frogs and rabbits.

This circumstance has led Professor Koshevnikoff to the very plausible conclusion, that the poisonous qualities of the lathyrus depend very much upon the climate; observations

made in Algiers have shown the plant as very poisonous there.<sup>1</sup> In the year 1891, which was that of the famine, the Governments of Volga, the summer had *been extraordinarily hot* and dry.

In consideration of the repeated failures to detect a poisonous alkaloid, we may be permitted to suggest that it is perhaps time for the chemical factories to take up this work; it might prove a useful task to science by contributing to the enrichment of pure materia medica, and rendering much better service than the present endeavour to transform the pharmacology and therapeutics of the official school into a market for the new chemicals which are constantly manufactured. *Hic Rhodus, hic Salta!*

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## WIDAL'S SEDIMENTATION TEST FOR TYPHOID.<sup>2</sup>

BY J. JOHNSTONE, F.R.C.S.

*Assistant Surgeon and Pathologist to the London Homœopathic Hospital*

MR. JOHNSTONE gave a demonstration of Widal's sedimentation serum test for specific fevers, and dealt particularly with its use more particularly in the diagnosis of typhoid fever. The principle underlying the technique was that of the flagellated and mobile bacilli of typhoid fever (*Bacillus typhosus*), when brought in contact with the serum of a typhoid patient, from the third or fourth day onwards, lose their free and independent movement, and, instead of being uniformly distributed throughout the fluid in which they were moved, massed together into coils or "clumps," and settle to the bottom of the vessel. This phenomenon has

<sup>1</sup> It would therefore be important to get the seeds of the lathyris for further experiments from Algiers.

<sup>2</sup> Presented to the Section of Surgery and Gynæcology, Feb. 22,

noticed by various observers for some years, but Widal had recently appreciated its use as a test for typhoid, and had elaborated its practical working. The phenomenon might be demonstrated in either of two ways.

(a) *By the Microscope.*—A small number of typhoid bacilli, taken from an agar cultivation, 18 to 24 hours old, were mixed with normal salt solution to make an emulsion. A drop of this being placed on a coverslip, the latter was inverted over a hollowed-out cell in a glass slide. This was examined under the microscope ( $\frac{1}{8}$  to  $\frac{1}{12}$  objective), and the bacilli were found freely mobile in the field, and distributed homogeneously throughout. This preparation was termed the "control." To a similar specimen a small drop of serum, taken from a typhoid patient by pricking the finger, was added. Examined under the microscope it showed, within a few minutes, or perhaps an hour or more, that the bacilli lost their independent movement and massed together in coils or clumps. Blood which had been dried for almost any length of time on non-absorbent paper, when moistened with sterile salt solution, would give the same result. It was preferable to obtain sufficient blood, viz., two to three drops, in a capillary tube, and after coagulation or sedimentation by the centrifugal machine, to use the serum free from blood corpuscles.

(b) *By Sedimentation Tubes.*—This differed from the latter in there being a much larger quantity of the material, so that the reaction was recognisable easily by the naked eye. First a "control" was made by taking  $\frac{1}{4}$  to  $\frac{1}{8}$  of a fresh agar cultivation, and mixing it into a milky emulsion with normal salt solution, and introducing it into a very small piece of glass tubing drawn out into a pipette. This preparation, if allowed to stand for hours or days, preserved its opalescent and milky appearance, and little or no difference in the concentration of the upper or lower layers of the mixture was noticed. A preparation similar to the "control" was made, and to it was added a drop of blood serum from a typhoid patient. This serum should be diluted 5, 10, up to a hundred times, with salt solution. The result of the addition of serum to the test tube was that in a period of time,

generally over an hour, there was seen to be an increase of concentration in the lower layers, and a corresponding clearing of the upper layers. Generally after twelve hours, the whole of the bacilli had fallen to the bottom of the capillary tubes, forming there dense masses or clumps, while the supernatant liquid was quite clear and transparent. The contrast between the "control" and the "test" was most marked. To exemplify this Mr. Johnstone showed tubes prepared from two typhoid patients in Vaughan Morgan Ward. Samples had been taken in the second week, and again in the fourth week, and both showed the characteristic reaction.

In cases at a distance, specimens of blood could easily be transmitted by post by filling sterilized vaccination tubes or special capillary pipettes. If only a small quantity of blood could be obtained, it was best collected on a small piece of non-absorbent paper, previously sterilized by the heat of a spirit flame. The drop of blood was allowed to dry, and then enclosed in a sterilized envelope.

Many series of observations had been made with this test, and it was found that the percentage of cases where it failed was only one or two, and even these might be accounted for by errors of manipulation.

Mr. Johnstone also showed the test performed with cholera serum, obtained from an immunised animal, and also with typhoid serum obtained in the same way. For the two latter he was indebted to a friend on the staff of the British Institute of Preventive Medicine.

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FORCIBLE DILATATION OF THE LUNGS.<sup>1</sup>

W. E. OWEN, M.D.

I HAVE the honour and pleasure to present for your consideration an apparatus for the forcible dilatation of the air passages and tributaries with medicated nebulæ. The apparatus and process of administration are based upon the discovery that impacted nebulæ can be administered by forced dilatation into any tube, cell, or cavity into which air can be forced; also that the compressed lips of the patient will act as a reliable safety valve, rendering it absolutely safe to dilate to their utmost capacities the lungs, the nasal cavities, the eustachian tubes, and inner ear by the expansive force of the compressed air. The product of the apparatus, as you will observe, is a dry, impacted nebulous medicament. It is very different, and its effects are different, from liquid or oil sprays, volatile vapours or medicated air, being administered by forced dilatation and not by inhalation spray or douche.

The physician is not restricted in his choice of remedies, providing they are soluble or volatile, nor need he keep solutions of different strengths. By means of a small thumb screw he can impregnate the air from the minimum to the maximum quantity of medication.

It is found that solutions three or four times stronger may be introduced into the nose and ears than could be tolerated by ordinary spray or atomizers. The mucous surfaces are put upon the stretch, whereby all the parts are thoroughly medicated.

We are thus enabled to successfully introduce medication into the various sinuses, ears, throat, bronchi, and air cells.

Any method of introducing with absolute safety medication into air cells will be received with joy. Every earnest physician has keenly realised from painful experience how inefficient our past resources are in this department of

<sup>1</sup> Presented to the Liverpool Branch, February 11, 1897.

our work. We have been surrounded by thick clouds of uncertainty. Now, however, the clouds are scattering, and we are enjoying bright rays of sunshine, which mark an era in the history of medicine in which the physician becomes master of a discouraging field.

Before entering into the special application of the apparatus may I ask you to consider briefly the physiology of improper breathing and of its deleterious influence upon the whole economy. In presenting my views upon this subject I almost dread the task, lest I assume beyond my depth before so many who have for years been close observers of the phenomena of diseased conditions.

We are surrounded by infallible laws for our guidance through life's everchanging surroundings, the proper interpretation and application of which brings to us a physical paradise and a long life. A disregard of law sooner or later brings punishment. Degeneration and atrophy, disease and death, are Nature's curse upon her neglectful and disobedient children.

In physiological breathing the air cells are properly dilated and emptied, whereby the elastic tone of the vesicular walls is maintained, and their cavities ventilated. To disregard this function, whether from necessity, by disease or from ignorance, results sooner or later in atrophy and degeneration, which may be limited to a few cells or lobules. The cells collapse, their walls become hyperæmic owing to loss of capillary support through atrophy, the engorgement favours hæmorrhage, when ulceration is formed, lymph stagnates, air stagnates, and the cells become plugged with decomposing mucus. The warmth, the decomposing organic matter, the degenerate parenchyma, the retained moisture, constitute an ideal culture-medium for various forms of micro-organisms. We can easily imagine what unphysiological environment such contents are to the delicate cells lining the interior of vesicles. They are soaked in their own excretion, besides the putrid, stagnant air, and mucus. No wonder they soon suffer from malnutrition, they lose their appetite, and give rise to a wretched progeny that exhaust their potential energy in

futile efforts to become adapted to their unhealthy surroundings. When they have lost their physiological resistance they become easy victims to their enemies. A pathological lesion is thus formed which becomes a gateway of entrance for an army of microbes. Ulceration exists before the bacilli gain entrance. Protection for the economy depends now in a large measure upon the vigour of the phagocytes.

People who do not expand their chests properly seem more prone to sluggish livers, which suggests that possibly the normal compressing influence of the diaphragm has a very important effect upon the biliary circulation. Where bile stagnates it gets increased in specific gravity and deteriorates; it produces passive interference with the function of the parenchymatous cells; sluggishness of these vital cells favours percolation of poisonous alkaloids into the blood serum. These alkaloids will cause the blood serum to be a very unphysiological environment for the white blood corpuscles; it will reduce their vigour. The vital resistance of such phagocytes is insufficient to successfully barricade the lesions produced in the vesicles. The enemy is triumphant and extends its territories. It is now a case of the survival of the fittest. The keynote, as generally expressed by the victim, is "That tired feeling;" a symptom, if persistent, demanding most serious consideration at the hands of the physician that should lead him to a thorough examination as to the ventilation of the air cells.

This picture constitutes the pre-phthisical state, one too often overlooked by the busy practitioner.

The orthodox treatment is forced feeding and active stimulation of the emunctories and out-door exercise, which no doubt, as far as it goes, is very good, but the persistent tired feeling disinclines the patient to observe the advice in detail.

This line of general treatment in many cases is to be compared to piling coal into a stove with insufficient draught. There is a large deposit of soot in the pipe and ere long the fire goes out. Forced feeding of the human stove gives similar results. Of course the tubules of the



kidney and the other excretory organs are kept actively at work, but they cannot stand long the excessive amount of work forced upon them; they will become clogged, and the fires of life go out. Does it not seem logical to increase the draught, whereby we favour better oxidation, converting the products of normal and abnormal tissue metamorphosis into gaseous or soluble substances? This will save the unnecessary strain on the emunctories. Forced feeding should be in proportion to the patient's ability for perfect oxidation, otherwise the treatment results disastrously to a favourable outcome. It can but favour auto-infection. The great object to attain is that of converting a soil favourable to the growth of the bacilli into an unfavourable one. All measures calculated to defeat this object must be avoided.

Lung gymnastics are certainly excellent and without doubt far superior to any other method, but the process is slow and tiresome, and consequently neglected by these patients. There are persons who have no control over their respiratory apparatus. They cannot expand or contract their chest, or take a long, full, deep breath. Such persons can seldom be taught lung gymnastics to any advantage. But time is an important factor in treating these cases, for they quickly pass beyond the realms of preventive measures, and join the great army of thoracic degenerates that is marching downwards with unflinching certainty to an untimely grave.

These hyperæmic, collapsed vesicles demand local treatment; the environment of the delicate epithelial cells must be changed. Hygiene of the air cells should engage the most serious consideration at the hands of those in charge of the public welfare.

It is encouraging to think of nature's endowments upon individual cells, for they have wonderful recuperative forces. If the parent curse of many generations does not rest upon any biologic cell, and if the surroundings be not unfavourable, all living protoplasm by inherent forces will recover its physiological vigour or normal vital resistance.

Our aim in treating all manner of diseases to which human beings are heir, should consist in efforts at main-

taining an equilibrium between the individual cells and their surroundings, together with efforts to produce a physiological environment, leaving the rest to the latent forces referred to as existing in all cells.

By forced dilatation we are enabled to improve the elastic tone of the vesicular walls, and empty them of their putrid contents. It is important to remember that there are no cilia on the epithelium of air cells and the smallest bronchioles. Atelectasis will occur frequently in all who do not take deep inspirations. The broncho-pneumonia following inspiration of blood after certain operations might be greatly reduced by repeated forcible dilatations—it will remove the cause. The process is a means to bring abnormal products in the vesicle within reach of the ciliated epithelium.

The method of applying for this purpose is as follows :—

The air is expelled as much as possible by an expiratory effort, then the tube is firmly embraced by the lips, the nose is closed by the thumb and forefinger, and the current of air at 20 lbs. or more is turned on. The patient slowly expands the chest, the impacted nebulæ continuing to flow in until the lungs are full and dilated to their greatest capacity. Then occurs a natural expulsive effort which forces the lips apart and expels the nebulæ, together with any secretions that may be detached or semi-fluid contents caught by the column of escaping nebulæ. We thus treat locally by time-honoured remedies lesions in the bronchioles and vesicles, and attenuate, at least, the bacilli. We may state that, generally speaking, our most serious complication—tuberculosis of the lungs—is a mixed infection. By removing the degenerate contents of the vesicles we accomplish much, for we remove the pabulum necessary for the germs of mixed infection. Employed very early it seems quite practical to state that we can avoid this complication entirely.

Forced dilatation with medicated nebulæ has a very wide range of usefulness :—Massage of vesicular walls, exchange of putrid contents for fresh air, improved capillary and lymph circulation, increase of pulmonary capacity, whereby more oxygen is carried within for internal respiration ; dilatation of stenosed bronchioles with immediate relief for the dys-

pnoea in many cases ; stimulation of the vaso-motor system, as evidenced in the cold hands and feet getting warmer ; improvement in digestion, assimilation and nutrition ; and through increased oxygenation of the blood there is improvement of the processes of secretion, excretion and general elimination.

One in health can appreciate the influence of forced dilatation by a single treatment. Dr. Hawley states as follows :—One experiences that an increased amount of air is breathed and that, too, without conscious effort, which must result in increased oxydation, and therefore must aid in the chemical and physiological processes of assimilation and nutrition. The improvement in the general health of those treated is an evidence of this, the improvement being so marked as to be apparent to even a casual observer. Hence the claim put forth to the effect that it is equally well adapted to the treatment of other diseases as well as those of the ear, nose, throat and chest seems to have a foundation in fact.

Dr. Pratt writes :—“ One very valuable thought, therefore, in the cure of the chronically sick is to increase the lung expansion and thereby secure a better oxygenation of the blood and a better circulation of it. It is serviceable in all forms of chronic troubles, as all such cases invariably need a better oxygenation of the blood and a better circulation. I have two of them in constant use, and I find it the most serviceable instrument that I have ever possessed in aiding me in the cure of all chronic affections. The better acquainted I become with the instrument, the more it pleases me.”

To the very feeble forced dilatation affords all the benefits of lung gymnastics and outdoor exercise without fatiguing exertion. It aids development of the chest in the young or middle-aged, and tends to maintain the lung capacity of those who are old or exhausted by mental or physical work.

When the pathological process is advanced, Dr. Williams, who is quoted by Dr. Solis-Cohen, writes that dilatation of alveoli in the neighbourhood of the various lesions produces an important localising effect, and tends to prevent the spread of tuberculosis by secondary infection from a caseous

centre or from a secreting cavity with inflamed walls, while the emptying of the vessels and of the capillaries of the region through alveolar dilatation leads to the absorption of caseous tubercular deposit.

Dr. Hawley states that forced dilatation in his hands has proved most beneficial in arresting passive hemorrhage from the lungs, and asserts with emphasis its absolute safety, as the pressure is equally distributed. Theoretical inference would endorse the statement, for the engorged vessels are relieved of excessive pressure.

It is far from my purpose to announce a cure for consumption and the other numerous affections of the respiratory tract. Experience teaches us a practical lesson that much depends upon the patient's absolute obedience to the laws of health for a long time. Serum-therapy may destroy bacilli, but never remove the malnutrition or diathesis which after all is the primary trouble, and the infection secondary.

We might reasonably expect a favourable outcome in cases where we have the sincere co-operation of an intelligent patient, and the special and general treatment under the careful management of one who is armed with a weapon to bombard the enemy's stronghold.

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Dr. CHAS. HAYWARD said the method introduced by Dr. Owen was one with which he quite agreed. If we can improve the aëration of the blood we have won half the battle against disease. In a good many cases the bacilli were only accidental. The remarks about the liver were good and feasible. The liver being a spongy organ gets its greatest stimulation from the pressure of the diaphragm, hence the bad effects of tight lacing, and so the best treatment for anæmia in females has been said to be to keep them in bed with freedom from the pressure of their stays. Lung exercises were excellent, but it was difficult to get patients to properly perform them. He had thought 20 lbs. to the square inch seemed very much, but he had tried it and this much seemed necessary to get the air supplied quickly enough. The reason why a healthy man felt better after using the appliance was that he got rid of the resi-

dual air. He wondered if it would be possible to use a nebula of cyanide of gold in some soluble form, because this substance, according to Pasteur, had the power of destroying the tubercle bacilli in a strength of 1 in 2,000,000.

Dr. HAWKES suggested that it might be useful in chloroform narcosis for reviving patients. His own fear would be that it might produce emphysema, but it was interesting to remember that Sir W. Scott's piper did not die of this disease. The residual air seemed to be one of nature's imperfections.

Dr. GORDON said he could fully appreciate the application to lung diseases, but would like to know the pressure necessary in cases of Eustachian catarrh.

Dr. HAYWARD had been greatly interested at the last meeting, and so had asked Dr. Owen to come forward. It was a very satisfactory way of using local medicinal treatment. He, however, deprecated local measures and preferred general. He thought that in emphysema the method might do harm, as it would over dilate the already debilitated air cells and the circulation would not be increased but diminished in them. He was an advocate for forced lung gymnastics, and he noticed that an American practitioner had recommended that one of the ways of warming the hands and feet was to take several deep breaths.

Dr. THOMAS remarked that the method was in the first place mechanical and an exercise for the internal viscera, *i.e.*, the lungs, liver and heart (by increasing the blood pressure)—similar to the Swedish gymnastics on internal muscles. It was medicinal and the best form of local application to the lungs, because it went direct to the air cells. He mentioned the intra-laryngeal method by injection and the success his father had obtained by treating asthmatic cases by the compressed air bath.

Dr. MAHONY was glad that Dr. Owen had remarked that infallible laws had surrounded us, and thought we should remember this in the Law of Similars. He looked upon the method as a scientific hygiene, but did not think it could cure phthisis or chronic pulmonary disease. He mentioned the case of a patient who had used compressed air baths with no benefit, but the right homœopathic medicine effected a cure.

Dr. OWEN, in reply, thought that in chloroform narcosis we should use Dr. Pratt's method of dilating the sphincter. He did not claim any usefulness for his invention in that case as there was no intelligent co-operation on the part of the patient. It might be used in opium poisoning. He claimed it was good in

emphysema as it opened stenosed bronchioles, and so relieved the emphysematous cells. With regard to the pressure that could be used on the eustachian tube, 100 lbs. had been turned on safely because the lips were open. He heartily endorsed Dr. Hayward's remark that local treatment was not so good as general.

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## SOME DIFFICULTIES IN THE DIAGNOSIS OF DISEASES OF THE LUNGS.<sup>1</sup>

BY LEO ROWSE, M.D.

IN reading this paper, my object is not to bring under notice any new methods of diagnosis, but to point out some of the pitfalls which are before us all, and into which I myself and others, much more able clinicians, have slipped.

The importance of correct diagnosis cannot to my mind be over-estimated—chiefly, I venture to think, because according to our skill in this item our reputation either suffers or is enhanced.

I place our reputation before the welfare of the patient in this particular, because oftentimes we may be able to cure a disease by finding the simillimum, and yet not be able to give to the malady its correct name.

In this way, although the patient may come out well, we ourselves may possibly be supposed to have wrought the cure rather by good luck than by skill.

Patients themselves are very keen judges of us, and often seem to know intuitively whether we are certain of our ground or in doubt, and if we lose the confidence of those committed to our care, a very powerful factor has gone from us.

Further, the correct diagnosis of any given case enables us to speak more certainly as to the ultimate prognosis, a

<sup>1</sup> Presented to the Section of Medicine and Pathology, April 1, 1897.

fact which also helps us greatly with both the patient, and with those necessary evils, the patient's friends.

The difficulty in arriving at the correct diagnosis, and consequently the future conduct of the case, is well typified by the two following instances:—

*Case I.*—A. B., a girl, aged 15, was admitted into the Brompton Hospital with the following symptoms:—Temperature remittent, varying between 99° and 103° F., constant short hacking cough, causing bruised pain in the chest, expectoration mucoid and fairly copious, profuse sweats, chest fairly resonant, movements hurried and shallow, breath sounds all exaggerated, and scattered profusely over both lungs were râles and fine and coarse crepitations.

She was seen the day after admission by the physician in charge, who, after going carefully over the case, pronounced it to be acute miliary tuberculosis. In this diagnosis all that saw the patient concurred.

Eight days from admission the temperature began to come down, and at the end of the second week after admission it was normal and steady, and so it remained for four days. It then again commenced going up, and on the seventh day typical spots appeared, rendering diagnosis certain—viz., typhoid fever. This, after running the usual course, terminated in recovery.

I myself think in this case that had the spleen been examined at first, the erroneous diagnosis would not have occurred, for, during the remission of temperature, while searching for some cause of the symptoms, the splenic dulness was found to be much increased and the organ itself distinctly tender.

*Case II.*—A girl, aged 13, whom I was asked to see in consultation with an allopathic colleague. The case presented mostly the symptoms of the previously given one. The diagnosis was given as acute miliary tuberculosis, and the prognosis was that death would in all probability occur in a few days. In this case there was no increase in the area of splenic dulness and no tenderness in that region. Something in the aspect of the patient and the character of the adventitious sounds, which were large and distributed over the whole of both lungs, back and front, made me feel certain that the case was one of severe capillary bronchitis, and, happily, my diagnosis proved correct.

I could cite several other cases with similar bearings; but the preceding two will show quite the points I want to emphasize, viz., that we should use the utmost care in examining, and when in any doubt be most guarded as to prognosis. And now how we should proceed in the examination of any given chest case; firstly, as laid down in our text books—inspection, and this should include, as well as the chest, its conformation, bulging or recession of intercostal spaces, the correspondence of the movements and size of the two sides, the manner of the patient, the face, and the odour; for in this last we frequently have a most reliable guide. The peculiar odour of phthisical patients may be possibly one of the few signs present that will enable to discriminate between a comparatively simple case and that most fatal of all diseases. The manner of phthisical patients is as a rule less anxious than that of those suffering from non-tubercular troubles, in which, however, the physical signs may resemble phthisis. Next, palpation for fremitus. This is a sign on which I place practically no reliance, as the vibrations are so widely different in different people, and in the same patient at different times and under different circumstances. Thus one often will find the two different sides to vibrate unequally simply because the patient has altered the tone in which he spoke the familiar “99.” The examination then comes to percussion, and to this particular sufficient care is rarely given. Very frequently we content ourselves with finding out the absence or existence of any patches of real dulness. Sometimes we are a shade more careful and keep in mind that comparative dulness is a sign of vital import, but what is after all more delicate and reliable than the note given out is resistance. For this reason I always in my lectures to the students advocated the use of the fingers rather than any mechanical arrangements invented for the purpose. I hold that distinct resistance signifying great pathological import may be found when the note given out is all that can be desired.

It may seem absurd to call attention to the fact that patches of dulness are to be found in the cardiac and splenic regions, and I should not have mentioned it, but that I have



seen a physician overlook this fact, and after carefully percussing out the spleen, pronounce the dulness to be due to a patch of lobar pneumonia. It is needless to add that although the patient recovered, the dull patch did not resolve.

This sense of resistance also is a great aid in determining if a patch of dulness be due to solidified tissue or fluid, fluid as a rule giving a distinctly different resistance.

One word only about the new method of auscultatory percussion—I have tried it, but am not satisfied as to its reliability. We now pass to auscultation. It is the best plan at first to place our stethoscope over the apex beat of the heart and satisfy ourselves that it is in its right position. One physician, under whom I worked, held that fluid could not exist in the left pleura without in some degree dislocating the apex beat. Having made up our minds on this important fact, we may then proceed with the pulmonary apices—examining not one lung first and then the other, but similar places in both lungs—for instance, right apex, then left apex—right infra clavicular fossa, then left infra clavicular fossa, and so on all over both lungs. Very careful attention should be paid to the axillary portions of the sides, as here are usually found the first signs of tuberculous pleurisy, and also to the interscapular portion, as here frequently are found the first signs of tuberculosis.

When no adventitious sounds are found on ordinary or even deep respiration, if the patient be directed to cough and then inspire deeply, some abnormal sounds at the end of the inspiration are sometimes found which otherwise would pass unrevealed.

Two adventitious sounds must carefully be discriminated from those indicating existing disease—they are those due to old pleuritic adhesions, and the sounds produced by the rubbing of clothes on the skin. Forgetfulness of this apparently absurd detail has puzzled many, and has led oftentimes to, at any rate, a temporary perversion of diagnosis.

Why it is that when you tell a patient you wish to examine the chest, they allow you a view of their clavicles and first ribs only, and further handicap you by the bundle

they are able to make with their clothes, I do not know, but so it is.

The sounds produced by old pleuritic adhesions are usually heard during the greater part of inspiration and expiration, and are of the creaking order ; with them also go usually the weaker breath sounds, and possibly some recession of the inter-costal space or spaces. This last sign is, of course, absolute in differential diagnosis. Now, as to the conduction of voice sounds and pectoriloquy. In consolidated portions, and over cavities, the sounds are intensified as a general rule, admitting of very few exceptions, and the converse, we are told, holds good, namely, that conducted sound is either diminished or absent if fluid exist in the pleura. This, however, is not the case. If the fluid be serous this may be true in some cases, but not by any means all. Supposing, however, that pus exist, although bronchophony is as a rule absent or much diminished, yet whispering pectoriloquy in the majority of cases is well marked. This is a sign which must be carefully noted, as very frequently its non-observance, or its mistaken significance, has led and will lead to most serious results.

Given a case of suspected empyema, the fact that no pus can be drawn through an exploring needle is of course no sign that pus does not exist ; many things may prevent the matter flowing into the syringe, the principal being thickened pleura or the curdiness of the pus.

The search for bacilli in phthisis is oftentimes anything but encouraging, and frequently means mere waste of time. If they be found, of course it renders diagnosis certain ; but if not found, it certainly does not prove the non-existence of the disease. Case after case of true phthisis will occur in which bacilli cannot be found, although the sputum be frequently and carefully examined.

In determining the prognosis of a phthisical case, we must not be led away by the fact that a cavity or cavities exist in either or both lungs, as cavity cases frequently do well ; the most rapidly fatal class being very often that where the fewest signs exist.

A cavity may undoubtedly dry up and contract under suitable circumstances, but the cases in which a few crepi-

tations exist scattered over the lungs, or the smallest evidence of tuberculous pleurisy is present, are the cases most to be dreaded. Indeed in the pleuritic cases I have never seen or known of recovery.

In conclusion, I emphasize the fact that the small first signs of disease, those very slight deviations from the normal, are what we, as clinicians, must be most thorough about, for if fortunate enough to see a case early in its course, we have the best chance of being able to avert serious symptoms or even to save life.

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Mr. DUDLEY WRIGHT (Vice-President) thought Dr. Rowse might have emphasized the use of the aspirating needle; many cases which he had seen had benefited by its use.

Dr. BYRES MOIR thought there was often some difficulty in detecting the difference between solid pneumonic conditions and fluid in the chest.

Dr. CARFRAE mentioned a case in which two well-known physicians had diagnosed fluid in the pleural cavity, but which on aspiration proved to be a case of sub-acute pneumonia, probably induced by the influenza poison.

Dr. J. H. BODMAN thought they learned more from their failures and other people's than from their successes. He mentioned a case of a child seriously ill, lately admitted to the hospital. From the symptoms he had come to the conclusion that the case was one of consolidation of the lung, and that fluid was in very small quantity. A *post-mortem* examination showed that the right side of the chest was full of pus, and under extreme tension, so that when an incision was made in the pleural cavity it escaped in a jet about two inches high. There was no pneumonia; the lung was absolutely collapsed.

Dr. BURFORD asked Dr. Rowse if it were possible to develop tuberculosis in the peritoneum without having tuberculosis in the lung.

Mr. LESTOCK REID asked Dr. Rowse if he were accustomed to look for the presence or absence of muscular irritability, which was called myodemia, and was sometimes found very early in these cases.

Dr. BLACKLEY said, with regard to the co-existence of peritoneal and pulmonary tuberculosis, that after the age of 16

it was a practical impossibility to have tuberculosis of the peritoneum without some pulmonary implication.

Dr. Rowse, in reply, said that they were always told that after the age of childhood, tuberculosis of the peritoneum or other parts of the body could not exist unless lung symptoms were or had been present. Although it was very unfrequently the case that tuberculous peritonitis occurred first, it was possible, and one did see cases where tuberculous peritonitis was the only evidence of tuberculous disease—not only the disease at starting, but it might be the disease which carried them off. A case of tuberculous peritonitis by itself was one of the cases where tuberculosis might be stopped. He remembered a case where undoubted tuberculous peritonitis followed influenza. The case dragged on for a long time, with the usual sequelæ. The fluid became absorbed, and the patient got, comparatively speaking, well, with no lesion whatever in the lung. She was a girl of about 19 or 20. With regard to Mr. Reid's myodemia, he had never paid attention to it for the simple reason that it was most noticeable in children; and in children, especially babies, it was far more diagnostic of rickets than of tuberculosis. Certainly from the symptoms which Dr. Bodman had given, he should have diagnosed pneumonia. He thought the aspirating needle should be used more than it was. He very rarely used it himself, he was going to say because he had little need of it, but probably if he had used it, he would have found he had more need.

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## OURSELVES AND OUR WORK.<sup>1</sup>

BY JOHN W. HAYWARD, M.D.

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NOT being now engaged in active practice or in any scientific investigations, I cannot give you any practical experiences or original research; I will therefore avail myself of the opportunity and offer you a few reflections, by an old practitioner, on ourselves and our work:—

<sup>1</sup> Presented to the Liverpool Branch, April 8, 1897.

In the "Nomenclature" of the College of Physicians, diseases are distinguished as general and local; but for the purposes I have in view in this paper, I will use the terms constitutional and local, and medical and surgical.

Practitioners are usually recognised as general practitioners, surgeons, and physicians: general practitioners being the main body of the profession, surgeons one principal branch, and physicians the other. Pure surgeons and pure physicians are evolutions by reason of some special partiality, intuition or ability. Perhaps it is a mechanical or handicraft turn of mind that determines the surgeon, and a monitory turn of mind and advancing years that determine the physician. Specialists, both surgeon and physician, are evolved from amongst the members of the two principal branches by special likings or special opportunities; at least their evolution should be such: indeed all specialists should have first gone through the study, work, and experience of the general practitioner for some years, before falling off into specialisms, otherwise they will not be able to sufficiently appreciate how much diseases of one organ depend upon or are in sympathy with disease of some other. The young man who becomes a medical student with the object of taking up a speciality, because by having financial resources he thinks he will be able to wait for patients with diseases of this particular part, and who, for this purpose, directs his studies mostly to some particular branch of the profession, will make and will remain only a one-sided, narrow, and imperfect practitioner, and unsafe even in the speciality to which he devotes himself: for the human body is not simply a bundle of separate and independent organs, any one of which may be diseased apart from the rest: it is one and an indivisible whole, all the parts of which are mutually interdependent and linked together in intimate sympathy and union; so that, both in health and disease, the healthy or unhealthy state of each depends greatly on the healthy or unhealthy state of all the rest: if one part becomes diseased some other part or parts will suffer along with it, or in consequence of the unhealthy state of this one. Diseases of the eye, for example, are

often induced by or depend upon disease of the kidneys, or are induced by or depend upon some general blood disease, such as syphilis, tuberculosis, or cancer : so are diseases of the ear, of the throat, of the larynx, the skin, etc. : even vomiting is often dependent on disease of the brain, hemiplegia on disease of the heart, disease of the heart on a rheumatic state of the blood, and so on. Treatment must therefore be directed not wholly to the organ in which the disease is principally manifested, for this may be only a small part of the disease under which the patient is suffering. The practitioner who devotes himself exclusively to the diseases of one particular organ may indeed often find himself altogether at sea when called upon to treat the diseases to which he has devoted his special attention, simply for want of recognising their constitutional or sympathetic origin. In reference to diseases of the eye, our great eye specialist, Dr. A. B. Norton, says :—“ It is impossible to ignore the general condition of our patient and prescribe upon the eye symptoms alone, and hence the thoroughly equipped specialist must have had an experience with and a knowledge of general medicine.”

The men who pose amongst their colleagues and before the public as specialists, that is, as devotees to particular branches of the profession, thereby lay claim to extra knowledge and proficiency in these particular branches, and of course, at the same time, they admit that they pay less attention to other branches and are less proficient in them—that in fact they are only partially and imperfectly equipped practitioners,—are only specialists. Pure surgeons and pure physicians are thus by their own act rendered unfit to have professional charge of families ; because these of course are subject to general ailments : general family practice should therefore be left to the general practitioner. On the other hand, general practitioners, devoting (as they do) their time and attention mostly to ordinary family ailments, are thereby rendered unfit to grapple with extraordinary cases, either surgical or medical, and should not attempt to do so, but should call in the assistance of the pure surgeon or physician as soon as it is evident that the case is out of the ordinary

routine. Moreover, this mutual dependence of one on the other should be fully realised and acted on amongst themselves by practitioners, and should be thoroughly impressed on the public, by practitioners themselves insisting on consultation whenever the necessity arises; and consultants should rigidly refuse to take the place of the general practitioner, however much importuned by patients to do so.

Surgeons, having to do mostly with topical diseases, such as hypertrophies, tumours, growths, degenerations, abscesses, ulcers, caries, necroses, aneurisms, dropsies, and the like, if not careful, will be apt to overlook the fact of the constitutional origin of these, and to view them as merely topical affairs, for which all that is necessary is their removal by instrumental aid, forgetting that they are generally only outward manifestations of internal morbid states; that is, are outlets or outflows, or deposits of morbid material which is generated within, just as gouty and rheumatic joints are, and which material, if not thrown out, tends to attack some internal organ, as syphilis, tubercle, and cancer often actually do. Caries and necrosis of bones are often only manifestations of the syphilitic or strumous constitution or cachexia; and this constitutional taint the removal of the carious or necrosed bone does not, and of course cannot, cure. So also enlarged and suppurating cervical glands are only evidences of the strumous or tuberculous constitution, or of irritation caused by morbid material taken up from some local suppuration, ulceration or caries, and ulcers and eruptions on the skin are often only external manifestations of internal disease, such as syphilis, struma, gout, etc.; so also are aneurisms, for these do not occur in healthy arteries; cancerous tumors, too, are only signs of cancerous material in the blood; this *materies morbi* only constitutional treatment can correct. Removing the external evidences is not curing the disease; it is only lopping off the branches, not uprooting the tree. Besides, the removal of the external disease without removing the internal cause, is generally followed by recurrence, that is, the branches sprout out again; this is because of the continued presence of the constitutional fault that originally

gave rise to them. And what is even worse is that if they don't recur, closing up the outlets for the *materies morbi* of course causes its accumulation within, and its probable deposition in some internal organ, as is the case with cancer, tubercle, &c. How frequently, indeed, is this brought home to us by such occurrences? How frequently, for instance, is surgical stoppage of the escape which takes place by chronic epistaxis, or bleeding piles, followed by headaches, and even by apoplexy? And how often is arrested menstruation followed by profound ill-health? And how generally is stoppage of the depurating action of other secreting and excreting organs followed by accumulation in the blood and profound ill-health, with, indeed, ultimate death? As, for example, uræmia from disease of the kidneys, and jaundice from disease of the liver. That serious and intractable diseases often depend upon the presence of morbid material in the blood, is indeed no mere myth; it is a profound truth—a demonstrable and demonstrated fact, and the practitioner who ignores this will meet with many cases which, though incurable in his hands, will prove to be curable by others. Writing on the topical treatment of local inflammation by the application of nitrate of silver, Dr. Hughes says:—"If, as so often happens, the inflammation is but an expression of blood-changes further back, it is poor practice to blight the efflorescence, while root and stem are untouched."

Physicians also, if not wary and watchful, are apt to devote themselves too exclusively to the mere therapeutic part of the profession, and so be led to overlook the fact that very often local morbid processes have already proceeded so far when they are first consulted about them, that these have become the main objects of treatment, because their presence is, or may soon become, a menace or danger, not only to some important part but even to life itself; as in the case of polypi blocking up the nostrils, and dropsical fluid in the pericardium, in the pleura, or in the abdomen; or in other cases, which may be, or may become sources of secondary infection or blood-poisoning, as in the case of neglected cancerous tumours, necrosed bones, tuberculous ulcers, &c. ;



even a carious tooth may become the source of secondary abscess and blood-poisoning. In such cases immediate removal of the local disease is sometimes of the utmost importance, not only for the present saving of life, but in order to prevent reinfection from these morbid foci, and to give time for constitutional treatment to be pursued. Nor need the surgeon's work at all interfere with the medicinal treatment for the correction of the constitutional fault; this may be proceeded with notwithstanding.

Again, amongst physicians themselves, some are apt to devote themselves too much to mere diagnosis, and others too much to mere therapeutics; the former fault makes them sceptical as to the power of drugs over diseases, and leads them to rely too much on mere sanitary measures—on diet, rest, baths, fomentations, poultices and suchlike means—and too little on the use of medicines, thus leaving nature to recover almost of her own initiative and by her own power, or not at all, as is the case with many of the ordinary or allopathic practitioners. The latter fault makes physicians credulous as to the power of drugs, and leads them to rely perhaps too much on the mere use of medicines, to the neglect of the before-mentioned and other auxiliaries, as is the case with some homœopathic practitioners. Both these faults should be studiously avoided; both are disgraceful to physicians and disastrous to patients. That allopathic practitioners should disparage the use of medicines is to be expected, and is, perhaps, excusable and even pardonable because of imperfect knowledge of their action and therapeutic uses, and because of the merely temporary and always uncertain benefit derivable from the so-called physiological (the pathogenetic) action of drugs, and because of the oftentimes disastrous results of this allopathic use. But for homœopathic practitioners to ignore the use of the many non-medicinal means of help is neither excusable nor pardonable, because the use of these is neither uncertain nor disastrous, but generally beneficial, and in no way interferes with internal treatment, whilst their use is often soothing and satisfactory, as well as helpful, to the patient.

Let us then aim at being open-minded practitioners who take advantage of the whole range of professional and therapeutic resources. In all cases of apparently topical diseases let us seek for the constitutional fault that may possibly be at the bottom of them ; and by appropriate and, if necessary, prolonged medicinal treatment, let us endeavour to correct the faulty nutrition that has given rise to them. In doing this, however, we must be very careful to avoid attempting to treat supposed pathological states ; there must be no treating supposed syphilis, cancer, struma, gout, &c., as such ; each case must be treated according to its own peculiar individuality. It is here the subjective symptoms and the past history afford such valuable aid ; there are very few, if any, objective symptoms to guide us here ; we cannot see, or feel, or listen to the particular fault in the nutrition ; we can get at it only by carefully collecting and studying the subjective symptoms. It is here one of the peculiar and unique advantages of homœopathy comes in. Let us also fully recognise our mutual dependence on one another—surgeons seeking the aid of the physician, whenever at all necessary ; physicians the aid of the surgeon ; general practitioners the aid of the specialist ; and specialists the aid of the general practitioner. And as homœopathic practitioners let us not neglect the use of the various non-medicinal auxiliaries, but make use of every means at all likely to hasten the cure, or to soothe bodily pain or mental distress, or even nervous prejudice ; where we cannot cure it is our mission to soothe and comfort.

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CEREBRAL LEPTO-MENINGITIS.<sup>1</sup>

BY P. DOUGLAS SMITH, M.B., C.M., EDIN.

My object in selecting as the subject for this paper the disease, or diseases, known as "Cerebral Lepto-Meningitis," is that I may raise certain points in regard to surgical and medicinal treatment, and to a less extent in regard to diagnosis and prognosis of the disease in question. I shall have also to bring before you some illustrative cases, one having arisen and come to a favourable issue while I have been engaged in writing upon the subject.

With the general anatomy of the parts concerned we are all acquainted. There are a few points in this connection, which have an important bearing upon the course of the disease and upon its treatment, which it is necessary to keep in mind. The position of the cranial nerves at the base of the brain, and of the motor areas in the cortical convolutions, is of importance in respect of diagnosis. The communication between the sub-arachnoid space and the ventricles of the brain by the foramen of Magendie, also between the spinal and cranial portions of the sub-arachnoid space, is of importance in relation to treatment.

All three of the membranes of the spinal cord and the brain are subject from various causes to a process of inflammation, the group of affections so resulting being termed "Meningitis."

With affections of the spinal meninges, and of the cerebral dura mater, I wish to have nothing to do at present.

Epidemic cerebro-spinal meningitis belongs properly to the specific fevers, and stands so by itself that it may at present be left out of consideration. I wish, therefore, to confine my remarks to "Acute cerebral lepto-meningitis," the chronic form of the disease being unimportant because of its great rarity.

<sup>1</sup> Presented to the Liverpool Branch, April 8, 1897.

## ETIOLOGY.

This disease may arise:—

Firstly, and most commonly, as a result of the eruption of tubercles, usually in the basal meninges, being then called tuberculous, or basilar meningitis.

Secondly, complicating certain acute general diseases, especially pneumonia, also smallpox, typhoid fever, rheumatic fever, whooping-cough, scarlet fever, measles, erysipelas, septicæmia, and pyæmia.

Thirdly, directly or indirectly consequent upon injury to or disease of the cranial bones, especially the petrous portion of the temporal bone.

Fourthly, in certain constitutional conditions, such as Bright's disease, and rarely gout.

Fifthly, we must recognise an idiopathic lepto-meningitis infantum, in which there is no discoverable cause.

## MORBID ANATOMY.

In tuberculous meningitis the basal meninges are mostly involved. There may be a great amount of exudation, the sub-arachnoid space being filled with a turbid fibrino-purulent fluid, which covers the structures at the base of the brain, and may extend at times over the surface of the brain to the vertex. There may, on the other hand, be merely a slight matting and turbidity of the membranes, with a slight amount of serous infiltration. The tubercles may be manifest as small greyish-white nodules throughout the membranes, more or less abundant, there being no relation between the number of tubercles and the amount of fluid exudation. At times the tubercles are very hard to find, and can only be discovered after carefully withdrawing and searching the arteries of the anterior and posterior perforated spaces. The tubercle bacillus is usually demonstrable in the tubercles and in the fluid exudate.

In the non-tuberculous forms of the disease the cortical or basal meninges may be involved. The general appear-

ances are much the same, but there are no tubercles, and the fluid is more apt to be purulent.

In both varieties the condition affects the contiguous cerebral substance, so that the condition is in reality a meningo-cerebritis.

In both varieties, also, the disease spreads to the ventricles of the brain, resulting in ependymitis, with consequent exudation and hydrocephalus.

Careful *post-mortem* examination will reveal, in almost all cases of tuberculous meningitis, that the meningeal affection is secondary, there being a primary focus of the disease in some other organ or tissue.

### SYMPTOMS.

The symptoms of acute meningitis vary considerably according to the amount of fluid in the ventricles, the amount of central softening accompanying the inflammation of the meninges, and the intensity and locality of the inflammatory process itself. In basilar meningitis the cranial nerves may be markedly affected. If the vertex is involved there may be many symptoms arising from involvement of the motor areas.

The course of the disease is usually divided into stages, which, however, are often very badly marked off from each other.

There may, or may not be, a prodromal stage, during which the child is irritable, peevish, and in failing health generally, but at this time the disease is not recognisable.

The first or irritative stage is usually ushered in either by a convulsion, or by severe headache, vomiting, and sudden access of fever. The patient may scream loudly, or may wail and moan without cessation, often waking up in sudden terror, and being subject to illusions of various kinds. There are, as a rule, great restlessness and muscular twitchings, &c. The pulse is at first rapid, but then may become slower, and remain so till shortly before death. The temperature may rise to 103° or 104° F., or even as high as 106°, being usually higher in non-tuberculous cases. The bowels are

constipated as a rule, but not always. The pupils are often contracted, but may be unequal, natural, or even in this stage dilated, the ocular symptoms all through being very inconstant.

The second stage, or stage of compression, is marked by subsidence of the irritative symptoms, and the advent of a less distressing but much more ominous condition of apathy and stupor. The abdomen is retracted, and the bowels constipated. Pupils usually dilated or irregular. Respiration sighing. There are commonly a retraction and rigidity of the neck, and may be convulsions or rigidity of the muscles of one side or limb. Optic neuritis may develop, and very rarely tubercles may be detected in the choroid. Erythema or urticaria may sometimes occur. The temperature is maintained at a lower level—100° to 102° or 103° F. When roused from his stupor the patient is somewhat delirious.

The final, or paralytic stage, is characterised by increasing coma, with rapid, feeble pulse, going on to complete paralysis. Death may then occur from gradual heart failure, or the patient may be asphyxiated during a convulsion.

The duration of the disease is usually two to four weeks in the tuberculous variety. The non-tuberculous forms are more violent and rapid, and death may take place even within two or three days of the onset of acute symptoms.

#### DIAGNOSIS.

Diagnosis of meningitis is usually easy, and must be made in accordance with the totality and the grouping of the symptoms, due regard being had for the etiological factors discoverable. Due care will in this way separate meningitis from typhoid fever, and from other intra-cranial affections.

Sometimes, however, difficulties may present themselves, especially when complicating pneumonia or typhoid fever, where identical symptoms may result from meningeal congestion.

Diagnosis between the tuberculous and non-tuberculous varieties is often impossible *ante mortem*. It must be borne

in mind that tuberculous meningitis is common, whereas the other forms are rare indeed. Involvement of the base, indicated by affections of the cranial nerves, and often by optic neuritis, is in favour of the disease being tuberculous.

If a cause can be traced, *e.g.*, purulent otorrhœa, this will obviously be of great assistance.

It has been suggested and practised to diagnose by means of lumbar puncture with a hypodermic needle, and withdrawal and examination of the fluid exudate. I should not feel justified in using this method, even if it were reliable and accurate.

### PROGNOSIS.

It is still debated by some authorities whether meningitis can recover, or be cured; though I think no homœopath would waste two thoughts on such a question.

The mortality is, however, large, even with the most careful homœopathic treatment, and the cause is not far to seek. The parts attacked are of great importance and extreme delicacy. Moreover, in the vast majority of cases, there is an underlying constitutional condition of the utmost gravity, and most difficult of treatment.

My own small experience of general practice has, I should presume, been unduly favourable. I have treated three cases and watched two others, all undoubted meningitis.

One of my own cases died; the other four all recovered.

The general conclusion seems to be that the prognosis is always grave, more so in tuberculous cases, and that the gravity increases as the stage of irritation gives way to that of compression. But even when compression is fully established there is no need to regard the case as absolutely hopeless.

### TREATMENT.

Dietetic treatment is regulated by common sense, milk being given in small quantities frequently. General treatment may be of some importance. The patient should be kept, as far as possible, at perfect rest and quiet.

The whole paraphernalia of purges, leeches, blisters, thermocautery, &c., may be at once discarded as cruel and worse than useless.

The head may be shaved and an ice cap applied, which must not be expected in any way to control the inflammatory process, but may give some relief if the headache be severe. It is very difficult to keep the ice cap applied on account of the great restlessness of the patient, and I do not think we should be dependent upon such accessories.

If the fever is very high, sponging may be resorted to in the usual way. This can do no possible harm, and often gives great comfort; at least temporarily. Surgical treatment has been practised both for the purpose of direct medication and in order to prevent or relieve cerebral compression.

Direct medication may be effected, as proposed, by means of lumbar puncture with a hypodermic needle, the medicament being injected slowly and allowed to flow up and out through a trephine hole in the vertex. It has been suggested to use iodoform and sodium salicylate in this way. This operation is essentially wrong in principle, and one could expect nothing but mischief to result from it. Even if there were a gleam of hope in it, it would not be justifiable except in the absence of safer, simpler and more efficacious methods.

For relief of cerebral compression, the operation of trephining and draining the subdural space has been practised. The various sites recommended for the operation are the cerebellar fossa of the occipital bone and the cervical and lumbar portions of the vertebral column. The two latter sites seem open to two objections. First, they are apt to be inefficacious in consequence of closure by inflammatory deposit of the communication between the cerebral and spinal spaces. Second, where this is not so, it would seem at least undesirable to drain a quantity of unhealthy, possibly purulent fluid over the healthy spinal meninges.

This operation stands on an entirely different footing from the one previously mentioned, in that there is no introduction of pernicious substances, its object being



merely the mechanical relief of cerebral compression. It seems open to one objection, namely, that it disturbs the course of the symptoms, without altering the nature of the disease. If, then, as consistent homœopathic therapeutists, we rely upon the symptoms as our guide in our selection, we have this difficulty to face. By disturbing the symptoms we deprive ourselves of the means of accurately selecting the remedies requisite for the cure of the disease. By acting as surgeons we deprive ourselves to a certain extent of the ability to act as therapeutists. On the other hand, it may with justice be urged that by this means the immediate cause of death may often be removed and the patient's life prolonged, if not saved. Thus valuable time is gained during which we can continue our medicinal treatment.

I have had no personal experience of the operation, but if it seemed to be going to the bad in spite of my best efforts, and if I had reason to regard it as hopeless or nearly so, I should feel justified in trephining in the cerebellar

The operation of trephining would seem to be more useful in cases where middle ear disease causes a limited meningocerebritis which can in any way be localised. The extent of the inflammation may thus be checked, the toxic products be drained away, and the case left open for treatment.

In regard to internal medication, if we consult our friends of the allopathic school, we receive only the melancholy assurance that "there are no remedies which in any way arrest the course of acute meningitis," but that the bowels should be kept open, and mercury and the iodide and bromide administered.

We know, however, that there are a large number of remedies which do control the course of the disease, which would certainly prove fatal. Indeed, our very ignorance in this respect is a cause of difficulty to us, for in such a host of similars the selection of the most similar for any given case becomes a delicate and laborious under-

taking. And if there is a wealth of remedies on the one hand, it cannot be denied that on the other hand the disease itself presents an unusual variety of remarkable symptoms. This being the case, the only method from which, as far as I know, success can be expected or deserved, is to make a careful and patient study of each case as it comes under our care. We may be stimulated to this by the knowledge that the utmost care and most exact discrimination on our part will scarcely suffice to preserve the life of one suffering from this fatal disease. All the facts ascertainable in each case should be collected and carefully weighed over side by side with our drug pathogenesis, before we venture to administer any medicine at all. I remember finding it of great advantage in one case, to sit by the little patient's bed for an hour and more at a time, observing and noting the occurrence of valuable symptoms, which would otherwise have escaped my knowledge. I am convinced that such practice as the systematic administration of hellebore, for no other reason than that the child suffers from meningitis, would be unworthy of any homœopathic therapist, and in the vast majority of cases, powerless for good to our patients.

While in this, as in most other things, there is no royal road, there are, I think, a few considerations which may serve as guides to us in a general way, without relieving us of the responsibility in each case of carefully differentiating before we select. Etiology may afford us important indication of the direction in which we are to look for a remedy.

If there be a distinct history of traumatism, *arnica* is likely to be indicated; or *hepar sulph.* for traumatic meningitis in children, with spasms. Meningitis, the result of suppressed eruption, will often require *apis*, *belladonna*, *bryonia*, *mercurius*, *phosphorus*, or *rhus tox.*

If a suppressed otorrhœa be the cause, *pulsatilla* or *sulphur* will frequently be indicated.

Most especially must we take note of the grave constitutional taint which underlies the vast majority of cases, notably the tuberculous cases, and of which the meningitis is merely a local manifestation. Thus we may persevere

with such favourite remedies as belladonna, bryonia, hellebore, apis, etc., and meet with disappointment over and over again, in spite of the apparent homœopathicity of our remedies. The fact in such cases would be that our drugs are not equal to the disease ; their action is not deep enough. The two powers are pitted one against the other, and the disease power proves the stronger. We must remember that usually it is not merely meningitis we are called upon to treat, but tuberculosis. We should therefore search patiently for a similimum among the antipsorics, or, if the term be objected to, among remedies with a profound and far-reaching action, which shall be capable of reaching as deep as the disease and extirpating it by the roots. We must not be content, like Homœcea, to touch the spot ; but must consider whence that spot originates, and destroy the " fons et origo mali."

Such remedies as I refer to, from which we may expect great benefit, are arsenic, calcarea, cuprum, iodium, lycopodium, silica, sulphur, and zinc ; also natrum mur., and, it is said, psorinum : possibly sometimes tuberculinum. Most of these remedies will be often found to be homœopathically indicated ; and presuming their suitability, will be far more powerful for good than those whose action is less profound. It is not my wish to cast a slur upon the other remedies : they are indispensable as intercurrents, but can seldom cure the disease by themselves. I believe that if these facts be kept in mind, we shall be frequently saved from disappointment, and our patients from death.

We shall find also that, apart from etiology, a knowledge of the clinical course of the disease will stand us in good stead. Thus by careful watching we shall be able to detect the earliest threatening of compression symptoms, and to prevent their onset by the exhibition of suitable remedies ; our treatment being in such cases prophylactic to a certain extent as well as curative. Of course the different stages of the disease present different symptoms, and demand different remedies in accordance. Thus, for the earliest incipience, aconite is often called for, especially in non-tuberculous cases, and will frequently be best followed

by belladonna, then apis, then hellebore, or sulphur, etc., or by bryonia, then sulphur.

If remedies be given in improper sequence, then, of course, mischief will result. To follow apis by rhus would be a great mistake; to follow apis by sulphur would be excellent, presuming the indication. Apart from the question of medicinal treatment, or only indirectly affecting it, there is one error which we shall be preserved from by the exercise of reasonable care, which will be best illustrated by an actual case. Upon the subsidence of the irritative symptoms, deceived by the temporary lull which often then takes place, a doctor declared the case cured, and actually left off attending. Compression symptoms then appeared, another medical man was called in, and the child died.

I should like briefly to refer to two or three cases by way of illustration, also because some of them seem to present peculiar and interesting characteristics:—

*Case I.* was a little girl three years of age, who had suffered for six weeks from purulent otorrhœa, consequent upon an attack of measles. A blow upon the head the day before the onset of acute symptoms, seems to have been the exciting cause of the meningitis. The attack was unusually acute and violent, and the temperature was very remarkable, oscillating daily between  $104^{\circ}$  to  $106^{\circ}$  in the morning and normal at night. In connection with the eyes, I observed that there was a constant rhythmical contraction and dilatation of the pupils, the variation being between extreme dilatation and pin-point contraction, and occurring about six times a minute. This symptom is recorded by Quain in a case of tuberculous meningitis, but seems to be rare. It is not, as far as I can find, recorded of any drug, but seems certainly to correspond to the genius of lycopodium, being similar to many symptoms of that drug in various parts of the body, in which contraction and dilatation occur in the same rhythmical manner.

*April 26.*—Aconite was the first drug administered, but was scarcely appropriate, it being the third day of the disease.

*April 27.*—Belladonna was then given upon the usual well-known indications the second day. On this day the above-mentioned peculiarity of the pupils was first noted, and the temperature rose to  $106^{\circ}$  at noon.

*April 28.*—The following day the otorrhœa was re-established, the temperature  $104.6^{\circ}$  at noon, and some slight improvement noted. The tongue was coated with a clear red strip in the centre. *Veratrum viride* was given, which I consider was a mistake.

*April 29.*—Next day the temperature rose to  $105.6^{\circ}$ , and the child seemed worse. *Belladonna* was again given, being indicated by violent throbbing of carotids, great heat, and redness of head and face, with many other symptoms.

The evening of the same day *lycopodium* was given, indicated especially by the condition of the pupils above referred to, the same kind of motion of the *alæ nasi*, and a vast deposit of urates in the urine. The result was a general improvement in the condition of the patient, disappearance of the symptoms mentioned, and a change in the type of the disease, the morning aggravations and evening remissions both becoming less marked.

*May 1.*—After two days bronchitis, with a troublesome cough, having appeared, the child developed an intense antipathy to the least motion. *Bryonia* seemed indicated, and was given for three days, with marked benefit to the cough and the general condition.

*May 4.*—The temperature did not rise above  $99.2^{\circ}$ . *Apis* was called for, by the irritable cross temper of the patient, by sudden throwing out of an arm during sleep, and by sudden sharp, short cry during sleep. *Apis* was continued six days, the child improving nicely.

Subsequent administration of *calcareæ* and *lycopodium* was followed by cessation of the otorrhœa. The child has been in excellent health since.

*Case II.* was not under my own treatment, except to a small extent. The patient was a strumous, badly nourished boy, aged nine years. The illness began with headache, vomiting, diarrhœa, and abdominal pain and tenderness, closely simulating enteric fever. The typical symptoms of meningitis soon supervened, the lungs became much congested, four tuberculous abscesses appeared in various parts of the body, and pericarditis appeared, with considerable effusion. All these, combined with a terribly depraved state of nutrition, combined to make the case almost hopeless. I regard the nature of the case as "acute general tuberculosis," affecting the intestines, the meninges, the pericardium, the cellular tissues, and possibly also the lungs.

I cannot enter into details as to the treatment, but the

#### DISCUSSION ON CEREBRAL LEPTO-MENINGITIS.

remedies from which most benefit was obtained were arsenic, hellebore, iodine, belladonna, lachesis, apis, and subsequently silica. The boy is now quite well.

*Case III.* was very similar to case 1, but less violent. The sequence of remedies was bryonia, hellebore, sulphur, and iodine. The first three cured the meningitis and some bronchitis which complicated it, hellebore and sulphur especially having a marked effect. Iodine is now greatly improving the boy's general health. In this case I noted a peculiar symptom of hellebore, namely, one small, dark, mucous stool every day.

*Case IV.* is a girl, aged eight years, and illustrates a point not referred to as yet. She suffered some years ago from meningitis, and now from chronic dementia, as a result of it. If her hands are left free she cries for them to be tied behind her back, and continually strikes herself about the face and ears, bruising herself considerably. When the hands are tied she frequently strikes her head gently against a table or anything else which may be convenient. My own impression is that there must be remaining a chronic meningitis with slight cerebral compression.

In the first three cases mentioned, all the remedies except lachesis were given in the potencies between one and four, which, I should like to remark, does not represent my convictions on the subject. But whether with high or low potencies, I shall perhaps not be wrong in saying that with due care we might be able to save a majority of the cases of meningitis that come under our treatment, or at least amply to demonstrate the curability of the disease, which is so much called in question.

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Dr. HAYLE said the last case described was treated by him some years ago; she recovered from the meningitis, but subsequently developed chronic trouble. Her present condition was one of imbecility, but there was some improvement under treatment. He mentioned another case, that of a girl of 2, who was comatose when he first saw her, and although she recovered she subsequently became very irritable in her manner, the brain being damaged. The remedies were iodine and hellebore. In selecting a medicine it was almost impossible to take the symptoms minutely

one by one. It is necessary to get a picture of the disease and prescribe accordingly. Repertories were useful when you had one or two symptoms to divide from, but not otherwise.

Dr. STORRÆ mentioned the use of packs, which often saved valuable time; he thought them particularly useful in suppressed eruptions.

Dr. HUMPHRIES regretted that his experience of meningitis had not been so fortunate; he referred to two cases where operative interference had been resorted to, but without avail.

Dr. HAWKES remarked that mercurial ointment had been successful. In his opinion the best chance of success was by antenatal treatment. In chronic meningitis mercurius cor. was useful. He relied on arnica in traumatic cases; bryonia was also a very useful medicine. In some of the cases referred to by Dr. Smith there had been diarrhœa; these cases were probably hydrocephaloid, in which disease it was necessary to remember early vomiting was rare. He could only call to mind three cases of apparent tuberculous meningitis cured in 25 years.

Dr. GORDON referred to an Aberdeen professor who said tuberculous meningitis was absolutely fatal. If a case so diagnosed got better he altered the diagnosis to simple meningitis. The important point in any given case was whether it was tuberculous.

Dr. JOHN HAYWARD referred to Dr. Mitchell's paper on calcarea bromide. He had seen two apparently typical cases get well with iodoform inunction. He had not much faith in homœopathic remedies in this disease.

Dr. ELLIS had never seen a single case that was tuberculous get well. According to the pathogenesis, iodoform was the closest simillimum to the disease. But he felt doubtful whether these cases were not septicæmic. Belladonna acted on the brain, not the meninges. Lycopodium was not applicable to meningitis, and he questioned Dr. Smith's choice of it, as both "fan-like motion of the *alæ nasi*" and "urine loaded with lithates" were common to all febrile conditions.

Dr. HAYWARD said all were agreed that non-tuberculous cases could be cured. With regard to the tuberculous cases he did not see why an occasional cure might not result, seeing that tuberculosis in other places, the chest and abdomen, had got well. We should never give up a case.

Dr. MEEK mentioned the case of a girl who had Pott's disease; this was apparently cured, but unfortunately, through

the advice of a surgeon, an attempt was made to straighten the spine ; this set up a meningitis which proved fatal.

Dr. CAPPER said he would use the ice-cap to relieve the inflammation. Belladonna was seldom indicated. His principal drug was bryonia.

Dr. CHAS. HAYWARD did not see why the disease in the tuberculous form should be necessarily fatal. He mentioned the use of an oil-skin cap for the application of iodoform ointment. He agreed with Dr. Hayle in his remark about symptomatic treatment. He had a case of chronic meningitis where calcarea bromide was producing improvement. With regard to milk diet it was necessary to examine the milk supply, as it was a possible source of contagion.

Dr. MOORE thought the most promising remedies were calcarea phos. 30, or iodine 30. In suppression of rash, sulphur should be thought of.

Dr. MAHONY remarked that Dr. Smith did not ignore pathology, and at the same time kept to characteristic symptoms. He referred to lycopodium, whose characteristic feature was alternate contraction and relaxation of the muscles. The ice-cap, whatever else it might be, was not homœopathy.

Dr. SMITH, in reply, said he did not look upon all the cases he had mentioned as tuberculous. Two of them certainly were not, but he believed the third one to be so, as there were tuberculous lesions in other places.

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LIVERPOOL BRANCH  
OF THE BRITISH HOMŒOPATHIC SOCIETY.

REPORT OF SESSION 1896-7.

DURING the Session the usual eight meetings were held, and the following papers presented to the Society :—

Oct. 8: Address "On some Psychological Aspects of the Abnormal," by the President (Dr. Green).

Nov. 12: "Notes on Calcium Bromide," by Dr. Mitchell.

Dec. 10: "Clinical Evening."

Jan. 14: "Narcotic Drugs," by Dr. Blumberg.

Feb. 11: "Compressed Air in Chronic Respiratory and other Diseases," by Dr. Owen.

March 11: "Discussion on the Position of the Society."

April 8: "Ourselves and Our Work," by Dr. Hayward;  
"Leptomeningitis," by Dr. Douglas Smith.

May 13: "Longevity," by Dr. Moore.

The membership now numbers 27. One new member, Dr. Blumberg, has been elected, and Dr. Stopford has ceased to be a member. Dr. Clifton, of Northampton, was also elected an honorary member. The following is a complete list: *Fellow*, Dr. J. W. Hayward. *Honorary Member*, Dr. Arthur Clifton. *Ordinary Members*, Dr. Hawkes, Dr. J. D. Hayward, Dr. Gordon Smith, Dr. Stuart, Dr. C. W. Hayward, Dr. Simpson, Dr. Ellis, Dr. Finlay, Dr. Storrar, Dr. E. H. Thomas, Dr. Nicholson, Dr. Moore, Dr. Douglas Smith, Dr. Mahony, Dr. Jones, Dr. Gordon, Dr. Williams, Dr. Capper, Dr. Green, Dr. B. Thomas, Dr. Mitchell, Dr. Hall, Dr. Meek, Dr. Niven, Dr. Hayle, Dr. Blumberg. The officers elected for 1897-8 are: *President*, Dr. L. E. Williams. *Vice-President*, Dr. John Hayward. *Representative on Council*, Dr. J. W. Hayward. *Secretary and Treasurer*, Dr. B. Thomas.

At the March meeting the Position of the Society formed the subject of almost the entire evening, and it was felt that something should be done to improve the meetings.

It was resolved that:

"A ballot be held at the last meeting of this session of all the members of the branch; that the first seven members so selected shall be expected to prepare or arrange for the papers, &c., in such order as they may be drawn, the next seven being similarly engaged for the following session, and so on. A new ballot to be held when the list is exhausted." This was accordingly done at the May meeting. The list of names is recorded in the minutes of that month.

During the session the question of publication of the papers read at this branch Society, was brought forward. A letter was received from the Secretary, which stated that the Council consider that papers read before the Branch should be published in the Transactions of the Society, but that the Council of the Branch can always exercise its discretion in this matter if it is not desirable to publish them.

In conclusion, Gentlemen, I think there is cause for satisfaction in the attendance of the later meetings, and we may with justice look forward to the renewed life, energy, and vigour of the Society.

The balance sheet is here presented, and the accounts show a balance of £2 10s. 9d.

<i>Dr.</i>		BALANCE SHEET.				<i>Cr.</i>			
		£	s.	d.			£	s.	d.
To balance in hand, October, 1896	.. ..	3	8	0½	Printing .. ..	0	7	0	
					Postage .. ..	0	10	3½	
					Balance .. ..	2	10	9	
		£3 8 0½				£3 8 0½			

BERNARD THOMAS,  
*Hon. Sec.*

**SOCIETY NEWS.**

At the last meeting of the Session of the Liverpool Branch, held at the Hahnemann Hospital, Liverpool, on Thursday, May 13, 1897, the following officers were elected for the ensuing session :—

*President*, Mr. Lemuel Edward Williams.

*Vice-President*, Dr. John D. Hayward.

*Secretary and Treasurer*, Dr. Bernard Thomas.

*Representative on the Council*, Dr. J. W. Hayward.

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At the May meeting of the Society, the following resolution moved by Mr. C. J. Wilkinson, of Windsor, was proposed and carried : "That the Committee of the Materia Medica Section is hereby empowered to ask Members of the Society to volunteer as provers of drugs used in the treatment of diabetes, to organise and superintend such provings, and to collect results into a report to be presented to the Society during its next Session."

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## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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“GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST.”

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MARCH—MAY, 1897.

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### PHARMACODYNAMICS.

**Acidum hydrocyanicum.**—Mr. Frederick Hobday, of London, has been led by the apparently excitant effect of prussic acid on the respiratory centre, to try it as an antidote to chloroform, when during anæsthesia therefrom the breathing has either stopped suddenly or become gradually slower. In experiments on animals it has succeeded perfectly. “The good result was generally manifest in a very short time—half a minute to two or three minutes—the respirations being resumed and becoming strong and regular.” He has used the drug in the form of Scheele’s acid, one minim for every seven or eight pounds of body weight in the animal being placed at the back of the tongue or injected hypodermically.—*Amer. Homœopathist*, April 1, p. 109.

**Aconite.**—Dr. Jousset has made aconite the instrument of pharmacological research in the laboratory of the Hôpital St. Jacques, and the subject of one his materia medica papers. The experiments reproduce the lesions of the mitral valve previously obtained by him,<sup>1</sup> and show the temperature to be raised by the drug, thus confirming Mackenzie’s results,<sup>2</sup> which hitherto had rested without support from others. In the therapeutic article Dr. Jousset dwells much on the value of the drug in pyæmia and “icterus gravis.” He still rejects it in pneumonia, but recognises its great value in febrile pleurisy. He seems to be

<sup>1</sup> See *Cycl. of Drug Path.*, i., 116.

<sup>2</sup> *Ibid.*, p. 127.

now in the habit of giving it in substantial doses of the tincture.—*L'Art Médical*, April and May.

**Antimonium tartaricum.**—Dr. H. Goullon writes to describe and illustrate the cough for which tartar emetic is specific. It is concussive and convulsive, attended with copious secretion of mucus; worse at night, especially in bed; its sputum lemon-coloured, with bloody streaks; and accompanied with alternating heats and chills, and great feeling of bruisedness. He gives the 6x dil.—*Hom. Recorder*, April, p. 175.

**Antitoxin.**—The latest Philadelphian experience of this anti-diphtheritic does not appear to have been very favourable. During 1896, 869 cases of the disease were treated in the Municipal Hospital. Of these 553 received antitoxin, and 142 of their number died, giving a death-rate of 25·67 per cent.; 316 cases had none, and showed a mortality of 51, *i.e.*, 13·29 per cent.—*Hom. Recorder*, April.

Dr. Croskey, of Kansas City, after studying the pathogenetic effects of carbolic acid, recalls the fact that the anti-diphtheritic serum of commerce is preserved therein, and asks whether the presence of so potent a poison may not be the cause of the many untoward results of its introduction into the system.—*Med. Century*, April.

The experience of Dr. Gilman, of Chicago, has been much more favourable. "So far as the antitoxin is concerned, I would say that case after case of those forms of diphtheria that under any other treatment would have died just as surely as night follows day have put on robes of recovery and regained health. I have seen cases with the toxic effect of the disease so marked, that before the days of antitoxin, I should at once say there is nothing to be done but wait a few hours for the end. I have seen these cases react against the disease—the exudate melt off like snow before a June sun, and go on to a perfect recovery, and, personally, I have yet to see any case with a bad complication resulting from the antitoxin."—*The Clinique*, April.

**Apioline.**—Dr. Leon Garner recommends apioline, the active principle of parsley (our *petroselinum*), in dysmenorrhœa. He relates two cases, one of three, one of fifteen years' standing, in which the periods rapidly became painless after taking a capsule of this drug (quantity contained not specified) night and morning during the intervals.—*Amer. Homœopathist*, April 1.

**Arsenicum.**—A fatal case of poisoning by arsenic, (self) introduced into the vagina, appears in the *Hahnemannian Monthly* for March. There was acute fatty degeneration of the organs generally, with ecchymoses, just as in phosphorus poisoning, besides the enteritic alterations characteristic of arsenic itself.—*Hahn. Monthly*, March.

Dr. G. W. Bowen thinks this potent drug rather undervalued in the acute infectious diseases, especially diphtheria, but it must be given in serious cases pretty strong. The first trituration seems his usual form of administration.—*Hom. Recorder*, March, p. 123.

In the *Journal Belge d'Homœopathie* for March-April, Dr. Nyssens gives an account of Professor Bakody's lecture on this drug. He speaks strongly of its value in cholera, citing, besides his own experience, that of his father, who seems to have preceded Hahnemann in using and recommending it in 1831 (saving 148 patients out of 154).

**Baryta.**—Dr. Dahlke has been making a study of the mental characteristics of drugs. His account of baryta is extracted in the *Homœopathic Recorder* of April. Its "fundamental symptom" is said to be that "adults, especially old people, have a peculiar antipathy to strangers, and shun any face that does not belong to the family; they imagine they are laughed at, and are averse to society. Children are unwilling to play, sit in a corner and do nothing."

Dr. Choudburry continues,<sup>1</sup> in the May number, his series of cases of intermittent fever, 15 in all, treated by baryta carbonica (3rd trit.). In summing up the indications for it, to his previous adipsia he adds stretching and yawning as a marked prodrome.

**Bismuth.**—Dr. H. C. Wood, in his *Therapeutics*, says that while the action of ipecacuanha in vomiting seems to conform to the law of similars, that of bismuth points in another direction. Dr. Vandenburg traverses this assertion, and by apt quotations from the author's own book shows that bismuth causes, even when absorbed through wounds, the very gastro-intestinal irritation it is used to subdue.—*N. Engl. Med. Gazette*, March.

**Calcarea silicata.**—Nothing has been heard of this medicine since Dr. J. T. Boyd introduced it to us in 1894.<sup>2</sup> In the *Medical*

<sup>1</sup> See p. 88 of this volume.

<sup>2</sup> See vol. iii., p. 98.

*Era*, of April, Dr. Oehme gives a case of hydrocele in an infant, in which, after the failure of rhododendron and graphites, it effected (in the 3x trit.) a speedy cure.

**Calendula.**—A dentist, writing in a journal of his craft (*Items of Interest*, January), calls attention to the great value of calendula in checking suppuration. He uses it much for dental abscesses, applying the tincture on cotton or injecting it by a hypodermic syringe. He thinks it helps to heal the wound left after extraction of a tooth.—*Journ. Belge d'Homœopathie*, March-April.

**Cocaine.**—Magnan describes as a characteristic symptom of cocaine poisoning a hallucination of sensation as if foreign bodies were under the skin—generally small round substances, like grains of sand. Korsakoff reports a case of a woman suffering from multiple neuritis, who complained of a sensation as if a worm were under the skin. This woman was being treated at the same time for a uterine affection by means of vaginal tampons containing cocaine. A discontinuance of these caused the subcutaneous sensation to subside.—*Med. Century*, May.

**Coffea.**—Dr. J. T. Rugh relates a case in which profound toxic effects were observed from the drinking of large quantities of strong coffee, and where the symptoms closely resembled those of *mania à potu*. "The muscles were in such a state of tension that upon the slightest movement of arms or legs clonic spasms occurred, though none were present when he lay perfectly relaxed, which, however, his exceedingly nervous condition would not allow him to do. If he tried to sleep he would be seized with hallucinations just before losing consciousness, imagining that disasters were about to overtake him, and seeing all kinds and shapes of images and objects. Then he would start up in fright and find himself in the greatest nervous excitement."—*Amer. Homœopathist*, March 1.

**Echinacea.**—Dr. Swormstedt comes forward to verify the claims made by Dr. Otis<sup>1</sup> for echinacea in diphtheria and septic conditions generally.—*N. Am. Journ. of Hom.*, May, App. p. 36.

**Eserine.**—It is a moot question whether calabar bean and its alkaloid contract the pupil through the third nerve or by direct

<sup>1</sup> See our April No., page 195.

influence on the muscular fibres of the iris. A case reported by Dr. C. T. Swan points strongly to the latter alternative. A steel splinter in the eye had caused persistent dilation of that pupil, which would not react to light, accommodation or convergence; and it could not but be concluded that the bit of steel had cut the branch of the third nerve supplying the constrictor muscle of the iris. Eserine, nevertheless, never failed to contract the pupil for a time.—*The Clinique*, April.

**Ferrum phosphoricum.**—Dr. Boullangier, of Nice, reports a case shewing ferrum phos., 3x, to be very effective for catarrhal influenza. He relates also the experience of a patient labouring under the same disorder who took the drug on her own account, but too freely, when it induced a sudden and obstinate epistaxis, necessitating plugging. The patient was 77 years of age.—*Revue Hom. Française*, March.

**Iodine.**—Dr. Lemoine relates an instance observed by him of generalised purpura over trunk and extremities, brought on twice from the ingestion of a drachm of sodic iodide. The eruption was quite confluent, forming arborisations and streaks over the skin, and was accompanied by intense itching. The patient had congestion of liver and kidneys, and had previously suffered from albuminuria and jaundice.—*American Homœopathist*, May 1.

**Iodoform.**—Dr. Marc Jousset has been bringing together, in the pages of *L'Art Médical*, a series of poisonings and experiments on animals effected with this drug. In the number for February, 1897, he sums up the symptoms obtained, and discusses the therapeutic indications. He fully recognises its homœopathicity to such a meningitis as tubercle sets up; but has not been successful with it in the only case of the kind he has had an opportunity of treating by its means, though he used it both as a pomade to the scalp and (2nd trit.) inwardly. He thinks it may find a place in the treatment of locomotor ataxy, general paralysis, mania, albuminuria, hysterical anorexia, and some maladies of the skin.

**Ipecacuanha.**—Dr. Jousset, *père*, is publishing in *L'Art Médical* a series of articles on individual drugs, as a contribution (he says) towards a revision of the *Materia Medica*. In the March number he handles ipecacuanha. He recounts some experiments on animals made with emetine—the active principle



of the drug, showing its power to induce disseminated hepatisation in the lungs. In asthma he considers success only attainable where ipecac. is given in the 1st dec. trit.

**Kali manganicum.**—Dr. Oscoe presented for inspection before the New York Academy of Pathological Science “a six-year-old boy. The history of the case was given as that of a general tubercular condition affecting particularly the cerebro-spinal membranes, and later the apex of the right lung. Finally the whole upper lobe was involved, and the doctor detected the presence of a cavity the size of a lemon. Permanganate of potash was prescribed, at first in doses of  $\frac{1}{4}$  gr.; but, this causing vomiting, it was reduced to  $\frac{1}{8}$  gr. When this treatment was instituted, the child was very weak, extremely emaciated, and indeed regarded as being in an absolute dying condition. Under the kali permang. he began to improve, and is now practically well. There are no mucous râles. The remedy was continued twice a day for fully six months.”—*Hahn. Monthly*, March.

**Magnesia phosphorica.**—This remedy is gaining favour, not only in the muscular spasms for which it has already been praised,<sup>1</sup> but in actual convulsions. Drs. Sturtevant, Blackwood and Owen Smith commend it in these, when of nervous origin, whether puerperal or infantile.—*The Clinique*, March, p. 158.

The pains for which magnesia phosphorica has proved an anodyne have generally been of anomalous character; but Dr. Huff reports in the *Hahnemannian Monthly* of May four cases of genuine facial neuralgia, in which it gave prompt relief. Its characteristic “conditions” were present (so far as mentioned) in two only of the series. The 30th trit. was used.

**Morphia.**—Another observation has been made of the symptoms of an overdose of morphia. Besides the usual narcotic effects, there was noted: vertigo at times, all things turning in a circle, especially to the left; much dysphagia, almost to strangulation; oppressed anxious breathing; urination difficult, easier in sitting posture; urine scanty and dark, with dark sediment; sudden or even involuntary defæcation; fingers feel cold, with blue nails; limbs, from knees down to feet, like lead, especially on movement; twitching and cramp in legs; dry skin; chilliness.—*Hom. Physician*, March.

**Palladium.**—As a pendant to the case cured by palladium 3x, cited in our January No. (p. 96), we may give place here to one reported by Dr. Vondergoltz in the *Homœopathic Physician* for May. As a sequel of pelvic inflammation following an abortion three years previously, the uterus was retroflected, painfully sensitive and immovable; and both parametria were a compact mass, filling out the lower pelvis. After two courses of three doses each of palladium 30, at three weeks' interval, the patient returned to report herself pregnant. On examination nearly all inflammation was found to have subsided.

**Phaseolus nana.**—Dr. Cushing relates further<sup>1</sup> experiences with phaseolus nana. Palpitation and fluttering, with feeling as if the heart would stop, seem to be the indications for it. It acts well in the medium dilutions.—*Hom. Recorder*, May, pp. 193, 237.

**Phloridzin.**—Dr. Paillou, of St. Louis, has anticipated Dr. Gibbs Blake's promised report<sup>2</sup> as to the clinical use of phloridzin in diabetes. He had already adopted Dr. Platt's view<sup>3</sup> that the glycosuria it causes is of renal origin, and has been using it in this form of the disease for the last two years, and with very good results, which he illustrates by three cases. In one of these, however, the phloridzin (which Dr. Paillou gives in the 3x and 6x trits.) failed to influence the malady, and improvement only set in when pancreatic extract was given in its place.—*Hahn. Monthly*, April.

**Phosphorus.**—Dr. F. H. Pritchard contributes to the March No. of the *Hahnemannian Monthly* a valuable study of the action of phosphorus upon the kidneys. There seems to be hardly any morbid state of these organs which it is not capable of setting up. "The observation that the use of phosphorus in rachitis brought about, even after a short time, an amelioration of symptoms of nervous irritation, and, in backward children, frequently a marked improvement in their mental condition, led Hartcap to use the remedy in older non-rachitic children with cerebral irritation, either congenital or produced by acute or chronic diseases. He also uses it in children with weak minds, who are mentally and bodily incapacitated for life; further, he finds it of use in headache in children due to cerebral anæmia, saying that 'a great number of children are markedly benefited physically and ment-

<sup>1</sup> See p. 199 of this volume.

<sup>2</sup> See vol. iv., p. 386.

<sup>3</sup> See vol. v., 208.

ally by the use of phosphorus.' The dose prescribed ranges from 0.0006 to 0.0005 grm. three times a day."—Dr. Dewey, *North Am. Journ. of Hom.*, April, p. 256.

**Quinine.**—"Dr. Ledyard reported a case of asthma, following the suppression of chill by quinine. The asthma had affected the patient for forty-five years. After taking quinine frequently in massive doses of the crude drug, the chills stopped, but from that time on, the patient suffered from asthma. He made known the nature of the case to the patient, and also the advisability of bringing back the chills, stating that when they had been brought back the asthma would either disappear, or would be amenable to treatment. Having the patient's concurrence, he commenced the treatment by giving one dose of chinin. sulph. 200th, from time to time repeating the dose. After treating the case for some time a slight afternoon fever, with dryness of the lips and thirst, put in an appearance. The case was persevered with, an occasional dose of very highly-potentised sulphur being exhibited, until the yawning and stretching with the identical old-time chills, and even the bitter taste of the quinine, returned in full force. After this the asthma was reduced to a minimum, and from that day to this has troubled him very little, although his daily work consists in sweeping out a large school-house of seventeen rooms."—*Hom. Physician*, April, p. 128.

Dr. Allison Clokey contributes to the *North Amer. Journ. of Hom.*, for April, an article entitled "Cured or Suppressed?" illustrating the treatment of recent intermittents with quinine in grain doses, repeated every two, three, or four hours. Nothing but good seems to have resulted, and the remedy often proved effectual after others—supposed to be more strictly homœopathic to the case—had failed.

Dr. Ayres relates a case of amblyopia caused by the abuse of quinine, and refers to experiments with the drug on dogs by De Schweinitz. He finds it causes an endovasculitis, leading to an appearance not unlike a glaucomatous excavation, and finally to complete atrophy of the visual path.—*Amer. Homœopathist*, May 1.

**Thlaspi bursa pastoris.**—Dr. Waldo H. Stone finds this drug effective in suppression of urine. In one case, with eclampsia, its use caused 115 ounces to be voided in twenty hours.—*N. Engl. Med. Gaz.*, April.

**Thuja.**—Dr. C. W. Roberts finds Thuja, in 5-7 drop doses of the tincture, very effective against nocturnal seminal emissions. The observation was first made incidentally in a case he was treating for condylomatous growths, but he has since verified it repeatedly when the emissions were the primary object of treatment.—*Hom. Recorder*, March, p. 136.

**Thyroidin.**—Under the title of "Thyroid Feeding in Insanity," Dr. Adams gives an account of his experiences with this substance at Westborough Asylum, of which he is Superintendent. Following Dr. Lewis Bruce, of Edinburgh, he has given it in cases which, though apparently curable, were "hanging fire," and threatening to drift into chronic insanity. His results are satisfactory, especially in the puerperal form. So far he had used thyroid extract as a food, in 1-4 gr. doses, but in a case of paranoia in the male subject, which had already the febrile pulse and the perspiration of the drug, he gave it in the 3x trit., and improvement, absent under the usual treatment previously adopted, set in at once, and went on to complete recovery.—*N. Engl. Med. Gaz.*, May.

**Zincum.**—A case of internal poisoning by the chloride (fatal) is extracted in *L'Art Médical* for January, in which, besides incessant vomiting, nephritis and pleural effusion occurred.

## THERAPEUTICS.

**Alcoholism.**—From experiences of his own, Dr. G. R. Mitchell is disposed to think that of the so-called "Keeley cure" for drunkards, the hypodermic injection of strychnine is the essential element. It has never failed in his hands to cause a temporary disgust for liquor; and if there be any will-power left in the patient, this may go on—with his co-operation—to cure.—*Minneapolis Hom. Magazine*, March.

**Anæmia perniciosa.**—Dr. Ashley, in an article on this disease, gives from old-school sources the following statistics:—"In eight of the twenty cases reported by Pye Smith, the recovery seemed due to arsenic. Padley reports 48 cases treated without arsenic, of which 42 terminated fatally; 22 cases treated with arsenic, with 16 recoveries." [Dr. Ashley writes:—"The cures made by physicians of our school have not been put upon record,

so far as I have been able to discover." We may refer him to the four cases published in the *Annals* of our Society (ix., 171) by Dr. Blackley, and the one lately communicated to the *Monthly Hom. Review* of February by Dr. Arnold, both illustrating the curative power of arsenic in doses much smaller than those used by Dr. Byrom Bramwell and his followers—thus confirming the inference deducible from its pathogenesis that the drug is homœopathic to the disease.—ED.]—*Minneapolis Hom. Magazine*, April.

**Appendicitis.**—1. Miss R. had extremely violent pains in the right ileocaecal region, very sensitive to touch. Fever moderate, temp. 101 to 103 F., great thirst, occasional vomiting. Warm linseed poultices, with, internally, bry., nux v. and merc. cor., had such a good effect that she could leave her bed in eight days. The tenderness of the affected part remained for four weeks.

2. Mrs. S. fell ill on March 2, 1895. In the fossa iliaca there was a hard swelling; when touched the pain was so great that she screamed, she could not bear the slightest touch. The right thigh was flexed. Warm linseed poultices were applied, but she could not bear their weight, so warm hop-pillows were substituted. Bell. and merc. cor. were given every half-hour alternately; later bry. and nux v. at longer intervals. She recovered quickly and perfectly.—*Mossa, A. h. Z.*, cxxxiv. 77.

**Arthritis.**—A man, aged 23, had for several years practised as a chemist in America, and had been much exposed to the vapour of sulphuric ether, which caused great irritation of the kidneys and copious discharge of urine by day and night. Three years ago he resided in a malarious district, and had an attack of yellow fever, followed by an intermittent fever for three weeks, during which he had taken sulphate of cinchonin. Since July, 1896, he had suffered from wandering pains in the joints. His state on November 10 was the following: He is greatly emaciated, face pale and he looks very ill. The ankle joints, especially the left, are swollen and œdematous, painful on strong pressure. There was also a swelling over the left patella; he complained of tearing and dull pains. The left heel is particularly painful when standing or walking. Round the middle of the left leg there is a pale firm swelling of the soft parts, not painful on pressure. Appetite quite lost; urinary excretion not increased, but deposits a white sediment. The pains increase before damp weather; rest and warmth relieve him. Tendency to night sweats. He got first bryonia 6, twice a day. November 14.—Nights improved, has more sleep, only once night sweat; pains as before,

frequently changing their seat. November 21.—Left elbow joint and left knee joint swollen; pains in heel very bad. He now got kal. hydriod. 1x, three drops three times a day, for three days; then without medicine for three days. November 28.—The pains in heel better, so that he can walk a little; appetite returned, he does not look so ill. December 3.—General amelioration, cedema gone, the swellings of the joints lessened, can move his knee joint better; the feet perspire, the night sweats have disappeared; the swelling of left leg decreased. Though the weather had been wet and cold he had had no relapse, and his condition is very much improved.—*Ibid.*

**Baldness.**—A Dr. Morris is said to have brought before the British Association for the Advancement of Science the action of the wild tamarind—*leucæna glauca*. It renders many animals that eat it—as horses, mules, asses, and pigs—bald, and even birds who do so lose their feathers. On the other hand, it is without effect on sheep, oxen, and goats. Dr. Van den Berghe, who reports the observation, suggests the plant as a remedy for premature baldness in the human subject.—*Journ. Belge d'Homœopathie*, March—April.

**Diabetes.**—In the *Hahnemannian Monthly* for April, Dr. Clifford Mitchell brings forward further evidence as to the power over diabetes of the Wisconsin mineral water he has been using,<sup>1</sup> but still supplies no information as to its name and composition. He finds it answer best where fat men are the subject of the disease.

Dr. Burkhard, of Berlin, thinks that we ought to utilise in this disease the undoubted power of curare to render the urine saccharine. He relates three cases in point in which disappearance of the glycosuria ensued upon the administration of the 4x trit. In one of these no alteration whatever was made in the diet.—*Zeitschr. des Berl. Ver. hom. Aertze*, February.

**Enuresis.**—Dr. Tessier reports a case where incontinence of urine supervened in a case of locomotor ataxy, and disappeared under ferrum phosphoricum 3x and equisetum 1x given alternately.—*Revue Hom. Française*, March.

**Epithelioma of tongue.**—Dr. Mersch relates the cure of an ulcer of this kind, 22 millimeters long and six in breadth and

<sup>1</sup> See p. 208 of this volume.

depth. Kali cyanatum alternately with muriatic acid, each in the 2x, was the internal medication, and a powder of the "second trituration" (? centesimal) of the former was applied to the tongue. In less than eight days there was marked improvement, and at the end of a fortnight cicatrisation was complete.—*Journ. Belge d'Homœopathie*, March—April.

**Glaucoma.**—Dr. Fellows, Professor of Ophthalmology in the Hahnemann Medical College of Chicago, communicates some favourable experience in glaucoma. "We have used, during the winter, almost constantly gelsemium 1x, with occasional doses of spigelia 3x, and in each case the pain has disappeared, the tension has been lessened, and vision has improved."—*The Clinique*, April.

**Leprosy.**—"Observations on Leprosy and its Treatment" is the title of a little 48 page pamphlet, issued by Dr. S. C. Durand, of Harda, Central Provinces, India, who has had considerable experience with the disease. \* \* In the matter of treatment he has found that secale cornutum—one part of the tincture to two of alcohol and three of distilled water, a teaspoonful once a day—will make some very marked cures. He quotes many authorities on the effects of secale to show that its provings develop many features akin to leprosy, and gives a number of clinical cases, some quite far advanced, where toes and fingers had already dropped off, that were to all appearance entirely healed by the drug."—*Hom. Recorder*, April, p. 182.

**Locomotor Ataxy.**—In the *Medical Century* for May, Dr. Dewey gives one of his useful studies of groups of remedies for particular diseases, taking locomotor ataxy this time. Argentum nitricum, alumina, secale, silicea, plumbum, belladonna, picric acid, phosphorus and nitric acid are the medicines reviewed, and accidentally it is mentioned that "for the fulgurating pains, without any sense of incoordination or exhaustion, ammonium muriaticum is our chief remedy." [We should like to ask Dr. Dewey: 1st. Whether there is any clinical experience on record with argentum nitricum, save from old school sources; 2nd. Whether the symptoms this drug is said to "have" are not those of cases benefited by it in such hands; 3rd. Where he has found "repeated verifications" of Bönninghausen's use of aluminium (it was not alumina) in two cases of this disease; and 4th. Whether the symptoms ascribed to this drug do not come from these cases? —Ed.]

**Nephritis.**—Mrs. V. Y., aged 64, when seen on November 28, was confined to bed, sleepless, pulse over 120, occasionally intermitting, at night attacks of suffocation, great dyspnoea, no appetite, no fever, urine scanty, acid, specific gravity 1030, much albumen, hyaline casts. Prescribed glonoin 6x, terebinth 2x, and adonis vernal. 1x, milk diet, packing to cause perspiration.—December 3, her husband wrote: “Your remedies have had a wonderful effect, the heart attacks which you witnessed have become slighter, the heart is much quieter, but there is still dyspnoea occasionally, but the attacks are shorter and at longer intervals.” Prescription as before.—December 7 the report is: “Thank God, my wife continues to improve, her appetite and strength have increased, she sleeps well.” Analysis of urine: acid reaction, specific gravity 1030, no casts, a very small quantity of albumen. Prescription the same, except the packings.—December 18, urine normal, patient dismissed cured.—Weidner, *A. h. Z.*, cxxxiv. 132.

**Osteitis.**—Dr. Tessier reports a case of chronic osteitis of the humerus—so declared by the X rays, which revealed the bone hypertrophied and deformed. Rhus, mercurius, and aurum had little effect; but improvement set in under cocculus and asafœtida, and went on till the same mode of diagnosis showed the bone restored to its natural size and shape.—*Revue Hom. Française*, March.

**Ovarian tumour.**—Mrs. N., aged 27, had three normal confinements, menstruation always regular and lasting about eight days. Since her last confinement, nine months ago, she has felt very ill; if she walks much the abdomen swells, she becomes sore and has pains in the right side of the abdomen. She was examined by a specialist, who found an ovarian tumour, and told her the only ease for her was an operation. On examining her on May 20, I found this diagnosis correct. I found an ovarian cyst on the right side about the size of an apple. As a consequence of the anxiety caused by the prospect of an operation the patient had lost flesh and became anæmic. I prescribed rest and freedom from worry, and gave apis 3x. She came again on June 16. Her appearance and strength were much improved. She felt very well. Examination revealed only a small remaining tumour about the size of a cherry, still painful on pressure. She had gained 9 lbs. in weight. I prescribed apis 3x and apisin 6.—September 23. The tumour had quite disappeared, and she was dismissed cured.—Weidner, *A. h. Z.*, cxxxiv. 131.



**Ozena.**—In this intractable disease, now recognised as being an atrophic rhinitis, Dr. Irving Townsend has found so much aid from faradism—an intra-nasal electrode being applied as far as possible to the whole surface of the mucous membrane—that he writes to commend the treatment to his colleagues.—*Hahn. Monthly*, April.

**Sopor.**—Henrietta E., when 14 years old, while walking in the street, got a fright from a flash of lightning. On reaching home she fell into a sleep that lasted four days. A year afterwards she got another fright from a carriage which nearly ran over her. She again fell asleep for about the same length of time. A year later a thunderstorm caused a third attack of the same kind. After this the attacks of sopor occurred every four weeks or 14 days. The last attack was witnessed by the author. The girl was stout and strong, of a pasty complexion, and chlorotic. While walking, standing, or sitting she would suddenly fall down in a deep sleep. The face became of a sallow hue, the lips looked like glass. The limbs were lax, the eyes closed, the body quite insensible. There then ensued spasmodic weeping and laughing, then general restlessness, distortion of eyes, and lastly, she grasped with her hands on the cardiac region and tore her clothes. All the time she was quite unconscious, and could not be wakened. She frequently licked her lips as if thirsty. There then occurred intermittent apnoea, she drew a long breath, and then remained for some minutes without apparent breathing; then she made some rapid respirations, and the morbid phenomena were repeated. After about 12 hours the patient fell into a quiet sleep, during which she sometimes talked about her childhood, in which she had frequently been punished; she smiled occasionally. The jaws were spasmodically closed, so that she could not be fed. She now slept until the fifth day, then woke for a few minutes, and fell asleep again, and this occurred frequently during the next two days. The following days the wakeful periods lasted for from one to four hours, during which she drank milk and water, the thirst being predominant. She was then lucid and sensible, and thanked those about her for their kind care of her, but knew nothing of what had happened to her. She even asked for something to do, but frequently fell asleep when doing it. The whole state lasted eight days, at the end of which term she appeared to be quite well. During the whole soporous period she passed no stool or urine; she never had any involuntary evacuation. In her sound period she

was usually sleepy, had an expressionless face, and ate very little, but she drank much milk, and generally suffered from constipation. She liked coffee beans and vinegar like many chlorotics. The menses were delayed for months, but often came on during an attack. I prescribed opium ʒ, which she took three times a day regularly for six months. Under this treatment she began to eat, looked better, the chlorosis disappeared, she became lively and cheerful. It is over three years since the last attack, and she remains perfectly well.—Sauer, *A. h. Z.*, cxxxiv. 129.

**Ulcers of legs.**—Dr. Christine writes to recommend a course of treatment for these sores when of a foul character, the chief element in which is the application of permanganate of potash in strong solution.—*N. Am. Journ. of Hom.*, March.

In the discussion following the reading of the above paper at a medical society, Dr. Mohr urged the importance of internal medication for leg ulcers, saying that pulsatilla was the standard remedy for them, and one from which he had witnessed marvellous results.—*Ibid.*, p. 169.

**Umbilicitis.**—We coin this somewhat dubious phrase to denote a curious condition described by Dr. A. V. Hubbard, in which about a week prior to each period the navel became swollen, excoriated, and tender, exuding a thick, yellow, offensive discharge. This continued till menstruation had set in, when it gradually subsided. The only concomitant symptom was obstinate constipation. Graphites 30x was given, and this complaint, of five years' standing, disappeared.—*Med. Century*, March, p. 80.

**Uræmia.**—Dr. Lovett relates two cases of the uræmia of pregnancy with its consequent convulsions. The first proved fatal, chiefly, he thinks, because he did not confine the patient to bed when first the albuminuria and dropsy were noted. The second, where this precaution was taken, and which was treated by milk diet, diaphoresis, and the cuprum arsenicosum recommended by Dr. Goodno,<sup>1</sup> made a good recovery from her eclampsia, and later on showed a normal condition of the urine, instead of, as at one time, 75—80 per cent. of albumen.—*Hom. Journ. of Obstetrics, &c.*, May.

**Vomiting and diarrhœa.**—On December 15, 1896, a boy, aged 11, was brought. He was emaciated to a skeleton. For six

<sup>1</sup> See vol. iv., p. 498.

weeks he had vomited all his food and complained of bellyache and diarrhoea. The abdomen was sunk in, and, when pressed a gurgling sound was heard as though caused by air and water. The doctor who had treated him diagnosed ulcer of the stomach, though there was no pain in the stomach even when pressed. The diet he prescribed was only milk and soup, but as these were always vomited he derived no nourishment from them, and grew daily more emaciated. The patient was taken into the Deaconesses' Hospital, and after a dose of sulph. 30 he was put on a dry diet consisting of stale rolls and occasional small quantities of barley broth or milk. After the third day the vomiting ceased, appetite returned and he did not complain of thirst, so that the quantity of stale bread was gradually increased. After three weeks he could eat twelve stale rolls daily. The diarrhoea disappeared; indeed, the stools became too dry. The thirst became so urgent that the child secretly drank a quantity of water, which caused a recurrence of the diarrhoea, which, however, soon stopped. He gained flesh and strength, and by the beginning of February he was fifteen pounds heavier.—Sick, *A. h. Z.*, cxxxiv. 65.

**Whooping-cough.**—The March number of the *Medical Century* is a "Special Whooping-cough Number," and contains several studies of the therapeutics of this disease. The traditional remedies for it seem in most esteem, including among these corallium and coccus cacti. Dr. Dewey has found magnesia phosphorica, as high as the 30th, to "act marvellously in certain epidemics." The severity of the spasm seems the indication for it. Dr. Hanchett believes in strict individualisation, even if it leads him to such unlikely medicines as mercurius and antimonium crudum.

Dr. Louis Hardman has most confidence in naphthalin, which he gives in the 1x trit. Its characteristic, it says, is long and continued paroxysms of coughing, with inability to get an inspiration, so that the child is almost suffocated.—*Hom. Recorder*, March, p. 112.

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TUBERCULOUS MENINGITIS IN CHILDREN AND  
ITS TREATMENT.<sup>1</sup>

BY C. E. WHEELER, M.D., B.S., B.SC.LOND.

MY reason for choosing the subject of the treatment of tuberculous meningitis in children is, that I am profoundly dissatisfied with my own want of success with it, and am anxious to learn from men of more experience in homœopathy than I can claim. I have had recently two cases before me, one under my own care, the other under Dr. Hall, who has kindly permitted me to make use of it as an illustration, and these cases form the foundation of this paper. I need not detain you very long with any account of tuberculous meningitis. It is of fairly common occurrence, and its symptoms and signs well known to you, but I want, in passing, to mention a more unusual tuberculous form of meningitis described some years ago, and to which attention has again

<sup>1</sup> Presented to the Section of Materia Medica and Therapeutics, June 3, 1897.

been called just recently. In these cases the meningeal inflammation is constantly found in the posterior fossa around the medulla and cerebellum, and spreads either to the anterior part of the brain or to the spinal cord, or both ways to a varying degree. There is excess of cerebro-spinal fluid, as in tuberculous meningitis, but no tubercles are found.

Clinically, while the two forms of meningitis have naturally many symptoms and signs in common, such as the headache and vomiting, head retraction comes on much earlier, and is always persistent, in the non-tuberculous variety, while the stage of coma is prolonged sometimes for weeks. In tuberculous meningitis, retraction of the head is usually a late symptom to appear. Optic neuritis, or conditions approaching thereto, is not a constant sign in tuberculous meningitis. In the non-tuberculous form, however, it is much more seldom seen, and so, if present, is of value in making a diagnosis between the two varieties. It is probable that recoveries reported after tuberculous meningitis have been cases of this non-tuberculous inflammation. For though extremely fatal (the last report from which I have drawn most of the foregoing statements, by Dr. Carr, was of eleven cases, all of which ended in death), recovery is not impossible. As it is a debateable point whether a recovery does ever take place from tuberculous meningitis, it is of the highest importance to distinguish between these two forms. Epidemic cerebro-spinal meningitis is so rare in this country that it is not likely to lead to any confusion. It must then be understood that it is the treatment of definitely tuberculous meningitis that I wish to discuss; it is much the commoner form of meningeal inflammation. Is it possible to recover from it? The text books give the prognosis as practically hopeless, and while admitting that cases may show marked symptoms of the disease and yet recover, are inclined under these circumstances to question the correctness of the diagnosis. Fagge, however, gives details of three cases, two reported from France (one by Trousseau), and one from England, where there was recovery from attacks presenting symptoms of tuberculous meningitis, and where years afterwards, the patients dying (in one case of a second

attack, in the others of diseases not mentioned), *post-mortem* examination showed clear evidence of the old inflammation. Here I take it from the text-book statements that the non-tuberculous meningitis spoken of previously can be excluded, and in any case these facts are sufficient to warrant us in receiving reports of cures, if we get them, critically if you will, but not with incredulity; for if nature or orthodox treatment can cure, though seldom, homœopathy should be able to cure less seldom, to say no more; and though of the cases I have seen under homœopathic treatment none have recovered, there was a response to the remedies prescribed that I never saw as a student, and which was to me the only hopeful sign in a discouraging experience.

In the first case I wish to bring before you, the patient was an infant of 11 months. The prodromal stage was of some weeks' length (there was a history of unwise feeding, which no doubt predisposed the child to its final illness), but tuberculous meningitis was actually diagnosed five weeks before death by Dr. Hall. That in itself, though by no means an unprecedented duration, shows a prolongation of life for about two weeks beyond the average time, and this is the more noteworthy as the first stage set in acutely with a temperature running up to 103° to 104° the first five or six nights. As soon as the diagnosis was made *zincum metallicum 3x trit.* was prescribed at frequent intervals: *belladonna* given at night, when the symptoms of cerebral irritation were at their worst, seemed to aggravate: *veratrum viride* and *aconite* did better in quieting the patient, but did not affect the temperature. The signs of cerebral irritation were the usual vomiting, transient squinting, headache, and so on, and also what is not so frequently noticed, paroxysmal tachycardia and hurried respirations. Throughout there were no signs of tubercle in chest or abdomen. At the end of a week, during which the symptoms of irritation persisted, when the stage of cerebral pressure and stupor was looked for, the temperature came down and kept near the normal, and the whole condition improved. The symptoms of irritation did not clear away altogether, but for a period of nearly three weeks

they remained more or less in abeyance. There was still vomiting at times, tachycardia at times, and so on, but there was no distinct advance in the disease, except for a period of two days about the middle of the three weeks, during which the patient seemed to be passing into a comatose condition. At the end of forty-eight hours, this cleared off, and the child seemed brighter then than at any period since the illness began. With this exception then, the patient remained for three weeks in a condition serious enough, but not absolutely hopeless. Then gradually the disease overcame the resistance; still there was resistance, there was not the resistless overwhelming progress that one is accustomed to see; one day there would be a bad report, the next a little better, and so on. During this time lachesis 6 and iodoform in 2x trit. were tried. The latter was believed by the nurse and the mother to have some effect, and from my other experience with it, to be presently related, I think it is possible; but it was not striking. The final stage of stupor lasted a week, and death came in the usual way. There was extreme emaciation, though the vomiting was at no time very severe. Optic neuritis, retracted abdomen, and retracted head, were all present towards the end. The *tâche cérébrale* was curiously variable. Twice I found it distinctly, other days it was absent, and Dr. Hall never found it present any time he was there; it is not a sign of any special diagnostic importance, though its presence completes the picture. No *post-mortem* examination was obtained, but I think the diagnosis is beyond question. It was certainly not the non-tuberculous variety of meningitis; head retraction appeared very late, and the stage of stupor was unusually short. The striking feature of the case was the prolongation of the stage of irritation so-called from seven or eight days to eighteen or twenty. It is true that cases are recorded where there was an extraordinary rallying just before death, the patient arousing from a state of complete stupor to speaking and recognising friends; but here it was different, the stage of stupor was kept off. The only conception possible to those who watched this case was that of a progressive disease-attack overwhelming a stubborn bodily resistance—a resist-

ance so much more enduring than usual, that some addition to the bodily forces had to be imagined, and that addition can only have been the drug treatment, for nursing and general attention are common to most cases.

The second case I want to bring before you is by no means so clear. The patient, a child of 3 years, is still living, though I have no hopes of his recovery. The diagnosis is not so straightforward and it may be questioned whether it is really a case of tuberculous meningitis, but it is none the less interesting in this connection and, I think, important. This child was born in Canada and has now lived in England some fifteen months. He is the youngest of three, all delicate looking children, inclining to the prettier type of so-called strumous-looking children: none have taken kindly to living at Kingston, a place, by the way, where phthisis flourishes. This boy I first saw rather less than a year ago; the complaint was then of fretfulness, want of appetite, tendency to sweating readily and constant skin eruptions of an indefinite type, generally scattered papules, with an occasional pustule. There was no sign of rickets, nor of tubercle in chest or abdomen, and under treatment, mostly with calcarea, he improved. The next time I saw him was seven months ago. This time there was a cough, some rise of temperature at night, night sweats, and physical signs in the left lung, near the point of entrance of the bronchus, of commencing infiltration. Taking all the facts together, I had no doubt, nor have I now, that the infiltration was tuberculous,—the more so as there were one or two other very suspicious patches in the lungs. With arsenicum iod. and cod liver oil, there was some improvement, but before much had been done, the boy was attacked with measles. It was a sharp attack with a good deal of broncho-pneumonia. Through the acute stage he came all right with aconite and phosphorus, but the tubercle bacilli undoubtedly seized the opportunity to improve their hold on the enfeebled lung, for examining him about a fortnight after he was clear of rash, because of hurried respiration and some cough remaining, I was startled to find both bases behind involved up to the middle of the scapula,



the right side showing only slightly impaired resonance, with moist râles and bronchial breathing, the left quite dull with sounds badly heard.

There was not here the absolute dulness characteristic of effusion, and indeed an exploratory puncture yielded no result, nor had I expected any, for there was a drawing in of the lower intercostal spaces, suggestive of obstructed air tubes, and that, taken with the fact that the first signs of tubercle had appeared close to the entrance of the bronchus, rather suggested to me enlarged bronchial glands, which had first infected the lung in their neighbourhood and then partially obstructed one of the big bronchial tubes. Dr. Hall, who saw the patient with me at this stage, agreed in the diagnosis. The treatment adopted was arsenicum iod. 3x t.d.s.; but before forty-eight hours had elapsed I was called to see the child. I found a temperature of 103°, the child evidently suffering from pain in the head, putting his hand up to his head and uttering frequently that sharp, shrill cry described so clearly by Trousseau as characteristic generally of meningitis. The eye muscles were evidently irritated, for frequently there was spasmodic action of one or other of them, oftenest the superior oblique; pupils were not much dilated, but unequal. There was no optic neuritis, but a distinct *tâche cérébrale*. The child had vomited once without the slightest hesitation. I diagnosed commencing tuberculous meningitis, and gave a hopeless prognosis. I prescribed belladonna; next day there were fewer signs of irritation; the child was quieter, and there had been no more vomiting; for another twenty-four hours the patient remained in the same condition, and I began to have a little hope either that the diagnosis was mistaken, or that the case had been taken at so early a stage that the inflammation was controlled. Gradually, however, the symptoms returned; one day vomiting; another time, muscular twitchings affecting the eyes; another, a convulsive attack. There was never optic neuritis, nor did I ever find the *tâche cérébrale* after the first day. After trying various remedies when the effect of the belladonna seemed over, bryonia, sulphur, hellebore and lachesis, during a week or so, in no

case with any marked benefit, I gave iodoform 2x trit. four times a day and since then the head symptoms have subsided almost entirely. The child is still living. Every now and then there has been a threatening of head trouble, but a dose or two of iodoform has seemed to ward off the danger, and it is now some time since any has been called for. Thus after a week which might well pass for the first week of tuberculous meningitis (I should mention that the temperature kept up between 100° and 103° during this time and of the typhus inversus, higher in the morning) all the symptoms subsided; instead of passing into stupor, the child entered on a stage wherein anyone seeing him for the first time would never dream of meningitis. The lung disease progresses unfortunately; arsenicum iod., kreasote, and by Dr. MacNish's suggestion laurocerasus, have been given, but I cannot say they have really improved matters. Lastly, I have given tuberculinum a trial. I suppose I should have tried it earlier, but I must confess I have no faith in it. Kingston offers a good many cases of tuberculous disease and I have tried tuberculinum a good deal, 12, 30, and 200, once a week, and once a day, and I must own I have only been confirmed in the opinion I formed at the hospital, that the effect of it is slight and not to be depended upon. All the more, therefore, must I mention that in this case there was a slight improvement on tuberculinum 100 twice a day. It was slight and ceased after five days, but such as it was it was unexpected, and another time I shall try tuberculinum earlier.

This case then is to me most disappointing. I cannot help believing that there has been some meningeal deposit of tubercle, at any rate there have been all or nearly all the symptoms of it, and the only reason one has for doubting the diagnosis is that the symptoms have not been progressive but have been checked. (It is worth mentioning that the last forty-eight hours there has been marked retraction of the head.) I believe that they have been kept back by the treatment. In this case, as in the former, I feel in presence of a disease-process, which can be hindered but not overcome, and yet I cannot help feeling

that if we have agents that can influence the disease, we ought to be able to go the step further and stop it. What we want is some agent that is directly inimical to tubercle. With a non-tuberculous meningitis I think we should be able to deal successfully, at any rate in a good many cases, and I believe the cures recorded in earlier years, which have been taken as cures of tuberculous meningitis, have probably been non-specific cases. I do not mean for a moment that the record of a cure of thirty or forty years ago is valueless, only when it is no longer possible to interrogate the men who wrought the cures, it is impossible to eliminate all sources of error. Take for instance the use of hellebore in such cases as are now in question. In earlier days hellebore cured cases that read somewhat like instances of tuberculous meningitis; but if it cured that disease then it would do it now, and it does not.

It is characteristic of our time to turn to surgery for help. I remember a well known member of the profession saying "You will find whenever you get a really satisfactory method of treating any disease, that method is a surgical one," but then he is a surgeon, which perhaps discounts his aphorism. Still surgery has undoubtedly done much for some cases of tuberculous peritonitis, and it is not unreasonable to think of it for tuberculous meningitis when medical treatment is so notoriously unsatisfactory, and though the results so far are not very brilliant they are not without hope, and have not had any extended trial. Lumbar puncture, between the third and fourth lumbar vertebræ, into the sub-arachnoid space, so as to draw off some of the fluid and relieve pressure, was the earliest operative method and the one still most used. So far this appears to have simply a palliative effect, though at times a striking one. I saw it done on a child, in the stage of the disease when the nerve centres were fiercely resenting the increasing pressure which had not yet overwhelmed them. The patient was obviously suffering agonizing pain, and the physical signs of irritation of the centres at the base of the brain were marked. A few drachms of fluid were removed by lumbar puncture; almost at once the intensity of the

symptoms disappeared, vomiting stopped, the child was easy, and went to sleep. The effect was as that of administering a powerful opiate. The course of the disease was not checked and the child died comatose, but I remember it passed into the state of coma without again showing any signs of pain. Of late the lumbar puncture has been praised as a method of diagnosis; the fluid drawn off is clear in cases of tuberculous meningitis, turbid in non-tuberculous. Besides, the specific bacilli can be recognised by suitable methods; in one or two cases fluids have been injected into the subarachnoid space with a view to influencing the disease locally, but no cure has yet been reported by this means. A bolder treatment, but to my thinking a more reasonable one, is that first suggested by Hirschberg, namely, trephining in the occipital region and draining. A most interesting case has been reported by Drs. Ord and Waterhouse, where after symptoms had been recognized for six weeks, this operation was done, viz., the occipital region trephined, the membranes divided and a drainage tube inserted between medulla and cerebellum. In spite of an intercurrent attack of measles the child recovered. This result is brilliant, and the operation should certainly be tried again. It is probable that death occurs in these cases from the destruction of the nerve centres under the pressure of the inflammatory fluid. If this is so, drainage should give at least a chance, as lumbar puncture is not sufficient, and there should be in these days but little actual risk in the trephining operation. It is a good surgical rule either not to interfere at all or to interfere to some purpose, and the bigger operation seems to me in this case the more reasonable. It should be done early, obviously, before the pressure has become too great, and aided by medicinal remedies (which might get a better chance if the fluid—the mechanical obstacle to their success—were removed) I see no reason why this operation should not be sometimes successful, and when dealing with a mortality of over 90 per cent. any extra success may well be welcomed.

If, however, we reject surgery, or if, having tried it, we find it needs reinforcing, upon what remedies is it most

reasonable to rely? In this matter, I must be understood to speak in no degree dogmatically, rather to give a personal opinion as to the success or failure of certain remedies from my experience. First of all our medicines I would place iodoform. The "Cyclopædia" quotes an excellent case of poisoning where the symptoms of meningitis were closely reproduced, so it is undoubtedly a homœopathic remedy. There was a strong recommendation of it in the JOURNAL of this Society from which, in fact, I was led to try it, and it is to its use that I attribute the clearing up of the head symptoms in my patient. I gave 2x trit. 2 grains at intervals of three and four hours. It is worth noting that non-homœopathic text books recommend that iodoform ointment be rubbed into the scalp in these cases, as the blue ointment used to be. Next to iodoform I would place zinc. It has not to my knowledge produced any set of symptoms so closely resembling meningitis as iodoform, but its action on nervous tissue is definite, and in Dr. Hall's case it certainly seemed to aid the nerve centres to struggle against the pressure. He gave the metal in 3x trit. Belladonna might be of use in the early stages of non-tuberculous meningitis, and a little later bryonia, but I doubt very much if either would influence a tuberculous meningitis for more than a few hours. Lachesis I have tried also, and I think with more success. Of tuberculinum I have already spoken; my case presented no definite head symptoms when I began it, so I must not speak as to its influence on them, but the general condition improved during eight days on this remedy alone, and certainly I shall try it in the future. That either apis or hellebore will get rid of the fluid in the later stages I have no confidence, in fact, personally, when next I have to deal with tuberculous meningitis, if tuberculinum first and then iodoform or zinc does not keep back the disease, that is if symptoms of irritation persist, I shall advise operation, which will, I believe, aid towards recovery without hindering further medicinal treatment. This represents the sum of my present experience. I have held it better in this paper to offer you clinical experience rather than to suggest remedies that I have not tried. I wish I could have given some brilliant result that would

have established the claims of a remedy to be regarded as a cure for this disease, but a record even of negative experience is to some extent helpful, and to that extent I ask your indulgence for this paper.

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Dr. MADDEN, the President, was somewhat disappointed that with the exception of iodoform Dr. Wheeler had not given the dilutions in which he used his medicines. So far as he had had experience of that usually fatal disease good results had only followed the use of the higher dilutions. More particularly was that the case with calcarea, a medicine which, although it had not produced any definite symptoms of meningitis in any of its provings, was undoubtedly more calculated to antagonise the constitutional element which lay at the base of it than any other means we have. He would be glad if Dr. Wheeler would also use iodoform in higher dilutions, as then it would act more deeply and therefore more radically. He was afraid that the experience of most members would only confirm the view that, like cancer and a few other diseases, as soon as tuberculous meningitis was sufficiently defined to be positively diagnosed it was beyond cure. But he had seen several cases where he had very little doubt that tuberculous meningitis was threatening where under homœopathic treatment the symptoms had cleared up, just as tumours which they were afraid would become cancerous disappeared under homœopathic treatment. It was always open to the philosophic doubt that it would never have become a tubercle or a cancer had it been left alone; still one could say that those who had most experience saw many cases which had undoubtedly all the appearances of the early stages of those fatal diseases which did clear up under treatment.

Dr. DYCE BROWN considered calcarea the remedy which they could most trust to in tuberculous meningitis. He had seen a number of cases which he would certainly say were cases of tuberculous meningitis which had recovered with calcarea 30. This had occurred when calcarea 6 had failed.

Dr. NEATBY said that when iodoform was first used some time ago there were a large number of cases of iodoform poisoning, and it was remarkable how closely many of them resembled meningitis—cerebral meningitis in particular. Some striking instances of apparent cure had been published in the orthodox journals with the use of ointment of iodoform, which was kept in contact with the scalp for several days at a time.

He had had one recovery from the use of iodoform 3x. There was another remedy worthy of consideration, partly on theoretical grounds, viz., oxalic acid. He had one case of cerebro-spinal meningitis of a very typical character where there were decidedly incipient brain symptoms which recovered promptly from the moment oxalic acid was used, while zinc and several other drugs had shown themselves wanting.

Dr. JAGIELSKI asked in what dilution and in how frequent doses Dr. Wheeler had given tuberculinum. Dr. Compton Burnett had obtained wonderful results from its use, but especially from infrequent doses.

Mr. DUDLEY WRIGHT said that some time ago he had looked into the records of cases at the London Homœopathic Hospital, of those patients who had been admitted with meningitis, or in whom it had developed since their admission, and unfortunately he was unable to find a single case recorded in which recovery had taken place. Iodoform certainly answered to the two requirements mentioned by Dr. Wheeler; one was the property of being inimical to tubercle, which it undoubtedly had, and there was no lack of evidence to prove that it was certainly homœopathic to the symptoms of meningitis, if not to the actual condition of meningitis itself. He had had but little experience of calcearea. In the case of a young child whose most prominent symptoms were a marked retraction of the head and coma, he had given a hopeless prognosis. He gave bryonia and the child recovered; that case answered to the description given by Dr. Wheeler, where the retraction of the head came on early, and the other symptoms were more pronounced. He had had no practical experience in relieving cases by operation. To his mind the occipital route was by far the best. The lumbar route undoubtedly gave good drainage by means of the puncture, but at the same time it was quite possible they might fail to drain the ventricles in which the fluid was undoubtedly accumulating as well, and which ought to be the cause of a considerable amount of pressure. The occipital route would probably relieve that better.

Dr. HUGHES said that for the last twenty years cases of meningitis in children had been very much rarer in his practice, and he had been very thankful for it. When he met with a child with headache, vomiting, constipation—a most important symptom in the early stage—and then fever and irregular pulse, with irregular respiration, he used to look upon such a child as doomed. He several times hoped he had a case of non-tuberculous meningitis to deal with, and that it might yield, but it never did, and so

he supposed they were all tuberculous in their character. At that time he was using the accredited remedies. They gave temporary encouragement, but the improvement soon passed off, and the children died. Then appeared Jahr's "Forty Years' Practice," in which he said, "For some time past I have abandoned all these" (the ordinary remedies) "and have treated every case with calcarea 30 and have had much better results than ever before, and can report several unquestionable cures." Led by that he had administered calcarea 30 at once whenever suspicious symptoms occurred in children, and had never had a death in tuberculous meningitis. Whether it was really the disease or not he could not say, but it had all the symptoms. That was the position he took up in his Manual of Therapeutics, the last edition. In his lectures given at the hospital two years ago, he had gone on to mention the remedies tuberculinum or bacillinum, and iodoform. With regard to Dr. Jagielski's question, Dr. Burnett's preparation called bacillinum was not tuberculinum, which was a culture of the bacilli which were then strained off, and the remaining fluid used; it was a preparation of the sputum of a case in the third stage of tuberculous phthisis. He had obtained that information from the chemist who prepared it. They must not lay too much stress on Dr. Burnett's experience, because only two or three cases were mentioned, and they were all treated at the commencing stage, when it was very difficult to say whether it was simple irritation of the brain or genuine tuberculous mischief. In preparing the article on iodoform in the "Cyclopædia," he was very much struck by the homœopathicity of the drug to meningitis, and he hoped it might prove a valuable remedy one of these days.

Dr. LAMBERT thought that the earlier iodoform was given the better; from cases in the journals, he thought it was the 6 x dilution which was used.

Dr. WOLSTON had found zinc in the sixth dilution answer very well.

Dr. GALLEY BLACKLEY said, with regard to the curability of genuine tuberculous meningitis with medicine, he was bound to say he had never seen a case recover. Any case which had recovered in his hands he had always put down as non-tuberculous.

Dr. WHEELER, in reply, said he should certainly not forget calcarea and oxalic acid. With regard to dilutions he thought Dr. Hall gave zinc in 3 x trit., the other medicines were belladonna 3, hellebore 3 x, lachesis 6, bryonia 2 x. He had



given tuberculinum twice a day. In other cases he had given it once a week, and had not perceived any benefit from it at all. He gave iodoform in 2 x trit. because it was so highly recommended in the JOURNAL of the Society. Cases of tuberculous meningitis did seem generally hopeless, especially noting what Mr. Wright had said, that there was not a case of cure in the whole of the hospital records. Still he hoped from the records of the *post-mortem* room it would prove to be not absolutely incurable. There was one symptom which the text-books laid stress upon, though he (Dr. Wheeler) had never seen it; they spoke of tubercles being visible ophthalmoscopically in the choroid. That was the case they wanted to cure, because there could be no doubt about its being tuberculous meningitis. Finally he again put in a plea that operative interference should be given a trial.

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## TWO CASES OF AN UNCOMMON FORM OF BICYCLING ACCIDENT IN WOMEN: WITH REMARKS ON FEMININE BICYCLING IN GENERAL:<sup>1</sup>

BY EDGAR A. HALL, M.D.

AND

GEORGE BURFORD, M.B.

SINCE bicycling for women has been elevated to the rank of a fine art, its hygienic qualities have received innumerable tests, and its medical and surgical aspects repeated illustrations. We recognise in it the end-product of that latter-day movement for removing the physical disabilities of women of which tennis, Badminton, and sundry other University sports were the precursors. If these were right, and we hold emphatically that they were, then bicycling is right; and from its wide scope of adoption, its ease of management, its plenitude of application, bicycling for women has come in all probability to stay.

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, May 6, 1897.

The French historian, M. Taine, relates what a thrill of pleasure it gave him once to see a bevy of fine English girls at Hyde Park corner, with fresh complexions, lithe figures, easy gait, and a radiant sense of what in the Gallic idiom is called well-being. A critic bade him see in all this the outward and visible signs of that free open air life and activity which the French Mademoiselle usually lacks.

Problems in civilisation are always more complex than is apparent; but in this latter-day tendency to amplify the physical recreations of women, there can be recognised a stream of tendency towards compensation for the restraints in dress and in routine which the conventions of civilisation have enforced on women. So in the older civilisations: the physical life of woman was then a minus quantity; and if the Cornelias had used the Coliseum as a bicycle track, or the Julias had sprinted along the Appian way in the early morning, we might have been the poorer of the classical masterpiece of Gibbon.

#### BICYCLING AS A FORM OF EXERCISE FOR LADIES.

At once we may express our opinion that time has dissolved any doubts that once existed regarding the fitness of bicycling for the feminine gender. On the present type of machine bicycling is legitimate for those for whom any similar kind of exercise is desirable. The quintessence of the enjoyment of exercise is, as Dr. Johnson once put it, the consciousness of rapid motion through the air. To this we add the qualifying expression "easy"; and affirm as a canon that bicycling as an exercise is fitting for those who can achieve rapid and easy motion thereby. This at once disqualifies riding against a head wind, or up steep acclivities; the cardiac strain here is often dangerous. It also rules out the continuance of the exercise when fatigued, or when debilitated, or faint from lack of food. Bicycling may be rapid under these conditions, but it is not easy; and when ease vanishes it is time to stop.

Under these conditions, the hygienic utility of bicycling is undoubted. It occupies a place midway between riding

and driving; effort can be increased or lessened at will; and at an ordinary pace there is sufficient general muscular exercise to antidote the sedentary effects of daily indoor life. From its ready access, it provides facility of out-door exercise hitherto denied to women; and by amplifying the narrow sphere of open air life of the urban lady, it notably raises the standard of health, and ultimately the expectancy of life, of those ladies who have not yet arrived at an uncertain age.

Clothing must be in keeping with the view of bicycling as an exercise. Heavy clothing, tightly laced corsets, matinée hats, or tight belts, are noxious; the dress should be light and loose, and the hat small.

A short time ago we saw a young lady, riding up Great Cumberland Place, with a metal belt tightly circumventing her diaphragm. The absurdity of the thing attracted the criticism of onlookers, and seemed as incongruous as football in evening dress. Equally unwise was the head-dress of another damsel, who, riding down the Bayswater Road, was firmly holding on to a hat with wide brim, which a moderate breeze, more sensible than the lady, was gently endeavouring to dislodge.

Concerning the medical aspects of bicycling, we should prefer that those of our colleagues who watch the physiology and pathology of hearts and lungs should speak with the emphasis born of special experience. We may allow ourselves, however, to refer with point to the influence of bicycling on gouty tendencies. We regard this exercise as perhaps the most widely distributed prophylactic against uricacidæmia; and as tending to break up that sedentary routine into which most brain workers ultimately drift. That in this exercise we have to deal with a national health factor of great importance there can be no manner of doubt.

In certain feminine pelvic disorders bicycling plays an important part, both as prophylaxis and cure. The curse of women is the easily induced venous plethora of the pelvic organs; and this, with portal stasis, forms both predisposing and exciting cause to half the maladies of the feminine

reproductive system. Tendencies to the various forms of pelvic congestion are nullified by judicious bicycling, and thus the predisposition evinced by so many ladies to catarrh and venous hyperæmia may be cancelled.

*Dysmenorrhœa.*—In adolescents, bicycling is often of very great service in minimising the tendency to pain at the menstrual period. Instances have come under our notice in which its influence in this respect has been most salutary, and we believe bicycling has a great part to play in the relief of modern maidenhood from this increasing incubus.

*Constipation.*—According to our experience, the influence of bicycling in rectifying any marked tendency to this defect is *nil*. As an instance, we had under treatment a young lady, a brilliant university student, whose one and only trouble was marked constipation. Her health otherwise was excellent. The more mental excitement she had, the worse the constipation became. She was an accomplished cyclist, and would go a-wheel for spins up to 40 miles, but with no result, *quoad* the constipation.

*Miscarriage.*—We have reasons to think that immoderate bicycling is responsible for a certain proportion of miscarriages. The stress on the vascular system is exactly of the nature that would lead to hæmorrhage into the placenta, and in the early months of pregnancy this risk must be carefully borne in mind.

*Cycling during Menstruation.*—Our advice concerning this procedure is definite and precise: "Don't." The objections are obvious, and the risks are by no means fanciful.

*Anæmia.*—While bicycling is clearly indicated in certain conditions of anæmia, we would draw attention to the risk incurred when any cardiac symptoms exist, particularly those of dilatation. The debility of the cardiac muscle existing here will be accentuated by the stress of this exercise, and the most undesirable results accrue. No anæmic girl should be recommended to bicycle without a previous careful cardiac examination; but if the heart is acting well, with no sign of muscular defect, then this exercise, in short and easy spins, may prove most valuable.

We now proceed to detail two interesting cases, where

bicycle-riding brought about in each instance a somewhat rare form of surgical disaster.

*Case I.*—During the summer of last year, Dr. Hall was hastily sent for one afternoon to see a lady who had just met with a serious bicycle accident. He found the patient almost collapsed, and drenched with hæmorrhage, which was found to issue from a gaping ragged wound in the vulva. So threatening were appearances, that temporary measures were taken to arrest the bleeding, and Dr. Burford was telegraphed for. On his arrival, the patient had somewhat recovered, was quite conscious, though not sufficiently revived to complain of acute pain. Under anæsthetic, the parts were thoroughly exposed and a condition found almost suggestive of a railway accident. The pudenda, chiefly on the left side, were enormously swollen, and ecchymosed. A jagged rent with a gaping cavity was seen to the left, and from this a large clot the size of a lady's fist was turned out. The rent had been made in the labia, extending from fourchette almost to symphysis; the bruises, swelling and extravasation were so great that the urethral canal and meatus could be discovered only with much difficulty. A catheter was passed, and clear urine withdrawn from the bladder. The vaginal entrance was implicated in the tear, but the upper two thirds of the vagina were intact. The lower part of the anterior vaginal wall was swollen and resisting, suggestive of deeper extravasation; but there was fortunately no rent involving the pelvic peritoneum, nor any definite suggestion of peritoneal mischief. The parts were well washed, all bleeding points attended to, and the cavity packed with gauze soaked in carbolic oil. A T bandage was firmly applied, and the patient, in fair condition, put back to bed.

With a view to provide for all eventualities, Dr. Wheeler remained with the patient during the night. Arnica and hamamelis as prescribed by Dr. Hall were administered at regular intervals.

Greatly to our satisfaction the lady voluntarily emptied her bladder next morning, and the urine still contained no blood; and throughout there was no difficulty in any way with the bladder; a most surprising and fortunate condition, for the violent traumatism had led us to anticipate issues quite different.

Dr. Hall supervised the convalescence; and healing proceeded apace, with no suppuration. After some four weeks in bed, the parts had nearly healed, the swelling had mainly vanished, and recovery in about six weeks was complete.

Exactly how the accident had happened we could not deter-

mine ; nor did a careful inspection of the machine throw further light on the problem. The lady was riding in the grounds attached to the house, teaching her little boy also to ride ; she fell to the ground in a sitting posture, with the machine under her, some projecting part of which had thrust itself violently into her body, with the results before described.

*Case II.*—Miss L. M., aged 16 years. This young lady was a beginner. When out riding one day she turned a corner leading into a main thoroughfare rather quickly, and ran right into a four horse break which was coming from an opposite direction. The driver, we are told, did all he possibly could to avoid a collision, but had not time to do so effectually. On-lookers said the horses seemed to tread over the young lady, and all thought she was killed. The machine was smashed to pieces. Miss L. M. was taken into a neighbouring house and after receiving a little attention there was taken home in a cab. Dr. Hall saw her soon after her arrival home and found her very blanched, and with a rapid pulse. Upon proceeding to investigate matters he found the underclothing saturated with blood, and that the hæmorrhage proceeded from the vulvar region. As it was then very free, the rent was plugged with antiseptic wool (carbolic) ; and this had the desired effect. The injury being evidently a very severe one, no further examination was deemed advisable until some help could be obtained and the patient put under the influence of an anæsthetic. Dr. Burford was telegraphed for, and under the influence of A.C.E. a very careful examination was made, when it was found that the inner surface of the left labium majus was very much lacerated, and that the laceration extended into the perinæum for about an inch, and it was from this tear that the chief hæmorrhage came. No evidence was found of any internal injury. As in the first case a catheter was passed, but the urine drawn off was quite clear. The same treatment was followed in this case as in the former one ; daily irrigations with antiseptic fluid, dusting with iodoform and carbolized wool, kept in place with a T bandage. Healing progressed favourably, and in about six weeks the young lady was able to be about again. A small ulcer remained which required stimulating with nitrate of silver, this soon caused it to heal up thoroughly. In this case also there was no suppuration and no bad symptoms during the convalescence.

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Dr. EDWARD BLAKE narrated the case of a physician's daughter, who had sought in vain the advice of some distinguished gynaecologists for menorrhagia combined with dysmenorrhœa. She then began to ride a bicycle and soon afterwards lost all the pelvic troubles!

Mr. GERARD SMITH said that women should not use a saddle but a seat. The only difficulty was that in safety bicycles the handles were stunted, low and forward, and when the lady raised the handle so that she could sit up she lost power over the machine. If the makers would only provide a seat for ladies with a long low and backward handle, in order that the pull upon the handle would fix her upon the seat, he thought they would at once get rid of all the objections at present existing against cycling in women. He considered that there was very little perineal pressure in the Burgess seat, where there were two little air pads to sit upon. That advantage was also found in the Henson's seat and several others.

Dr. DUDGEON said that the exercise was good for the legs as far as it went, but asked where was the exercise for the upper parts of the body. In bicycling the chest was not expanded, and people became round shouldered.

Mr. GERARD SMITH said that if the handles were made as they should be made, all those complaints would be removed.

Dr. ROCHE said he could not agree with Dr. Dudgeon, because if one sat properly in riding a bicycle one did get an expansion of the chest and a depth of breathing which he had not found in any other exercise. The muscles of the arms and shoulders were very much developed when one rode properly, especially in using the handle-bars while going up hills.

Dr. CARFRAE's experience was that cycling did expand the chest.

Dr. SHACKLETON asked Dr. Burford whether he had ever had cases of menorrhagia produced by cycling, as one or two married ladies had complained of that to him. In bicycling ladies got far greater change of air and far more easily than by any other exercises.

Dr. NEATBY said with respect to the influence of cycling in pelvic conditions in women, he had had some experience of dysmenorrhœa in young women who were at work all day in city offices and that sort of thing. The effect was to improve the pelvic circulation, and relief to the pelvic pain generally followed, while the nutrition of the whole body was improved. He counselled patients at first not to ride up hill where there would be a certain

amount of strain. He had the very greatest confidence in the effects which regular and moderate bicycling would produce in cases of the kind. With respect to displacements, he had seen several cases in which ladies had ridden with uterine displacements, either simple prolapse or backward displacement of the uterus; they had ridden with a pessary and without it, and in all cases a great many of their symptoms had disappeared—back-ache and so on, and in one or two instances the retroflexion had entirely disappeared. With respect to menorrhagia he had in two instances seen an increase of menstrual flow produced, but when the general muscular condition and the nerve tone of the patient improved that disappeared, and also the pain accompanying the monthly time.

Dr. JAGIELSKI said that one thing in connection with bicycling had not been mentioned, viz., that after returning from a ride ladies very frequently caught cold by standing in draughts when they were in a perspiration. The Turkish bath was most beneficial in this condition.

Dr. WYNNE THOMAS said that if they wished a lady to ride on a seat and not on a saddle, they must see that she began to learn on a seat. If she had learned on a saddle she would never afterwards give it up. One of the best he knew was made by Mason; it was practically a wide saddle without any peak, which he understood was very comfortable.

Dr. BODMAN believed that bicycling was a most valuable exercise established for those who were employed in shops. In one respect he was disappointed with the paper, as he had expected to hear something of the evil effects of cycling on women's diseases. As none had been brought forward he took it for granted there were none. There was no necessity to cramp the chest in riding, by a proper arrangement of saddle and handle all that could be avoided. The proper way was to throw the chest forward, when it was really expanded and the breathing was increased. The great value of cycle riding, he thought, either in men or women, was the increased aeration of the blood. He thought the general opinion expressed had been in favour of bicycling for women when done under certain specified modifications and rules.

Dr. MOIR said there was no doubt that bicycling was not general exercise. It was not so harmless as had been made out, it was bringing him some work, and he thought that surgeons in London had a great deal brought to them in consequence of cycling. He did not think that it was the fault of bicycling



itself. The great point was that ladies usually went riding with gentlemen who did not feel the strain, and he had had a very bad case of menorrhagia which he believed was due to that. The pressure of the saddle was most important. With regard to the aeration of the blood, he knew of nothing which would do more for getting rid of gouty and similar conditions than cycling. In diseases of the chest also there was no better exercise.

Dr. WILKINSON thought that they had a means of ascertaining when moderation began to be exceeded. Directly a patient began to open his mouth the limit had been passed. So long as the mouth was kept shut there could be no extra strain, but as soon as it was opened in order to get more air the rider got a dry mouth and had all sorts of uncomfortable symptoms, which were a sufficient indication that a strain greater than could be borne was being undergone.

Dr. BURFORD in reply said that a physician had written a book on "Cycling and its Dangers," in which he said that a bicycle would cure head-aches, gout, and uric acid attacks, but would increase indefinitely the diseases of the heart and arteries. In that direction the chief danger of bicycling without doubt lay. He agreed in thinking that bicycling was undesirable for anyone who had any cardiac muscular defect of any kind. It was on the heart and arteries that the main stress of bicycling fell, and when there was any inability to meet that, bicycling should be put on one side. Dr. Hall and he had purposely left the saddle out of the question. Very many types were recommended. He knew cases of menorrhagia to have been apparently developed after bicycle riding, and remembered one case where a girl had been compelled to give it up on that account. The late Sir Benjamin Ward Richardson said that cycling was an incomplete exercise, and recommended that after seven miles riding one should walk for a mile.

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## LONGEVITY; ITS THEORIES, FACTS, FALLACIES, CAUSES AND CONDITIONS; ILLUSTRATED BY INSTANCES OF CENTENARIANISM.<sup>1</sup>

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WHETHER an unusually long life is a blessing or a bane to its possessor is a question much debated in these decadent days of the nineteenth century, when the pessimists ask "Is life worth living?" and not only advocate preventive checks to the natural increase of population, but would also persuade us that under some circumstances suicide is legitimate, and that the "painless extinction," as they euphemistically term it, of incurable sufferers, is not only justifiable, but commendable.

It is needful to counteract these diabolical doctrines by a sane and healthy optimism, not blindly enthusiastic and scornful of facts, but hopeful and courageous; a cast of mind which recognises the *great truth* that a beneficent Creator has given life to each human being to fulfil His Will. And this Divine Will most certainly is best fulfilled by developing our body, soul and spirit to their utmost capacities; by fitting ourselves for our eternal home beyond the veil; and by leaving the world and our fellow men the better for our brief journey through it.

The natural limits of human life on this earth have been so clearly defined in Scripture, that it will be from the starting point of the Bible in post-diluvian times, that I propose to begin the study of Longevity. The LXX. version of Genesis vi. 3 is more consistent than the A.V. with the entire context of this Divine communication to the patriarch Noah, before the Deluge, fixing as it seems to me, for all subsequent ages, the *extreme natural duration of human life as we know it*. Literally translated it reads thus:—"And the Lord said 'My Spirit (*πνεῦμα*) shall not remain in

<sup>1</sup> Presented to the Liverpool Branch, May 18, 1897.

these men for ever, because they are flesh, but their days shall be an 120 years.'”

In the Sacred History we find that after the actual survivors of the Deluge, (at least in the line of Shem,) who had inherited the peculiar and abnormal longevity of their ancestors, had passed away, life shortened down very nearly to modern standards—except in special persons for special Divine purposes. Terah, the father of Abraham, died at Haran, at the great age of 205. When Abraham migrated to Canaan he was 75 years old. His wife Sarai proving barren, Hagar became a second wife and the mother of Ishmael, when Abraham was 86. Isaac, the son of promise, was born of Sarah (then 91) when Abraham had reached his century. After Sarah's death, Abraham, at the age of 136, took a third wife, Keturah, by whom he had six sons, thus founding at least three nations—Israel, Midian, Arabia. Having lived to see Isaac married at 40 to his own relative Rebekah, and to behold his twin grandsons, Abraham died “full of years,” aged 175. Isaac, for his perfect obedience as a son, was rewarded by an even longer life of 180 years. Of his twin sons, Esau lived to 130, and Jacob would have died at the same age, had not his life been providentially prolonged for seventeen years more, by his rescue from famine-stricken Canaan, through Joseph. After Joseph's death the most remarkable instance of longevity was the *typical* age of Moses, who died at 120, with all his senses, faculties, and even virility preserved. Joshua also was a centenarian, dying at 110.

At the time of the birth of Jesus Christ, at least one centenarian is chronicled in the New Testament as then living. Anna the prophetess (Luke ii. 36) must have been 105 (if she had been married at the usual nubile age) when she had the joy of beholding her Messiah. The tradition that the Apostle John lived to the age of 100, or even more, and died at Ephesus, seems fairly well authenticated. The author of “Ecclesiasticus,” Jesus Ben-Sira, who lived in the third century B.C., wrote (chap. xviii. 9, 10) “The number of a man's days at the most are a hundred years. As a drop of water from the sea, and a pebble from the

sand, so are a few years in the day of eternity." And the well-known verse from Psalm xc. reads thus, translated from the LXX., "The days of our years are seventy years, and if, by reason of strengths, (they are) eighty years, yet the most of them are labour and sorrow."

The three age-limits thus found in Scripture may very well be taken to correspond with Professor Ray Lankester's "average, potential, and abnormal longevity." I have gone into Scripture thus fully because I shall be able to show that all the above-quoted ages, and senile yet fruitful marriages (except Sarah's conception at 90), have had their parallels in modern historic times.

It is remarkable that Civil Law recognises a century as the term of human life, in these words, quoted by Taylor, in his standard work, "The Law of Evidence": "*Vivere usque ad centum annos quilibet presumitur, nisi probatur mortuus.*" "Unless he is proved to have died, everyone is presumed to live to a hundred years." In Scotland, in case of no legal proof of death, the legal "presumption of life" ceases at the expiration of a century from the date of birth. In England this is not acted on. And yet, this may have been the excuse for terminating the pension of Mrs. Garland, widow of Captain Garland, R.N., who fought under Nelson, which she had enjoyed for sixty-seven years, as soon as she reached her hundredth birthday. She survived five years after the withdrawal of her pension. In France the authorities liberate a prisoner condemned to *travaux forcés en perpétuité*, after he has endured his punishment for one hundred years. Such a prisoner was set free in 1856, who had been sentenced to the galleys at Toulon at the age of 21, and was then 121. He died the next year, 1857, aged (incontestably) 122! It is an unfortunate fact that most centenarians of the present day are among the poor, or are even paupers; and this is a difficulty that has to be faced in any scheme of State Pensions to the aged. In order that the already-much-burdened tax payers may not be overloaded, a *certain amount* of self-help ought to be contributed by *every* applicant for a pension, either by his own savings, or a Friendly Society, or relations. The

increase of longevity is deplorably associated with the increase of aged pauperism. And yet, from a social and political standpoint, it is evident that the nation in which health and long life prevail will exhibit a greater solidity of intellect, and, therefore, a greater permanence of political and social institutions, than one where the decisions of the State are mainly influenced by the passions and impulses of young men.

The wonderful conservation of the institutions of China for 4,000 years is largely due to the maintenance of the ancient patriarchal system of Semitic nations, constituting the family the unit of the social system, and the father or grandfather the head, with almost absolute authority. The Chinese author of "The Chinese as Painted by Themselves" says: "The chief authority is vested in the most aged member of the family. He has the attributes of the head of a government, and all documents are signed by him in the name of the family." In our own age contrast the instability of the French Cabinets since 1870, with the steadiness of our own Ministries, and with the upward progress of United Germany. The longevity of Prussian and Austrian monarchs and their ministers has been the prime cause of the great position both Austria and Germany have now attained among the Great Powers of Europe by their continuity of policy.

And now let us inquire if there is any law or rule of duration of life inherent in man's frame. We derive some assistance here from Comparative Anatomy. Buffon made the discovery that in all warm-blooded, skeletal animals *duration of life* (that is, apart from disease or accident) *corresponds to the duration of growth*. Organisms of large bulk, attaining maturity slowly, and living with but small daily expenditure of vital force, sustain adult life longer, and live to much greater ages, than those of small bulk, rapid growth and active expenditure. For example, the elephant grows until its 30th year and lives to 150; the horse grows to its 4th year, and lives about 20 to 30 years. Sheep come to maturity in their 2nd year, and live from 8 to 10 years. Flourens gave greater exactitude to

Buffon's law, by defining the average duration of life in man and the animals as *five times the period of real growth*, as measured by the *time of union of the epiphyses*. "When this union takes place in all the bones, growth ceases." He states that complete union of the epiphyses takes place in man about 20, in the horse at 5, the ox at 4, the lion at 4, and the dog at 2. Thus Flourens is of opinion that a dog should live 10, an ox and a lion 20, a horse 25 and a man 100 years. Recently, Sir B. W. Richardson has endorsed this standard also for man's life, but not on the anatomical basis.

Taking also into account the very important reproductive functions, which are a serious tax on vital power, Professor Owen approves of Flourens' further conclusion that, "in the absence of all causes of disease, and under all conditions favourable to health and life, man may survive *as long after the procreative period*—ending, say, at 70 in the male—*as he had lived to acquire maturity*, and to complete his ossification,—say 25 to 30 years."

Dr. Farr, late Registrar - General, and the highest authority on Vital Statistics, has usefully divided man's life into seven periods, thus:—

Infancy, from birth to 10 years; boyhood, 10 to 15; youth, 15 to 25; manhood, 25 to 55; maturity, 55 to 75; ripeness, 75 to 85: old age, from 85 upwards.

In his excellent and suggestive work, "The Art of Prolonging Life," edited by Dr. Graham, 1829, the eminent German physician, Hufeland, gives us an ideal portrait of a man destined by his natural constitution to live long. "He is rather of the middle size, and somewhat thick set. His complexion is not too florid—too much ruddiness in youth is seldom a sign of longevity. His hair approaches rather to the fair than to the black; his skin is strong but not rough. His head is not too big, his neck not too long, his shoulders are rather round than flat. He has large veins at his extremities, his hands are large, but not too deeply cleft. His foot is thick rather than long, and his legs are firm and round. He has a broad arched chest, a strong voice, and the faculty of retaining his breath for a long time without

mother following her father who had at the beginning of this century been drafted into the army. Her earliest recollections were of playing in the barrack-square of Colchester. She came to Liverpool more years back than she can recollect, and lived in Gildart's Gardens for eighty years. Her prayer-book contained some memoranda which substantiated her statement, she says, but it had been lost. Her right eye was blind from cataract, her hair very white and flossy in texture, her skin parchment-like, her pulse small, and her extremities chilly. On reference to the workhouse books, I found that she entered the workhouse, as a friendless pauper, in 1886, and *then stated* her age to be 83, so that if her first statement is correct, she is now in her 94th not her 101st year. Among the illiterate poor there is a strong temptation to excite interest and almsgiving by "setting the clock of their age too fast"; as quaint old Fuller says, "when once past seventy, these, growing ten years in a twelvemonth, are presently fourscore, yea, within a year or two after climb up to a hundred."

Mr. W. J. Thoms, in his "Longevity of Man," has admirably sifted the evidence of those celebrated centenarians of history, about whom every child learns at school:—Henry Jenkins (169), Old Parr (152), and the Countess of Desmond (148), and has pronounced them impostors, so far as the excessive figures given. But he admits that old Thomas Parr was over a hundred; also he has verified five other more modern centenarians as genuine, for whom I refer you to his book. He lays down for all investigators four important elements of proof, by the coincidence of which an alleged case of centenarianism can be proved. (1) A birth or baptismal certificate. (2) Tombstone inscriptions. (3) The number of the descendants, or the *number of generations* existing at the death of the subject of inquiry. (4) Evidence of old people still living, who knew the subject as "very old" when they themselves were young (see the case of Louisa Truxo, later on). Possibly the coincidence of four or even three of these elements may establish a case of longevity, but it is unsafe to trust to two, much less one of them alone. How untruthful

some tombstone inscriptions may be is shown by that of Miss Mary Billinge, now in Smithdown Road Cemetery, which describes her as having died at the age of 112 years and 6 months, whereas her real age at death has been ascertained with great trouble by Mr. Thoms, aided by our fellow-townsmen Mr. John Newton, to have been 91 years, 1 month and 14 days.

Sir George C. Lewis, shortly before his death (1863), in a letter to Sir Henry Holland (who wrote in the *Edinburgh Review* for January, 1887, on Longevity), admitted that he was at last satisfied that several proved centenarians were then living. But I shall be able to disprove a rather too sweeping assertion of his, in *Notes and Queries* for April 12, 1862, to the effect that "no person of royal or noble rank mentioned in history reached the age of 100 years." From Bailey's "Records of Longevity," I find that Piastus, King of Poland, elected to the throne in 824 A.D., died in the year 861, aged 120. Also the Hon. Henry Hastings, second son of the Earl of Huntingdon, minutely described by the Lord Chancellor Cooper, lived to 100, dying in 1650. There are two baronets, named Sir Patrick Grant of Dalvey, N.B., who died at 101, and Sir Michael Pravie, who died in 1774, aged 101; together with Sir Jas. Halliday, 102, and Sir Robert Grierson, aged 100.

In all climates, except directly under the Equator and in the Arctic Circle, centenarians have been found. Even the African negro, who rarely reaches 70 in Africa, has lived to over a hundred in the West Indies. The temperate zones are the best for longevity. Residence on islands and seagirt peninsulas, where there is a marked tidal ebb and flow, or in an inland valley a few hundred feet above the sea-level, down which a perennial stream flows, are most conducive to longevity. As to race: Europeans are more long-lived than Asiatics, Africans, Americans, or Polynesians. Jews are far more long-lived than Christians living in the same district. A few years since it was demonstrated in Frankfort-on-the-Main that *one-fourth* of any given number of Christians born in a given year died by the age of *seven*; *one-half* died at *36 years and a half*; the remaining *fourth* were all dead by



*the 60th year.* Whereas, of an equal number of Jews, the same proportions as above-given lived to 28, 53, and 71 years, respectively. I find a fair number of English and foreign Jews and Jewesses in Bailey. We remember well that Sir Moses Montefiore was a hale old man, and died in his 101st year (*b.* 1784, *died* 1885).

All writers agree that longevity runs in families ; and that it is hereditary, even when the second generation migrates to a less healthy environment, and eats less wholesome food than his parents.

“More women than men become old, but men only,” says Hufeland, “attain to the utmost extent of longevity.” There is always a great preponderance of married over single centenarians of both sexes. Dr. G. M. Humphry’s book “On Old Age” shows that of his fifty-two centenarians, twenty-six were married women and ten single ; of the sixteen men only one was a bachelor. Male centenarians have been almost always married more than once, and their first marriage is generally at a later period than usual. A power for procreation seems to accompany, *pari passu*, a capacity for longevity ; as it will appear by examples I shall bring forward, “it is never too late to” marry, for a male centenarian. A Frenchman, named De Longueville, known to Hufeland, had been married to ten wives in succession—to the last one in his 99th year, and she bore him a son when he was in his 101st year. He lived to be 110. Parallel with this sexual fact is another, viz., that monks and nuns very seldom indeed attain 100 years ; and also that no eunuch is recorded as having reached that age. Hufeland holds that for the first half of a man’s life an active and even fatiguing occupation is conducive to longevity ; but in the last half of life, one that is peaceful and uniform. No indolent person, or life-long idler, has attained centenarianism ; and yet there is recorded the case of Ann Davies of Tetbury, who, though in good health, kept her bedroom for thirty years, and died, aged 102, in 1786. But, as a rule, exercise in the open air, even in all weathers and with privations—as is the case with many men and women, hawkers and pedlars—is a frequent concomitant of longevity.

Having diligently studied that most extraordinary book by Mr. Thos. Bailey, of Nottingham, published in 1857, entitled "Records of Longevity," which covers the whole period of the Christian Era, down to 1856, I can adduce endless examples of centenarians, on more or less good evidence, of all countries, and in all ranks of life. The great deficiencies of the book are, that it has no index, and that it is wholly uncritical. However, there is one feature in some of these stories of centenarians and nonagenarians, so-called, that gives me a ground of belief in their ages. I mean the coincidence of some extraordinary *natural phenomena*, or some *great public event*, with a *definite point in the personal history* of the claimant. Take these three instances: Flora Gale, of Savannah, Jamaica, died 1792, aged 120; she had a perfect recollection of the terrible earthquake (p. 193) which destroyed Port Royal in 1692. Mrs. Crawford, of Richmond, Ireland, was 115 when she died in 1812, and this is proved by the coincidence of her 18th birthday falling on April 22nd, 1715, the day of a total eclipse of the sun, when the darkness was greater than usual. Jane Forrester was stated by the *Public Advertiser* of March 9th, 1766, to be "in the 138th year of her age; she was 19 years of age at the execution of Charles I.; when Cromwell besieged Carlisle in 1646 she distinctly remembers that meat was so scarce that a horse's head sold for half-a-crown."

The whole collection numbers 4052 persons, of whom 2940 men, and 1112 women attained their century, and one a bi-centenary; and 134 men and 108 women died at ages from 90 to 99.

Of course London supplies a great number; Liverpool and its neighbourhood makes a good second with 35 centenarians. Yorkshire centenarians are more numerous than those from any other county. Ireland and Wales predominate over Scotland. Almost all European countries are represented in the list, and North and South America contribute not a few. Hungary yields some remarkable old men; but the Russian census is so unreliable that I do not quote any of its centenarians.

How great the contrasts in the lives of these people! Contrast the life of pomp, splendour, and luxury of Cardinal de Solis, Archbishop of Seville, who died in 1785, aged 110, and had a magnificent funeral, with the life and death of poor "Joe All-alone," as he was called, who never slept in a bed for the last half century of his life, but in shed, barn, or under a hedge, yet literally "weathered it out" until he died at the age of 105!

The three most marvellous ages recorded, viz., 207, 185 and 175, deserve special mention, because it seems probable there is *some* historical truth in them. Haller and Hufeland both express their theoretical belief that "the organisation and vital power of man are able to support an existence of 200 years!" Extravagant as this estimate may seem, we have on the Euphrates, Terah, Abraham's father, living to 205; and in London we have an entry of the death (1) of Thomas Carn, in the Parish Register of St. Leonard's, Shoreditch, who died on January 28th, 1588 (the year of the Armada), aged 207! He is *stated to have been born* in A.D. 1381, during the reign of Richard II. He therefore lived in the reigns of twelve Kings and Queens of England—truly a living piece of history—a "human document." (2) Next we have the peasant Petratoch Zartan, of Hungary, who was born near Temésvar in 1537, and died at Keveretch on January 5th, 1724, at the prodigious age of 184. "With the milk and leaven cakes which constituted his food, he took daily a glass of brandy. He lived to see the fifth generation of his family, and his youngest son, by his third wife, was 97 at his demise." Some of these particulars are inscribed on his portrait, painted for his family by order of Count Wallis, shortly before his death. (3) Lastly, we have a negress named Louisa Truxo, living in Cordova, Tucuman, South America, whose age in June, 1780, was *stated to be* 175! The city council held a formal judicial inquiry into the truth of this, when another negress Manuela, known to be 120 years old, swore on oath that Louisa Truxo was an elderly woman when she was a child. And Louisa herself swore that she perfectly remembered her first master, the Bishop Fernando Truxo, bequeathing *her and the whole of*

*the rest of his property* to found the University of Cordova, in the year 1613.

Now, while I do not regard these three cases of longevity as *proved* according to our modern rules, I cannot refuse them entirely, as fictions. Possibly a London colleague who reads this paper may do us the favour of searching in the St. Leonard's Church Register for the details of the case of Thomas Carn—apparently so incredible. Many particulars are given in the pages of this book of the appearance, habits, exploits, diet, drink, and favourite pursuits of centenarians, but no one can as yet formulate from them an universal "recipe for long life." Including some more modern cases, occurring since 1856, which I have noted down, I will state the main points worthy of interest.

(1) The vast majority of centenarians are, at their century, spare and muscular, and have no superfluous fat. Therefore "Charles Blizard, of Newnham, near Oxford, farmer, who was one of the most corpulent men in the county, yet lived to the age of 107, dying in 1785," deserves note as an exception.

(2) There are more dwarfs and stunted persons than giants among centenarians. In this collection of Bailey's we find only two of the latter class—Peter Brennan, of London, whose height was 6 ft. 6 in., who died at 104; and Jas. McDonald, of Cork, 7 ft. 6 in. high, who reached 117 years. Of dwarfish centenarians we have three, all females: Ann Clowes, 3ft. 9in. in stature, her weight only 48 lbs. (!) lived to 103; Elspeth Watson, 2ft. 9in. in height, but stout, died at 115; and "Mary Jones, 2ft. 8in. high, and much deformed," lived till she was 100. There is only one centenarian on record who was born a deaf-mute. This was Mrs. Gray, of Northfleet, Kent, who died in 1770, aged 121.

(3) Only three examples of extraordinary muscular strength among centenarians are here found. Of these three—F. Riddal, of Scotland, 113 at death; Ytyenti Poli, of Canada, 103; and James Stuart, of Scotland, 115—the most remarkable was the third. Known by the *sobriquet* of "Jemmy Strength," he could lift up in his arms a cart

fully loaded with hay, and was able to raise up from the ground two full-grown men, simultaneously, one standing upon each hand. He died April 11, 1844, from an accidental fall. But pedestrian feats appear to have been not infrequent; as, for example, those of Mr. Macleod, of Inverness, who at the age of 100 walked (in the year 1788) from that town to London, a distance of over 500 miles, in nineteen days; and of a poor Irish woman, named Barber, who in her hundredth year walked from Liverpool to London in fourteen days, at an expense of only nine shillings.

(4) The military and naval adventures of some of these centenarians are "prodigious," but more suited to the pages of a novel than of a medical society's Journal. I will only mention one, unique in history, I believe, which befel a fellow-townswoman of ours, Mrs. Mary Ralphson, who died in 1808, at the age of 110, in Liverpool. Born in Scotland in 1698, she married in early life Ralph Ralphson, a soldier in the army commanded by William, Duke of Cumberland, and shared with him all the dangers, toils and privations of the Duke's campaigns against the Pretender, in French Flanders and elsewhere. This phenomenally brave woman in the heat of the battle of Dettingen lost sight of her husband, who was in hot pursuit of the retreating French. Observing an English dragoon fall dead from his horse, Mrs. Ralphson disguised herself in his uniform, mounted his charger, and rode after the pursuing army, eventually finding her husband safe and unwounded. A second campaign was shared with him, and when he died she remained faithful to his memory by refusing all offers of marriage until her death.

(5) The habits and pursuits of those who attain extreme longevity are of interest. Early rising is proverbially associated with health, wealth, and long life. But in the case of Bailey's centenarians and nonagenarians early rising is associated with early retiring to bed, eight to nine hours' sleep being the rule, and a life of *open-air physical, not mental*, work the invariable condition. All the centenarians seem to have slept soundly, and to have had what we may

regard as the normal average of sleep. James Mackay, of Skerrie, who only slept four hours out of the twenty-four, died "prematurely" at 91; his very robust and hardy frame warranted a longer duration of life. A humorous incident is that of old George Stephenson, of Durham, who lived to 105, dying in 1812, an early-rising agricultural labourer. His daughter and her husband who lived with him, and were above 70 years of age at the time, used to rise before 6 a.m., and yet always found the old man up before them. George Stephenson upbraided them in round terms: "If you won't work *while you are young*, what will you do when you become *old*?"

Undoubtedly the modern increase of "nervousness," of brain-disease, paralysis, and insanity, is largely due to deficient or imperfect sleep—which is food to the brain and nerves, just as material substances replace waste of muscle. And when our modern *viveur* turns into bed at 2 a.m. he cannot obtain *natural* sleep by lounging in bed until ten, or later, in the morning. Therefore he shortens his life by omitting every night to normally recruit his jaded brain by sleep—to say nothing of the deteriorating effects of plenteous alcohol, heated air full of carbonic acid, the violent exercise of the dance, and the mental high-pressure of "smart" conversation. I believe eight hours' sleep to be the normal *minimum* for men, nine for women, and ten for children up to fifteen or sixteen. We have an interesting corroboration of this in the fact that if a thoroughly hypnotised "subject" is told to sleep, without any command to awake at any fixed hour, he sleeps for eight hours.

I have not found any excessive sleepers noted among centenarians. It is absurd of Nicola Tesla, the famous electrician, to declare that if a man would only sleep seventeen hours out of twenty-four, he might live even to 200 years. His illustrious *confrère*, Edison, by the way, is trying to do without any sleep. But our late lamented Laureate, Lord Tennyson, might with great truth have sung:—

"'Tis sleep whereof our nerves are scant,

More sleep, and saunder, that we want."

centenarians, and proved on good evidence—the renovation of teeth, hair, and nails. Professor Owen was sceptical about this, because he found in a female centenarian what was reputed to be a new tooth to be merely the fang of a decayed canine, exposed by the shrinking of the gum; but the evidence of Hufeland and other observers seems to me to establish this strange physiological fact, analogous, it may be, to the reproduction of the limbs and appendages of the Crustacea, when injured or destroyed.

An old German magistrate named Bamberg, known to Hufeland, had attained in 1787 the great age of 116, and had lost all his teeth. During 1787 eight new teeth grew up, cutting the gums in the usual way. After six months they dropped out, but their places were filled by new teeth in both jaws. This extraordinary renewal of teeth went on for four years, the whole number of teeth produced being about fifty. Herr Bamberg died in 1791, aged 120. Joseph Rudge of Newent, Gloucester, lost the nails of both hands and feet “some time before his death at the age of 107, and new ones grew, the same in texture as those of an infant.” In the sixteenth century a traveller testified to the rejuvenescence of the then well-known Rev. Patrick Wian, the clergyman of Alnwick, who was then 110. His hair, after many years’ baldness, “had grown again of a flaxen colour, like a child’s. Three new teeth had appeared within two years. His sight had become so much clearer that he could read small print without the spectacles he had used for forty years.” His virility lasted also, for he had five healthy children born to him after his 80th year. He was 110 in the year 1657, but the date of his death is not recorded by Bailey.

From the two recorded *post-mortem* examinations of proved centenarians, namely, that of Old Parr made by the celebrated Harvey by order of Charles I., in 1636, and that upon John Pratt by Professor Rolleston in 1862, I extract the following notes of the state of the organs and viscera.

(1) In the body of Thomas Parr, reputed to be 152 years old, but more probably 120, the brain was entire and firm; the heart was large, thick, and fibrous; the spleen was very small, scarcely equalling one of the kidneys in

size ; the testes were sound and large ; the mesentery loaded with fat ; the stomach and intestines sound and strong, though pale externally, as if parboiled.

(2) The examination of John Pratt who died at 107, September 11, 1862, showed that the muscular tissue of the heart was firm ; the spleen was very small ; the mesenteric glands had all but disappeared ; and the testes had become completely atrophied. It had been noticed during Pratt's life that from the age of 100, when he lost his sexual power, his general bodily health began to fail. I have noted no less than eight centenarians of the name of Pratt, living either in the United Kingdom or in the United States.

“How to attain longevity” is a fascinating subject on which several medical and a few lay authors have lavished much ingenuity. But the secret of life lies with the Creator of life, and a man must *dree his weird*, as the Scotch saying is, and cannot actually lengthen, though he may shorten his days. I would say to a class of students : “Gentlemen, the secret of long life, so far as we can control it, is temperance, regularity of habits, variety of mental occupation, open-air exercise, a good digestion, a strong heart, and a cheerful or placid disposition.” For further particulars study carefully Hufeland's ideal (p. 325). Those who have studied this subject all assure us that the average length of life is increasing at every census in our own country. Half a century since the average duration of life in Great Britain was only thirty years, in 1880 it had become 43·56 for males, and 45·33 for females. Dr. Farr states that out of one million children born in any given year, 150,000 will die in the first year ; at the end of forty-five years, half that million will be still alive ; at the 80th year 90,000 ; at the beginning of a century, 223 ; and at the *completion of 108 years*, there will be one solitary survivor.

The *St. James's Gazette* has carefully noted 293 centenarians (116 men and 182 women) who died during the period from 1886 to 1893, inclusive. I have recorded the deaths of 32 centenarians during 1894. And yet, although in 1895 (at a general mortality rate of 18·7 per 1,000) there



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The *St. James's Gazette* has carefully noted 293 centenarians (116 men and 182 women) who died during the period from 1886 to 1893, inclusive. I have recorded the deaths of 32 centenarians during 1894. And yet, although in 1895 (at a general mortality rate of 18·7 per 1,000) there

were 13,128 deaths at 85 years and upwards, Mr. John Tatham, the statistical superintendent at Somerset House, informs me, in a letter replying to my special inquiries, that, "although the average life-time of the people has steadily increased, the number of persons returned as attaining great ages has decreased. Of a given number of children born, many more reach 70 by the mortality experience of 1881-90 than by that of 1838-54, or that of 1871-80, but at age 80 and onwards for males, and 88 and onward for females, the survivors are fewer than at the two earlier periods." However, there may have been an upward tendency in ages at death since 1890. In the *Times* of October 27, 1896, for instance, I found the deaths recorded of nineteen persons over 70 years of age, including eight of 80 years and over, and three of 90 years and over, the *average* of all the ages being over 80. According to the latest analysis given by our Registrar-General there is a proportion of one centenarian's death to every 10,000 deaths registered, and about one centenarian living to every 127,000 of our population.

The subject of Class Longevity is very interesting, but I have very little space left for it. If there is any one occupation distinguished above another for longevity it is that of the agricultural labourer of our country. Mr. Furrow, in the *British Medical Journal* for November, 1893, has shown that whereas "the mean value of life among gentlemen and professional men remained almost stationary from 1860 to 1890, it increased among trades from 30 to 36, among artisans from 26 to 31, and among silk workers from 22 to 30." This calculation was based on the vital statistics of Leek, Staffordshire, and is limited, but so far as it goes, it shows that the working classes have shared most largely in the increased longevity of our time.

Dr. Saffrey of Paris calculates that during the first half of this century the following *percentage* of various classes reached the age of 70. Of ecclesiastics, 42; agriculturists, 40; tradesmen, manufacturers, commercial travellers and soldiers, 32; lawyers, 29; artists, 28; teachers, 27; and of

medical men only 24 per cent. Yet we have a dozen medical centenarians in Bailey's records: the founder of medicine, Hippocrates of Cos, Galen, Hoffman, Haller, Van Swieten, and Boerhaave, attained to great ages. England has recently lost Dr. Salmon of Cowbridge at 106, and France Dr. de Bossy of Havre at nearly 104. One homœopathic centenarian, Dr. S. Wielobycki, who died in 1893, aged 100 years and 8 months, is on record. He was a total abstainer.

The pursuit of literature (when not journalistic), of science, mathematics, and abstruse studies, seems to be favourable to longevity. The average age at death of 152 Frenchmen of science and letters was above 69. The average age of twenty eminent female authors of Great Britain in the last century was 71½ years. This was before tea became such a snare to female nerves. Cycling for women is now becoming a valuable antidote to hysteria, &c., and will promote longevity among both sexes. "There is no apparent reason," says Prof. Ray Lankester, "why longevity should not increase beyond the limit of 80 to 100 years, and advance with advanced evolution, and with the diminished expenditure implied in more complete adjustment to the environment." To which I may add my firm belief that this lengthening of our lives will grow and increase with still improving sanitation, thus making our descendants no longer wonder at a centenarian, and gradually forming the earthly conditions for that happy millennium of peace and health when "there shall be no more an infant of days, nor an old man that hath not filled his days."

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Dr. CHAS. HAYWARD mentioned that with regard to Flourens' law several animals, including frogs, parrots, bats, swans, ravens, and toads, attained maturity early, though notably long livers. Probably many cases of supposed centenarians were not authentic.

Dr. GORDON thought that among old people in almshouses, life was prolonged from the fact that they had not to climb stairs, and hence no strain on the heart. He could understand the sight improving with age, if the eyes were myopic to commence

with; presbyopia would correct vision as far as objects at a distance were concerned.

Dr. HAWKES questioned whether extreme old age were desirable, as it necessitated a burden on others, and a state of dependence and helplessness. He mentioned several old people who had come under his care. The best means to secure old age seemed to be to have just enough and not too much to live upon. Burnett had written about medicines suitable to old people; phosphorus and baryta were two of these. He should think that homœopathy, as being a milder means of treatment than that of the old school, would help.

Dr. THOMAS mentioned the widow McDowel, who died over 100 years old, two years ago, in Liverpool. Some days before death she absolutely refused all food. This no doubt hastened the end.

Dr. JOHN HAYWARD did not think the ages in Genesis were reliable. He mentioned Burnett's theory that too much chloride of sodium increased senility.

Dr. ELLIS mentioned that a tortoise was one of the longest lived animals, one having lived 250 years. Flourens' law perhaps only referred to mammalia. In tracing any given case a difficulty was that 100 years ago there was no registration of birth.

Dr. CAPPER said it was surprising to hear of so many cases of centenarians. He had read that one method of prolonging life was to take large quantities of chloride of sodium.

Dr. HAYWARD agreed that the quiet even tenor of one's life and freedom from worry was one of the necessities to prolong life.

Dr. MOORE, in reply, said that quoting Flourens' law, he only referred to mammals. He accepted Dr. Gordon's explanation of the sight improving with age. There was great difficulty in substantiating cases.

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EARLY DIAGNOSIS OF SPINAL CARIES.<sup>1</sup>

BY GERARD SMITH, M.B.C.S., L.S.A.

*Orthopedic Surgeon to the London Homœopathic Hospital.*

I SUPPOSE that we all agree as to the great importance of making a timely diagnosis in this proverbially insidious and deceptive disease; the preliminary signs of which may so easily be overlooked in a large class of cases, and the extremely painful results of which, glaringly obvious when developed to the most ignorant and unscientific observer, are such that the medical attendant is often blamed unduly for having failed to anticipate them.

Spinal caries is a tuberculous disease; that is, whatever may have been the immediate determining cause, sooner or later the tubercle bacillus appears in the diseased area. Such provocative causes may be either traumatism, hereditary syphilis, tubercle, one of the eruptive fevers, especially enteric; or whooping cough, this last being quite frequently found in this relation to caries.

Injury, generally from a fall, is so often given by the parents of the child as the cause, that several surgeons of repute have held that traumatism is the chief and almost sole cause; and it is true that traumatism, acting on a constitution predisposed to tubercle, does often appear to be the cause of caries; yet on the whole, the evidence goes to prove that tuberculous disease in the vertebral bodies does not differ in its inception and course from similar disease in other bones and their neighbouring joints, the broad characteristics of these may be stated as a primary osteitis, seated in the cancellous bone, going on to softening and disintegration, with [usually] abscess. The primary process may be occasionally a periostitis, or an arthritis; and these may be the first stages in spinal caries set up in a tubercular subject by traumatism; arthritis, however, is far more commonly a secondary effect than a cause.

In forming a general mental view of the early symptoms,

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, May 6, 1897.

that of pain first claims attention ; pain is seldom absent, though cases in which the diseased bone is in very small isolated spots, spread over several vertebral bodies, may not give evidence of marked pain (such cases are, I believe, frequently due to hereditary syphilis). With regard to local pain, since the disease is seated in the portions of the spine situated furthest from the influence of experimental external pressure [unless this test be applied with inadmissible severity], local pain over the affected vertebræ is the exception ; and its occurrence on slight pressure is rather an argument against the existence of caries, and in favour of some neurotic condition, probably hysteria. The movement of the vertebræ upon each other, however, is accompanied by local pain, though this is so widely diffused, and due so largely to spasm of the surrounding muscles, that it cannot be defined as seated in the exact area of disease ; the movements of the patient, however, give evidence that great apprehension is felt in fear of any unguarded movement of the bones ; the child wears, indeed, an habitual facial expression of anxiety, and moves with a stiff and cautious manner, especially in sitting down, which is characteristic of this pain ; the child will often sustain the weight of the body on the hands whilst sitting down, and will cautiously lower himself to the seat ; any sudden start or jar is evidently provocative of pain, often extremely severe, eliciting a scream, and only slowly subsiding on rising from the sitting position ; when seated on the floor, the child clutches at every likely support, and at his own legs if no better aid be near, "climbing up his own legs ;" any movement to turn round and look backwards is so painful as to be often impossible, the child revolves entirely on the feet, and in picking up an object from the floor, the action is characteristically stiff and cautious, the whole spine moving as one rigid piece.

I would suggest that the most natural tests in this direction always give the best evidence ; all such artificial manipulations as have been advised, such as the surgeon twisting the spine, bumping the head, jarring the heels, &c., are not only very barbarous, but also useless as evidence, on account of the apprehensions of the patient. Passing a hot

sponge down the spine may sometimes produce pain near the affected area, but this also is apt to alarm the child.

There is one symptom of pain of special value; it is in the peculiar respiratory movements; the child often grunts, takes shallow inspirations, and in speaking, spares the rib movements by using an apparently slurred, clipped, or negligent enunciation. The pain, however, is far more frequently distant, referred to the periphery; thus there is often intercostal and gastric pain in dorsal caries; pain in the thighs, or hips, in lumbar caries; and occipital pain, and pain round the ears, in cervical or high dorsal disease. The gastric pains of dorsal caries are specially worth notice; I have seen more than one case where the presence of such pain, resisting all medication, and persistently present for months, has entirely diverted the attention of the medical attendant from the real seat of disease, and where the appearance of a protruding vertebral spine, discovered by the nurse, has rebuked the surgeon for his error. This is one of those dangers into which the routine practice of symptom covering may lead us, therefore I make a point of it.

I have spoken of the muscular spasm provoked by movement, and here we have the most valuable diagnostic sign available; the rigidity and board-like hardness of the erector muscles, causing the whole spine to appear peculiarly flat and upright, and to move as one rigid rod, is a guardian contraction, never off duty even in sleep, and sometimes persisting under anæsthesia: it limits or entirely prevents all flexion movements of the spine, and produces a deceptive appearance of well developed muscles, standing up in masses on either side, the spine appearing particularly straight, and its normal antero-posterior curves being abolished.

Involuntary jerkings of the limbs in sleep, causing accidental unguarded movement in bed, and exciting often sharp screams, and prolonged waking terror, is another reflex symptom of value. The normal reflexes are always (probably) exaggerated early in caries, especially the patellar, but this condition often passes very early into paresis (paraplegia) so that it may be missed. And here I must mention



a point, in doing which I hope that I shall not seem to insult the knowledge of any present. This paralysis in spinal caries: there are, I believe, still some who hold that it is caused by the pressure of the altered angle of the spinal canal upon the cord. Certainly this has been taught quite recently, and such a theory, if held, leads to much difficulty. I venture to mention some facts as to the occurrence of this paralysis. It may come on in the earliest stages, before any angular deviation has appeared; it may pass off when the angular deformity is extremely marked, and is rapidly increasing; indeed, it bears no relation whatever to the extent or form of the deformity. But in relation to the seat of disease paralysis does show selection: it is (speaking of paraplegia) not found in disease below the second lumbar vertebra, or extremely rarely so found; it is most frequent in dorsal caries. Another peculiarity of this paraplegia is that sensation is not affected. I put these points forward in order to remind you that they prove that it is the portion of the spinal cord which most completely occupies the calibre of the canal which is affected, and that portion below the first two lumbar vertebræ, where the non-vascular dura mater only encloses the cord, and where there is more available space in the canal free from paralysis, whilst the anterior columns are affected, as proved by the sensation being unaffected. The real cause of paralysis is the thickening from meningitis of the membranes on the anterior aspect of the cord, and of the spinal nerve sheaths, and this is sometimes aided by tubercular deposits within the canal; the angular deformity is not the cause of the paralysis.

I do not intend to deal with the question of deformity in this paper, as this is part of the later stages (when it is a kyphosis), but there is a very mischievous custom of carelessly classifying spinal deformities as either angular and carious, or lateral, with rotation, called scoliosis, and non-carious. I must, therefore, remind you that lateral deviation is by no means uncommon as the first stage of the collapse due to caries; it is sometimes due to the disease being situated at one side of the bodies of several contiguous vertebræ. There should not be much difficulty in distin-

guishing between scoliosis due to caries and ordinary static scoliosis. A little consideration of the two states will show that the scoliosis of caries, affecting as it does only a limited area, is localised and sharp, not sinuous, as is scoliosis proper, whilst this abruptness and limited area in caries causes no development of secondary gravital curves above the seat of disease, such as are the long, sinuous, secondary curves of scoliosis. The pain of caries and the muscular rigidity are absent in scoliosis, and the inability to perform flexions, which is so marked a feature of caries, is not found in scoliosis. *All* movements are limited in caries, not so in scoliosis, and one very valuable difference is in the rotation in caries being backwards on the *concave aspect* of the curvature, whilst it is backward *on the convexity* in scoliosis. This is a reliable sign, the mechanical reasons of which I have not time to enter into.

The question of the temperature in early caries is one not yet clearly made out. My own feeling is, that so long as a child with caries is allowed to move about unguarded from accidental movements causing pain, and the affected bones permitted to sustain jar and movement, the temperature will seldom be found quite normal, but very soon after the patient has been put into bed, and comfortably placed in a position of freedom from pain and irritation, the temperature falls, though I believe that careful observation would show many cases in which, whilst active disease is progressing, some slight evening rise of temperature is present.

Abscess is occasionally an early occurrence: the rise of temperature in such cases is by no means always or even frequently marked, especially in hospital patients, who are properly recumbent with the spine free from pressure; but there is usually some increase of pain, especially on moving one or other of the thighs, this thigh tending to be flexed, and pain being felt on attempting its extension. Some marked increase in the frequency of the night screams and terrors often occurs when abscess is forming, and there is often loss of appetite and general happiness of disposition. The method of palpation for diagnosis of psoas abscess

cannot be explained in any way but clinically; but such symptoms as I have mentioned should lead us to make the examination.

The early stages of spinal caries offer several points upon which some difficulty in diagnosis may occur, since the symptoms may simulate other diseases. Of these, I think that hip joint disease is the most frequent. In hip disease we find lameness, pain, flexed thigh, with pain on extension, sometimes a rise of temperature, night screams, with general loss of health, and the child often resists movement in a way not unlike that seen in caries. Spinal caries with early abscess certainly has some resemblance to these conditions: it is worth observing that the pain in caries comes before lameness and flexion of the thigh, whereas in hip disease lameness is in an earlier stage than pain; the pain in caries being as I have described, in hip disease it is felt in the knee and front of thigh as a rule. In caries, only one movement of the thigh is resisted and painful, and this is extension; when the psoas is relaxed by further flexion rotation and other movements of the hip are painless: whereas, as is well-known, in hip disease all movements of the joint are restricted and usually painful. The child's voluntary stiffening of the body to resist movement of the thigh in hip disease is very different from the reflex spasm of the spinal muscles constantly present in caries; whilst this rigidity in caries prevents the formation of the lordosis seen in hip disease when the child is placed on the back on a flat surface, and the affected thigh is extended against the contraction of the psoas muscle. The characteristic movement of the pelvis with the flexion of the thigh which is present in hip disease is absent in caries; and the absence in caries of the wasting and flattening of the gluteal muscles generally seen in hip disease, is another differential sign of great value.

From the neurotic spine, hysterical, neurasthenic, hyperæsthetic, spinal irritation, spinal neuralgia [for I take these terms to be synonymous], caries is easily differentiated: the hysterical spine evinces several tender spots, elicited by a very moderate pressure over the spinous pro-

cesses (I may perhaps venture to remind you that in hysterical patients, if not in normal persons, the seventh cervical spine is more sensitive to pressure than the others); there is no limiting of flexions in neurotic spine, or if there be any, a little judicious observation and cross-examination will show that this varies, and is due to nervousness and fear [sometimes to malingering] on the part of the patient; whilst there is absence of all the referred pain and other reflex symptoms which exist in caries, when we are examining a neurotic spine.

There is one form of spinal neurosis following enteric fever occasionally, which, though its sudden onset and rapid recovery makes it little likely to be mistaken for caries, yet the fact that periostitis and arthritis occasionally also follow enteric fever, and that these may affect the vertebræ, may very possibly introduce special difficulties in differential diagnosis, especially as we know that enteric fever, like other eruptive fevers, is sometimes a provoking cause of caries. In the enteric neurotic spine without arthritic or periostitic disease added, the whole spine is sometimes held stiff, and there is considerable muscular tenderness, whilst, if there be also local periostitis or arthritis, the picture may be a close one of caries. Such cases it is always best to provisionally treat as caries, when the subsequent clearing up of the symptoms will soon set doubts at rest.

The rachitic spine is quite unlike caries, the curve being general, and the spine abnormally flexible; whilst, if the child be laid prone on a couch, and the pelvis gently lifted by the thighs, the rachitic spine bends back into lordosis, the carious spine will rise as one rigid rod.

Caries in the cervical vertebræ may simulate torticollis, since in cervical caries the head is frequently inclined to one side (though usually the head falls forward, the chin projecting and dropping); in torticollis, the chin turns away from the spastic muscle, in caries, towards the affected side; in torticollis, only movement towards the contracted sternomastoid is resisted, in caries, all movements of the head and neck are painful and limited; the pain of caries is absent in torticollis, and the flattening and thickening of the neck at

the back, found early in cervical caries, is a symptom not found in torticollis.

It has been suggested that pseudo-hypertrophic paralysis may simulate spinal caries merely on account of the peculiar method which the child uses to rise to the standing posture from reclining on the floor; but since this is the only symptom which in any way appears in common in the two diseases, I do not think that we need regard this as a difficulty.

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Dr. GOLDSBROUGH asked whether Mr. Gerard Smith considered the seat of the pains to be actually in the articulations of the spinal column, or whether they were associated with any possible inflammation in the membranes covering the cord.

Dr. EDWARD BLAKE was inclined to agree with the surgeons when they asserted that the exciting cause of caries is injury. Amongst the poor traumatisms constantly occur and are nearly always overlooked. The predisposing causes of caries are starvation, syphilis, scurvy, rickets, and the zymotics. If a child shun movement and is persistently quiet, there is pretty sure to be some serious mischief going on in one of the articulations. The following case will show an interesting converse to Mr. Gerard Smith's examples. A young lady of twenty, residing on the Hampshire Downs, had been ill for two years, and had been confined to her couch during a period of seven months. The chief symptoms were pallor, anæmia, loss of hair, asthenopia, limited hearing. There was no nystagmus, no giddiness, never had any diplopia, nor was there any limitation of colour-vision. With her eyes shut she could stand erect and play an imaginary fiddle, but she could not strike her note with her right forefinger; her tongue deviated markedly to the left; Chomel's splash sign was well marked, and she was rather inclined to constipation. The pulse was 128 whilst lying down, it rose to 146 in a standing position. There was a little burning of the hands but no tremor. There were some enlarged glands in the neck. There was considerable tenderness in the dorso-lumbar region. The posterior sacral roots were tender, and the skin supplied by them œdematous. The natural lordosis of the loins had disappeared; she was tender on pressure along the whole course of the small sciatic on the left side, as far as its communicating filaments with the external saphenous; also in the reflected fibrils which supply the left buttock. She could

lift her buttocks from the bed when resting on the occiput and the heels. She could also rise from the lying posture without the use of her arms. She could balance herself on her right leg but not on her left. She could raise the right leg *but not the left* when reclining on the back. She could not raise the left leg when sitting. The psoas, it will be remembered, is supplied by the anterior branches of the lumbar nerves. The right leg was one quarter of an inch shorter than the left. Patellar reflexes were exaggerated, no ankle clonus. Urine normal, three to four times a day. Catamenia free, but no pain. The local medical attendant had diagnosed "peripheral neuritis," and he was undoubtedly right. A distinguished surgeon had gone down from town and pronounced in favour of intervertebral caries, with possible *morbis coxæ*. There was some question of hysteria, but this last was put out of court by the absence of the histrionic temperament, and of limitation of the zones of colour perception. The ability to arch the back and rise from the supine position with ease and without the assistance of the hands, was fatal to the theory of spinal caries, as the easy opisthotonos was to hip-joint disease, though a history of three traumatisms was elicited. The case was evidently an example of what Victor Horsley calls "traumatic neurasthenia." The dilated stomach and the tachycardia pointed to former vagal neuritis, and the diagnosis of general disseminated neuritis which I made, to the great joy of the local doctor, was justified by the rapid recovery, which took place under antineuritic treatment—mercurius corrosivus 30 with aconite 1x, following phosphorus 30 with bell. 3x, actæa 1x with phosphoric acid, sulphur 30 and 3x, rhus radicans 12 and 1x, were given internally, whilst Fleming's tincture of aconite combined with thyroïdin was rubbed into the nerve-lines with the aid of the continuous current. These procedures resulted in a very rapid disappearance of the troublesome train of symptoms. After two months this young lady was sent to the Riviera, whence she returned in good health and spirits, able to walk and ride with enjoyment.

Dr. MOIR said he believed paralysis was sometimes an early symptom. They had had a case in the hospital of a girl with paraplegia; she could not stand or move in any way, and had a soft swelling in the middle of the dorsal region. She went out quite well to all appearance, but after a year she came back with acute angular curvature, but without paralysis. That was the only case in which he had seen paralysis in such an early stage.

Mr. KNOX SHAW said that his experience differed from that of Mr. Gerard Smith in one respect, viz.: that one had to expect a rise of temperature in caries of the spine. In the hospital they had a considerable number of cases of caries of the spine in different stages, and his impression was that they did not get a rise of temperature as a rule. They had just dismissed, on May 1, a girl who had been in the hospital since December 9—5 months. It was one of those slowly developing cases of spinal caries without pain, the girl going to her work. She came under Mr. Johnstone's notice, and he sent her to the hospital with most marked angular curvature and commencing paraplegia. She had been under treatment by extension. He agreed with Mr. Gerard Smith that the paraplegia was not due to direct pressure of the spinal column upon the cord, but to some tuberculous deposit in and around the cord. They had her under observation for 5 months, and during the whole of that time her temperature had never reached 99°. He knew for a fact that in spinal caries with abscess, where they were in the habit of treating those abscesses by operation and where they closed them immediately, they were on the keenest look-out for any rise of temperature, and they had had a sequence of cases in the hospital where it had not risen at all.

Mr. GERARD SMITH, in reply, said that with regard to the point put forward by Dr. Goldsbrough, he quite agreed with him in his suggestion that the pain was probably due to meningeal inflammation, perhaps meningeal thickening or pressure of tuberculous deposits upon the nerve roots in the spinal cord, and had its source not actually between the bodies of the vertebræ, but in the nerves in the neighbourhood. Dr. Blake remarked that in the earlier stages of caries of the spine, children were exceptionally good. So far as being quiet, they were so; they would not play with other children, but would mope; but they were exceptionally irritable with regard to the pain in rachitic spine. He said there was pain in many parts of the body in ordinary rickets, but there was no doubt but that the flexibility of the spine put the question of caries aside altogether. A rachitic spine of whatever form was always exceptionally flexible and not rigid. Mr. Knox Shaw had spoken of the temperature: that was a point which was not thoroughly gone into. Many of his facts he had obtained from Mr. Tubby, at the National Orthopædic, who bore him out that they might have a fairly high temperature with a child when it came into the hospital, but after it had been put to bed and kept clean the temperature went down sometimes to normal; 99° was

a common temperature, but still his experience varied. The point had not been gone into in any text book which he had seen. One would have liked to know what the temperature was of the girl when she was moving about in her daily avocations before resting in the hospital.

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ON THREE RECENT CASES OF MALIGNANT DISEASE OF THE UTERUS, TREATED BY HYSTERECTOMY, WITH GENERAL REMARKS ON DIAGNOSIS, AND ON THE EARLY AND LATE RESULTS OF OPERATION.<sup>1</sup>

BY EDWIN A. NEATBY, M.D.

*Assistant Physician for Diseases of Women to the London Homœopathic Hospital.*

THESE cases are of interest on account of their gravity, of the differences which they present under comparison, and because they have all come under observation and treatment during the last three months. Without further delay I will narrate their history and reserve my comments until the end of the paper.

*Case I.*—On February 12, H. K., a married woman of 50 years of age, came to the out-patient clinic of the London Homœopathic Hospital on account of laceration of the perinæum, which prevented the patient from having control of the bowel-sphincter. She also stated that she had been suffering from hæmorrhage from the vagina since August, 1896. Prior to that she had been regular for three months, after having had a term of nine months' freedom from any menstruation or bleeding of any kind. Latterly she had used two or three diapers daily. The discharge was odourless. If the bleeding ceased it was replaced by yellow or white discharge. After one of her twelve confinements she evidently had a pelvic abscess—a pint of yellow discharge having come away at a time. She has had three mis-

<sup>1</sup> Presented to the Section of Surgery and Gynæcology, May 6, and read June 3, 1897.



carriages; the last confinement was eight years ago, and the last miscarriage nine years ago.

For four months before coming to the hospital she had complained of vaginal pain darting upwards through the body. She had also had for a long time constant aching of the back, relieved by lying down, and aggravated by exertion. She had had two operations for the ruptured perinæum, both unsuccessful.

The cervix was found to be hard, the os rough and depressed, and there was a hard cartilage-like ring of cervical tissues round the os. The body was forward and large. There was free hæmorrhage on the finger and on the sound. The source of the hæmorrhage was within the uterus, and dilatation showed it to be from a rough, sprouting, wart-like surface. This settled the diagnosis and treatment. Vaginal hysterectomy was performed about twelve weeks ago, and a few days ago I saw her, stout, active, and enjoying her food better than for years. The recovery was entirely uneventful; the gauze dressing was removed on the fifth day and was then odourless. The perinæum was left temporarily; but if her health remains good it will be necessary to repair it, for she has even less control over the bowel than before the operation.

[A sepia drawing of the uterus while still fresh, and the specimen itself, spoiled by the preservative fluids, were on view. A section by Mr. Johnstone showed typical epitheliomatous nests.]

The accompanying illustration is a very fair reproduction of the drawing.

#### CARCINOMA OF BODY OF UTERUS.

*Case II.*—M. W., age stated to be 48, looks at least 60. "Menstrual life was quite regular and normal in every way. Catamenia ceased four years since, but no trouble of any description occurred until seven or eight months ago, when blood was noticed after micturition." Some discharge of dark or bright red colour has persisted since, with only occasionally a few days' cessation. Pain was not felt at first, but for the last five months patient has experienced pain at the "lower part of the stomach." Three months ago the discharge was offensive but only continued so for about a week. Latterly patient has lost flesh rapidly. The skin is of a yellowish hue. The urine was examined before the operation, twice by Dr. Cook, who kindly referred the patient to me, and twice by Mr. Chapman, recently house-surgeon to the hospital, to whom I am indebted for carefully taken notes of

CARCINOMA UTERI.



CASE I.



the case. Sometimes albumen was present, and sometimes absent.

The cervix uteri was intact, the body felt larger than a man's fist. It was, however, freely movable, and there was no evidence of implication of the broad ligaments or glands.

After the usual preparation by douching, dieting, &c., total extirpation of the uterus was performed by the combined method. The cervix was first loosed from its vaginal attachments, the bladder pushed forward, and a pair of pressure forceps was left attached to the anterior and posterior surfaces of the uterus as guides when detaching the peritoneum from above. The abdominal wall was then divided in the median line, patient being in the Trendelenberg position. The bowels were by this means kept out of sight and kept warm by the abdominal wall and by hot sponges. After ligaturing off the broad ligaments and detaching the peritoneum, the uterus was easily removed. During the manipulation of the uterus some of the friable and septic contents were squeezed out into the vagina. Free washing out was performed from above downwards, but it is possible that this proved a source of infection. A gauze drain was left in the abdomen and gauze packing inserted into the vagina, after inverting the cut peritoneal edges. On the third and fourth days aperient doses of calomel were given; during the sixth day diarrhoea arose—ten stools in twenty-four hours. The notes of the house surgeon state—"On the sixth day, pulse 100, intermittent and weak; 11 p.m., patient feels much better, pulse not intermittent." Seventh day, "Patient had a fairly good night and seemed brighter, until she had a vaginal douche, when she complained of some pain, and soon after became quite collapsed and did not rally." Death took place on the seventh day. The highest pulse rate throughout was 118, the lowest 84; the temperature was always below 100°. An autopsy was made, and the report, kindly furnished by Dr. Vincent Green, is appended in extenso:

*M. W. Pan-hysterectomy. Post-mortem, April 13, 1897.*

"Marked tympanites. Edges of wound united; red areola round stitch-punctures. On pulling edges of wound apart a clear yellow fluid escaped from the abdominal cavity. A little of this was smeared along surface of agar tube. The abdominal wall contiguous to the wound was separated into two layers. On laying back the upper layer, consisting of skin, fat and fascia, from the lower layer consisting of peritoneum and rectus muscle, the adjacent surfaces thus separated were found to be covered with a thin layer of greenish-yellow pus (some of this was smeared along the surface of agar tube). The colon was greatly distended,

the small intestine less so. Slight injection of mesenteric vessels; bowel, if anything, paler than normal. Immediately above the cæcum was a band stretching across and forming a loop of ascending colon. Other bands fixing the loop down to the abdominal wall laterally. These adhesions were not of recent origin. The right broad ligament lay over the vaginal opening, effectually sealing it. There was no pus or lymph in the pelvis. The ligament tore away very easily, allowing the vaginal opening to gape. A few small glands about the size of a pea and quite soft were felt in the meso-colon. No secondary growths were to be found in liver, kidneys, or spleen. Only abdomen was examined.

“*Cultures.*—Both serum and pus give the same cultivation. Colonies of the following were examined and seen under the microscope:—Staphylococci (pus organism); streptococci (organism of septicæmia); bacilli, probably both saprogenes and pyogenes foetidus, usually present in septic gangrenous foetid pus.”

This patient died from cardiac failure due to septic poisoning. Her death was unexpected, as she had, even the same morning, appeared bright and talkative. The previous day's diarrhoea, due partly to aperients, and probably more to septicæmia, had reduced the patient's strength and caused even the slight fatigue of a douche to bring about a collapse. It is unusual that death should occur at so late a stage without more evidence of peritonitis, death from pure sepsis usually being before the fifth day, and being accompanied by a much more rapid pulse.

#### CARCINOMA (EPITHELIOMA) OF CERVIX.

*Case III.*—On April 13 last (1897) E. B., aged 41, consulted me on account of irregular bleedings. The patient has been a widow about two years; she has had eleven children and five miscarriages. The last child was born two and a-half years ago, and the last miscarriage occurred previously to that. Patient has had no illnesses after her confinements or at other times. She lost her husband about two years ago, and about that time and subsequently has had much anxiety and physical strain, as she has a large family of young children on her hands. Up till about Christmas menstruation was irregular (four to seven weeks), but not notably abnormal in any other way. Moderate pain of the nature of “stomach-ache” lasted three or four days at the periods. She has had no inter-menstrual pelvic pain. For two

months she has had thin, unirritating, and colourless leucorrhœa. The bowels act naturally; there are some piles which occasionally bleed, general headache, as if the hair were being pulled up, flatulence and anorexia. Sleep, spirits, circulation, &c., all excellent. Patient's statement respecting the hæmorrhage was as follows: Since about Christmas menstruation has been too frequent, and more profuse than previously. Between the regular periods there have been, since Christmas, irregular bleedings almost daily for a short period at a time; the least exertion sets it off. On examination a large irregular sprouting mass, typically "cauliflower-like," was found to occupy the upper part of the vagina, growing from the cervix. The fornices were free, and the whole uterus was movable. Very gentle examination caused free bleeding. Patient was admitted to the hospital in a few days, and, after ascertaining that the kidneys were healthy, it was decided to remove the uterus by vaginal hysterectomy. With the ready and skilful assistance of Mr. Johnstone this was done five weeks ago. The patient is now out of the hospital, having made an excellent recovery.

The uterus was large, and the growth was found to spring from the anterior lip.

Three days before removing the uterus, the mass itself was ablated by the galvanic *écraseur*, with the object of lessening hæmorrhage at the operation, and of enabling more complete asepsis to be maintained. The latter failed, for the cut surface retracted and was not easily accessible to douching.

The temperature rose to 100°, and even at the time of the operation it was raised. This was regarded, however, as an additional indication for immediate complete removal. On the third day diarrhœa set in, evidently due to septic absorption. Although the pulse rose there were no rigors and no incontinence of urine or fæces, and no delirium. On the fourth day the pulse was 98 in the evening. The gauze was removed at the end of the third day, and was very fœtid. When the diarrhœa set in the patient was taking belladonna and mercurius corr. Veratrum alb. was given early on the fourth day at Dr. Moir's suggestion, and this was followed by prompt and material improvement.

Throughout the fourth day carbolic douching every four hours was persisted in, unless sleep prevented. On the fifth a calendula douche was used every six hours.

(A coloured drawing was presented, in which the cauliflower-like appearance of cervical epithelioma was exceptionally well shown.)

#### REMARKS.

*Diagnosis.*—Case I. was readily determined to be one of cancer. She had had, at the age of about 48 or 49, a menopausal interval of nine months. After this, hæmorrhage had begun and had continued on and off for six months. It was quite free. This, with the ready bleeding on examination, established the diagnosis of carcinoma, which was confirmed by dilatation of the cervical canal, and, after removal, by the microscope. In its history this case is typical.

In case II. the feature of bleeding returning and persisting after the menopause was also present. Although a uterine tumour was present, it did not render doubtful the diagnosis, as the history was clear.

The chief difficulty exists where there co-exist excessive or irregular hæmorrhage before the menopause, and a tumour. If the tumour is moderate in size and of fairly uniform surface, diagnosis may be impossible. As I have pointed out elsewhere,<sup>1</sup> the diagnosis under these circumstances, between a uterine myo-fibroma and malignant disease, can only be settled by a previous dilatation and curettage, followed if needed by microscopic examination.

The third case, cervical epithelioma, presented no room for doubt or error; it could be mistaken for nothing else. The warning note given before examination of irregular bleeding coupled with hæmorrhage induced by physical exertion, was in itself almost conclusive. The first touch of the soft sprouting mass of cervix, easily bleeding, made probability become certainty.

<sup>1</sup> *Monthly Homœopathic Review*, May, 1897.

Cases I. and III. are interesting, as examples of malignant disease developing in women who have borne a large family, and Case III. would confirm the views of those who believe that worry is an exciting cause of cancer. Case II., however, occurred in a single woman.

While sarcoma is usually the cancer of youth, the patient's age cannot here be said to be much guide to diagnosis. In sixteen cases reported by Jessett<sup>1</sup> the age varied from 32 to 63, while in the same series carcinoma is reported as occurring twice in women of 31.

Sarcoma is (if possible) more insidious in its origin, more rapid in its growth, less ready to bleed and more liable to develop a large tumour than carcinoma. In the case of a largish tumour, say 3 in. by 4 in. in diameter, if hæmorrhage has been inconsiderable and the discharge only stained the probability is that the disease is sarcoma. A fibro-sarcoma is, however, less rapid than the papillary forms, and often bleeds freely. Pain is less severe in sarcoma unless the growth is very rapid. Infiltration of the surrounding parts is early. The extrusion of brain-like offensive masses is diagnostic only of malignant disease, not of sarcoma. It recurs sooner than carcinoma. After carcinoma (adeno-carcinoma), sarcoma is the most common form of malignant disease, occurring in about 20 per cent. of the cases. Nevertheless, an individual case of sarcoma may be quite indistinguishable except by the microscope; clinical evidence is often of more value in deciding the question of malignancy.

The rarest form is true scirrhus—the cancer of old age. The uterus is small, hard and tough, with almost cartilaginous feeling, rough, and when curetted bleeding little; progressing slowly. Symptomatically the disproportion between pain and obvious physical change is a leading and striking feature of scirrhus. A thin, acrid, offensive, but not copious discharge is present.

I have occasionally been asked by colleagues, especially at consultations, what are the results proximate and distant of hysterectomy for carcinoma. My personal experience of

<sup>1</sup> *Brit. Jour. Gynecol.*, Nov., 1896.



these cases from the operative point of view is of too short duration to enable me to speak with authority.

Just two years ago I wrote a paper compiled from Continental and American sources, in which the history, technique, result, &c., of vaginal hysterectomy are sketched. As is pointed out there, the early history of vaginal hysterectomy was a triste and sombre tale. In a lesser degree the same disappointment occurs in the practice of all individual operators newly undertaking its performance. Three years ago the operation had not been performed by any English surgeon embracing homœopathy. About that time Dr. Burford led off with a success, since followed by many equally brilliant results. My own early experience was discouraging, for two of my first three cases died. Improved technique and greater rapidity of operation have brought me better fortune, and from vaginal hysterectomy I have had no fatality for about eighteen months. The mortality amongst large operators varies from  $8\frac{1}{2}$  to 20 per cent., according to the method in which the statistics are formed, *i.e.*, whether from picked periods and picked cases or from the whole series of an operator's list.

As regards permanent success, in Purcell's experience about 40 per cent. recurred sooner or later. In detail

1 patient	was alive after 12 years.
3 patients	were " 6 "
3 " "	" " 3 "
12 " "	" " 2 "
11 " "	" " less than 2 years.

Mr. Jessett's figures as regards immediate results are more favourable than Dr. Purcell's, because he alludes only to a recent series. His recurrences are as follows:—

1 patient	no recurrence after 4 years.
6 patients	" " 3 "
5 " "	" " $2\frac{1}{2}$ "
1 " "	" " 2 "
3 " "	" " $1\frac{1}{2}$ "
10 " "	" " when last seen.

In 6 cases recurrence took place in six months.

„ 1 „ „ „ 1 year.  
 „ 9 „ „ „ early.

M. Richelot gives a summary of twenty-eight cases which recovered from the operation of vaginal hysterectomy for cancer, and remained under observation.

Of these there was recurrence in eleven cases after periods of from 5½ years to 3 months. Of the remainder

3 had not recurred in periods of from 4 to 8 years.

3 „ „ „ „ 3 to 4 „

3 „ „ after from 2 to 3 years.

8 „ „ after from 2 years to 2 months.

German surgeons state that the percentage of cures, namely, those cases in which the disease does not recur in three years, is from 35 to 45 per cent. Fabri of Modena reports 16·6 per cent. cured.

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Dr. BURFORD said that those who read the Reviews would have seen Mr. Malcolm Morris's panegyric on the progress of medicine and surgery during the century, and the very excellent notice of it which appeared in this month's leader of the *Monthly Homœopathic Review*—a leader which he hoped would have a wider circulation than the columns of the *Review* alone would give it. Very little was said about pelvic surgery; but only twenty years ago not only was surgery quite incompetent to deal with such cases as the author had mentioned, but their very existence was denied. The best record of statistics in the world's history with which he was acquainted with regard to the extirpation of the carcinomatous uterus were those of Leopold. Many of the details, which had been reproduced in the *Manchester Medical Chronicle* were simply surprising and made a great impression. The longer experience the operator had, and the more discrimination he evidenced in the selection of cases, not only the more immediately satisfactory was the result but the longer time did cases go without recurrence. With regard to diagnosis he had had some very varied experiences. He had come to place more trust in the clinical indications of malignant growth than in microscopical results. The opinion of all operators, little and big, at the British Gynæcological Society,

was that the clinical observations were more important than the microscopic. An American said that after an operation the microscopist had reported that he could find no trace of malignant disease, but the patient died six months later of recurrence. He referred to a case in which a specimen of material removed had been submitted to Mr. Johnstone, who reported that the patient had sarcoma. As the friends were anxious that a confirmatory opinion should be obtained another consultant was called in, who brushed aside the microscope and went on the physical diagnosis alone, and decided that the patient should have three months' grace with a view of seeing whether local treatment would not suffice; but he (Dr. Burford) entirely agreed with Mr. Johnstone, and they still awaited after-results, feeling pretty confident that the pathological growth would justify the position they had taken. Early in the year a woman had come to him with symptoms of menorrhagia, and he imagined it was an ordinary case of fungous endometritis, but on curetting, one particular spot indicated a different condition of things—he scraped away till he nearly got into the peritoneal cavity. A specimen of one part of the uterus submitted to Mr. Johnstone was declared to have no evidence of malignancy, but a specimen of another part showed sarcoma of the uterus commencing in the gland ducts. The uterus was removed, and a sarcomatous ulcer about the size of half-a-crown was found, justifying the operation and also the diagnosis. With regard to fibroid sarcoma, his experience was that it had altered from what it was some years ago. There were certain cases which for a number of years were fibroid, which ultimately developed, like a "bolt from the blue," symptoms of sarcoma. He held that to be one of the indications for the removal of fibromata at a period when they were likely to give trouble, particularly if the patient entered into the married state. A patient came to him some months ago with every symptom of fibroid of the uterus, but she scoffed at his suggestion of an operation. She died a few days ago from sarcoma of the uterus. The symptoms had developed during the last three or four months. She had married in the interim, and the experience of every gynæcologist was to the effect that marriage late in life, in a lady who was the known possessor of a fibroid tumour, was exceedingly likely under unfavourable conditions to lead to the development of malignant disease.

Dr. JAGIELSKI asked how many cases Dr. Neatby had operated upon.

Dr. NEATBY: About seven.

Dr. MADDEN (the President) mentioned the case of a lady who had serious uterine symptoms, diagnosed by Dr. Burford as malignant disease, in which vaginal hysterectomy was suggested. A second opinion was insisted upon and an eminent allopathic surgeon was called in. He entirely demurred and thought it was nothing more than ordinary sub-involution and chronic metritis, and suggested the usual series of local treatments common in such cases. He (the President) insisted on a third opinion, which was obtained. The third specialist suggested that the uterus should be dilated and curetted. This was done, and specimens of the resultant curetting was submitted to the Clinical Research Association and to Mr. Johnstone. Mr. Johnstone reported evidence of malignant disease, but the Clinical Research Association said they could find nothing but evidence of recent pregnancy (which was perfectly perceptible to the naked eye). On this second experience of divided authority, specimens were sent to the highest authority possible—Professor Hamilton, of Aberdeen—and his report was that it was undoubtedly a case of malignant disease. At last, after wasting two valuable months, the uterus was removed by vaginal hysterectomy, and the lady made a very satisfactory recovery.

Dr. NEATBY, in reply, said he agreed with Dr. Burford on the way in which uterine fibromata took on active changes in married life. He had placed one such case on record himself in the London Homœopathic Hospital Reports, and had seen at least one other subsequently. It was a very important point when they had to deal with cases of that kind, when tumours which had hitherto been stationary came before them with sudden and unexpected enlargements.

CLINICAL EVENING.<sup>1</sup>*Renal Calculus.*

Dr. Burford showed a woman who had been submitted three times previously, at other hospitals, to lumbar nephrolithotomy, but who was still suffering from renal calculus. She seemed to be a bad subject for operation, and had been advised not to undergo any further operation. At the termination of the last two she had had to have transfusion performed. She was passing only a very small quantity of urine a day.

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In the discussion that took place upon the case, Dr. MADDEN asked whether Dr. Burford had thought of *ocimum canum*.

Dr. CARFRAE suggested Contrexeville and Carlsbad waters, and cantharis, as a remedy.

Dr. BLACKLEY suggested Evian water and lycetol.

Dr. E. A. NEATBY had tried piperazine without much effect. He had not found much help from distilled water. He suggested urotropine; he began with 5-grain doses, gradually increased to 10 grains.

Dr. GOLDSBROUGH would try berberine 1x.

*Uterine Fibroid.*

Dr. Edwin A. Neatby showed a case of uterine fibroid in a woman aged 52½. She first came under Dr. Neatby's care in 1894, and then stated that seven years previously she had gone to a hospital on account of menorrhagia and pelvic pain. It was there discovered that she had a uterine tumour, which had slowly grown until the time she came to this hospital. In 1894 the tumour reached to a level of about half an inch from the umbilicus; the patient was blanched and weakened from excessive hæmorrhage. As the tumour had enlarged, pain and some urinary difficulties, from which she had previously suffered, disappeared. This,

<sup>1</sup> Held by the Section of General Medicine and Pathology, Wednesday, June 30, 1897.

it was suggested, was due to the relief from intra-pelvic pressure as the enlarging uterus gained the abdominal cavity. The patient also was considerably inconvenienced by a cystocele, but was enabled to get about with comfort by the use of a ring pessary.

The medicinal treatment had chiefly consisted of bromide or chloride of gold and potassium and the American preparation of iodide of lime, with a percentage of free iodine. Both these had been given for prolonged periods. While under this treatment menstruation had lessened, and intermenstrual hæmorrhage, formerly present, had been abolished; colour had returned to the mucous membranes; strength had increased demonstrably, and the tumour had lessened in size.

In his remarks Dr. Neatby said he submitted the case as an instance (1) of the common effect of fibroids in prolonging menstrual activity; and (2) of the probable effect of medicinal treatment.

Dr. Neatby expressed the opinion that it was unusual for fibroids beginning so late in life to decrease in size (without aid) while menstruation was still regular and free, even though the usual date of the menopause had been reached.

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Dr. NEATBY passed round, for the inspection of members, the iodide of lime, and also a preparation of iodide of lime with the addition of free iodine to about 12 per cent. He put 12 gr. in 8 ozs. of water, and gave a teaspoonful three or four times a day. He administered the bromide of gold in the 3x. His success had been chiefly with the softer varieties of fibroid.

Dr. BURFORD thought no benefit would arise in these cases from a visit to Woodhall Spa; he had seen temporary benefit from the Kreuznach waters. He thought the beneficial effect of the iodide of lime was not due to the iodide, but to the iodine which was liberated when absorbed. He considered the gold must be taken steadily for at least twelve months, and it was essential to use some styptic, such as trillium or secale, when the hæmorrhage was excessive.

Dr. CARFRAE thought that in considering the effect of remedies sight must not be lost of the natural history of the disease to lessen of itself.

*Pseudo-hypertrophic Paralysis.*

Dr. Giles F. Goldsbrough exhibited a case of the above. G. N., male, aged 15, came under observation first in October, 1894, and his case was published in the "London Homœopathic Hospital Reports" for 1895; two plates are there furnished showing the condition of the muscles from behind and in a side view. The patient was exhibited on the present occasion in order to show the course and progress of the disease. Tinct. phos. 3 has been administered now for a year and a half. His present condition is much the same as illustrated in the plates in the Reports, except that normal growth has been proceeding apace, and the disease has made some progress notwithstanding the treatment. The boy does not walk so well as he used to do, and it is with great difficulty he can raise himself from the floor without help. The wasting of some muscles is very marked, namely, the deltoids, supra-spinati, pectorals, latissimi dorsi, trapezii, muscles of arm, forearm and thigh; while pseudo-hypertrophy is still to be noticed in the infra-spinati, gluteals and calf muscles. The spastic gait is very characteristic; contraction of the calf muscles prevents the heels being planted on the ground when standing erect or walking. The compensatory lordosis presents a deeper curve than in the published plates, indicating that a greater effort than formerly is required to maintain the body in the erect posture.

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Dr. GOLDSBROUGH considered the disease was making progress in spite of phosphorus.

Dr. CARFRAE suggested Ling's Swedish system of movements.

Dr. BLACKLEY had yet to learn of a useful drug. He thought that these cases steadily progressed downwards.

*A Case of Psoriasis.*

Dr. Galley Blackley showed a girl of 8 who was admitted into the hospital six weeks ago with an eruption consisting of about half a dozen large circular patches, varying in size from that of a shilling to that of a crown-

piece. The patches were all approximately circular, and consisted of a central papule surrounded by a bright-red, smooth areola, with slightly raised margins; these were situated on the legs, thighs and round the pudenda. The affection was diagnosed as erythema circinatum, and after being kept in hospital for a few days she was sent home with a *placebo*. On June 24 she again presented herself in the skin department, when the following changes were noticeable:—The patches had increased in size, and numerous others had made their appearance both on the trunk and scalp; those round the pudenda had coalesced, and all were thickly covered with silvery scales which, when removed by scratching, showed the bleeding points distinctive of psoriasis.

The points of special interest in the case were: first, the unusual mode of onset, for psoriasis patches were almost invariably scaly from the commencement; and secondly, the rarity of patches on and around the pudenda.

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Dr. BLACKLEY said the treatment consisted of arsenic internally and an application of equal parts of sulphur, soft soap, liquid pitch and spirits of wine. He mentioned a severe case sent to Aix-la-Chapelle which came back well.

Dr. MADDEN asked Dr. Blackley's opinion of thyroid extract.

Dr. BLACKLEY said he had used thyroid extract in psoriasis and eczema; it acted best in the latter; in the former he had found no permanent effect. He found it produce its physiological effects with distress to the patient.

### *Calculous Pyonephrosis : Nephro-lithotomy : Cure.*

Mr. Knox Shaw and Mr. Dudley Wright showed a woman, aged 32, who had been a patient in the London Homœopathic Hospital during 1894 for pyonephrosis. She had had renal colic since childhood, and a swelling in the left side for six or seven years; this had lately increased considerably. She had had much pus in the urine for six months. She had never passed blood nor gravel. The patient presented in left lumbar region a large renal swelling. The



kidney was explored and drained May 29, 1894, by Mr. Knox Shaw; it was found very large, and contained many smooth loculi filled with pus. No stone was found. By June 8 the tumour had diminished at least one-half, and there was very little pus in the urine. On June 26 kidney again explored but no stone found. On August 28, during Mr. Knox Shaw's vacation, Mr. Dudley Wright thought condition of patient warranted nephrectomy, but on passing ligature around pedicle a hard body was felt, which on opening pelvis was found to be a calculus impacted in ureter; two others were subsequently found in the calyces and removed. She was discharged well Oct. 16, 1894. Since then she has enjoyed excellent health, and has had a child.

Dr. Epps, whom she consulted at the hospital a few weeks since for some dyspeptic trouble, examined the urine and found it normal, nor could he discover any enlargement of the kidney.

#### *Congenital Stenosis of the Pulmonary Cardiac Orifice.*

Dr. J. Hervey Bodman showed the above case, a patient in the hospital under Dr. Moir's care.

Violet H., aged 16. *Family History.*—Neither parent has suffered from acute rheumatism. Another point worth noting is that the last child but one of the family, a boy, was born with imperforate anus.

*Personal History.*—For six months after birth she seemed perfectly healthy; ever since that time she has been extremely subject to attacks of bronchitis, but this tendency has been diminishing recently. When examined by a doctor at the age of 5, he said she had something the matter with her heart. Gets occasional sharp pains in region of heart. There has never been any cyanosis, nor swelling of the feet; has never suffered from rheumatism or chorea, nor from scarlet fever. Menstruation has not occurred.

*Present Condition.*—Patient is rather thin, but otherwise quite healthy in appearance; no cyanosis, nor clubbing of the fingers. Tongue clean; appetite good; bowels regular; pulse 100, regular, fairly strong; temperature normal.

Chest is long and narrow, and the sternum is rather prominent; expansion very deficient. The apex beat is in the fifth left space in the nipple line; the impulse is forcible. A systolic thrill is felt in the second and third left spaces, but there is none at the apex. The deep cardiac dulness begins in the third left space, and extends downwards and outwards to the apex beat; it is bounded to the right by the right border of the sternum. Over practically the whole of the front and back of the thorax is heard a systolic murmur. The point of maximum intensity is very well defined; it is at the inner end of the second left space,  $\frac{3}{4}$  inch from the edge of the sternum. The murmur is conducted in every direction, diminishing in intensity roughly in proportion to the distance from the point of maximum intensity. At the point of maximum intensity the murmur is very loud, rough and long. Just below the point of maximum intensity it can be heard that the systolic murmur is followed by a short faint diastolic murmur; the second sound is not heard in the pulmonary area, but is present in the aortic area. At the apex the first sound is accentuated, but there is no murmur except that conducted from the pulmonary area. At the back the systolic murmur is particularly well heard down the spine. The condition of the lungs, abdominal organs, and urine is normal.

*Remarks.*—The loud systolic murmur was regarded as being produced at the pulmonary orifice, on account of the position of the point of maximum intensity, the position of the thrill and the absence of the second sound in the pulmonary area. This opinion is corroborated by the fact that such slight enlargement of the heart as existed was probably chiefly on the right side, for the apex was displaced directly outwards and not downwards and outwards. The loudness and wide conduction of the murmur at once stamp it as of organic and not functional origin. Pulmonary systolic murmurs of organic origin are uncommon, and when found are almost always the result of a congenital stenosis at or near the pulmonary orifice. In this case pulmonary symptoms have been present from a very early age, and all the usual causes of acquired valvular lesion have been absent.

The absence of cyanosis does not negative the possibility of the lesion being congenital, and is probably due to the perfection of the compensation which exists. The case is, therefore, to be regarded as one of congenital stenosis of the pulmonary orifice.

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Dr. NICHOLSON thought the left ventricle was enlarged, the sound being almost as loud at the apex as at the pulmonary area. He considered it was not purely pulmonary, but might be mitral as well.

Dr. GOLDSBROUGH agreed that it was a pulmonary murmur. He thought compensation must have begun early.

Dr. BLACKLEY came to the same conclusion as Dr. Nicholson. It was not a pure pulmonary stenosis; the left ventricle was hypertrophic, and so he concluded there was a mitral as well as a pulmonary lesion.

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## PATHOLOGICAL SPECIMENS, CASES, &c., SHOWN AT VARIOUS MEETINGS.

### *The Rôle of the Lymphatics in Absorption from the Tonsils.*

Mr. JOHNSTONE exhibited on the screen a microscopic section of a tonsil to show excessive engorgement of the lymphatics. These capillaries were found taking origin from the lymph follicles on the surface of the tonsil, and coursing through the base of the tonsil in company with the vein to reach the returning venous circulation. All the lymphatics were filled with white lymph corpuscles; and the staining reaction differentiated them from small arteries and veins, which contained red blood corpuscles with only a small proportion of white corpuscles. It was evident that the lymphatics were being supplied with abundance of lymph corpuscles from the lymphoid follicles. If this were so in conjunction with the formation of a diphtheritic membrane on the tonsil and the manufacture of toxin, it can

easily be imagined how rapid must be the absorption into the general system. Mr. Johnstone suggested this as an explanation of the marked constitutional disturbance arising from the localised lesion in diphtheria.

### *Portion of Diphtheritic Membrane.*

Dr. ROBERSON DAY showed, January, 1897, a specimen of diphtheritic membrane, which was coughed up by E. W., a domestic servant, who was suffering from a very severe attack of laryngeal and tracheal diphtheria. Some of these pieces of membrane were four inches long, and when first seen had much the appearance of a tape worm. The patient ran the greatest risk of suffocation during the effort to get rid of this membrane. She was treated with anti-toxin serum and kali bich. 3x, and made a good recovery. Her case is fully described in the *Monthly Homœopathic Review* for January, 1897.

### *Congenital Cervical Fistula.<sup>1</sup>*

This specimen was removed from a young woman, aged 25, who had had a discharging sinus to the inner side of the right sterno-mastoid muscle, a little above the sterno-clavicular articulation, since birth.

The fistula had undergone cystic dilatation, and had become inflamed, for the contents were purulent. The dilatation was at its lower end. The fistula, which just admitted a probe at its undilated part, was traced as far as the hyoid bone. The fistula would appear to be the remains of the fourth branchial cleft.

Mr. JOHNSTONE reports: "The cyst wall consists of connective tissue, lined with columnar epithelium, with here and there enlarged lymphoid follicles. The whole indicates that the tissue belongs to the respiratory tract."

### *Epithelioma of the Tongue.<sup>2</sup>*

The entire tongue and floor of the mouth, together with a part of the inferior maxilla, removed by Kocher's method, after tracheotomy and ligature of both lingual arteries, for cancer. The patient died with symptoms of iodoform poisoning.

<sup>1</sup> Shown by Mr. KNOX SHAW, May 6, 1897.

<sup>2</sup> Shown by Mr. DUDLEY WRIGHT, July 1, 1897.

*Laryngeal Syphilis.*<sup>1</sup>

General infiltration leading to stenosis. A sudden attack of œdema of the larynx carried off the patient before medical aid could be obtained. An accompanying illustration gave a laryngoscopic picture two years before death.

*Laryngeal Cancer.*<sup>2</sup>

The specimen showed cancer commencing in the sinus pyriformis and leading to perichondritis of the thyroid cartilage. The pus which formed perforated the left ventricular band, poured into the trachea, and set up septic pneumonia, from which the patient died.

*Malignant Disease of Thyroid.*<sup>3</sup>

The right lobe of the thyroid gland removed, together with secondary glands, for malignant disease, from a woman aged 60 years. The patient died nine months afterwards from a secondary growth in the abdominal cavity. There was no recurrence in the neck up to the time of death.

*Hypertrophic Stenosis of the Pylorus.*<sup>4</sup>

This specimen shows the pyloric stricture laid open; the muscular wall of the stomach at and adjacent to the pylorus is greatly thickened; the thickening ends abruptly at the junction of the pylorus with the duodenum, but gradually towards the end of the stomach; numerous circular bands of muscular fibres are seen transversely cut.

The microscopical section shows a growth consisting entirely of unstriped muscle-fibres. In this case the majority of the fibres are cut longitudinally. The transverse cut fibres in this section are those of the inner circular layer of muscular fibres.

<sup>1</sup> Shown by Mr. DUDLEY WRIGHT, July 1, 1897.

<sup>2</sup> Shown by Mr. DUDLEY WRIGHT, July 1, 1897.

<sup>3</sup> Shown by Mr. DUDLEY WRIGHT, February 4, 1897.

<sup>4</sup> Shown by Dr. BLACKLEY and Dr. BODMAN, April, 1897.

*Hypertrophic Stenosis of the Pylorus ; Great Dilatation of Stomach ; Gastro-Jejunostomy.*<sup>1</sup>

This specimen shows immense thickening of the muscular tissue of the pylorus and adjacent stomach wall. The pyloric orifice would barely admit a crow-quill. The whole of the muscular coat of the stomach has undergone compensatory hypertrophy. The microscopical section is taken from the thickest part of the growth. It shows bundles of unstripped muscle-fibres, mostly cut transversely, but in some places longitudinally. The transversely cut fibres are those of the inner or circular layer of the muscular coat ; the longitudinally cut fibres are those of the outer or longitudinal layer.

*Portion of Liver from a Case of Pernicious Anæmia, showing the Iron Reaction.*<sup>2</sup>

This reaction was obtained by pouring over the piece of liver, first a dilute solution of potassium ferrocyanide, and then dilute hydrochloric acid ; the Prussian blue reaction is thus obtained as in testing for iron in solution. The faintly stained piece of liver shows the result of a control experiment on a presumably normal liver.

*Liver showing Suppuration around a Nodule of Secondary Carcinoma.*<sup>3</sup>

In the middle of this specimen is seen a large nodule of secondary carcinoma, surrounded, and almost separated from the rest of the liver, by an abscess cavity, which contained thick yellowish pus. Many other nodules of secondary growth are seen. The primary tumour was an encephaloid carcinoma of the pancreas.

*Intussusception in a Child of 10 months.*<sup>4</sup>

The lower end of the ileum, the ascending colon, and part of the transverse colon have become invaginated into the remainder

<sup>1</sup> Shown by Mr. KNOX SHAW and Dr. BODMAN, to illustrate Mr. Knox Shaw's paper on "Gastro-jejunostomy."

<sup>2</sup> Shown by Dr. BODMAN, April, 1897.

<sup>3</sup> Shown by Dr. BODMAN, April, 1897.

<sup>4</sup> Shown by Dr. BODMAN, July 1, 1897.

of the transverse colon. The child was brought to the hospital in a moribund condition, and died shortly after admission.

*Calculous Pyo-nephritic Kidney, removed by Nephrectomy.<sup>1</sup>*

This specimen was obtained from a woman, aged 28, married, who had been an inmate of the hospital for four months. There was no history of gravel or renal colic, but when a child she used to suffer from severe pain in the left side. Previous to admission she had passed pus in her urine for some months, and was very weak and ill from hectic fever. On admission a large swelling was discovered occupying the left renal region, extending towards the umbilicus and downwards to the iliac fossa. Nephrotomy was performed June 16, 1895, and the kidney explored, a large amount of pus and urine being evacuated but no stone found. The hectic condition lessened and the pus somewhat diminished, but the swelling did not decrease, so the kidney was again explored on June 30, with the same result as before. The swelling still not decreasing and the long-continued discharge evidently sapping the patient's strength the kidney was removed on October 13. The operation presented considerable difficulty, both from the size of the kidney and the extent of the adhesions. The kidney was reached by a large curved incision in the lumbar region. The patient never rallied from the operation and died the same evening.

(The above notes were abstracted by Mr. Chapman, House Surgeon.)

The following report was made by Mr. Johnstone, Pathologist to the Hospital:—

The pelvis and calyces of the kidney are enormously distended with pus and urine, the cortex being thinned out in places to one-sixteenth of an inch in thickness. The kidney was thus formed into a huge multi-saccular cyst, its functions as a secretory organ being practically destroyed, the only part of the kidney that preserved any normal part of its function being the upper end. In the ureter a rough uric acid calculus was found impacted; one of the sacculi contained another. On the posterior surface of the kidney there was the partly cicatrised wound of the previous nephrotomy, through which the kidney had been digitally explored without success, the impacted calculus being out of reach of the fingers.

<sup>1</sup> Shown at the Section of Surgery and Gynæcology, November, 1896, by Mr. KNOX SHAW.

*Uric Acid Calculus, weighing 620 grains (1 oz. 140 grains).<sup>1</sup>*

Mr. H., aged 78, had *lithotrity* performed for stone six years ago by Mr. B.

A *median lithotomy* was performed by Mr. W. three years ago, and a stone weighing 260 grains removed. Symptoms of stone recurred one year ago. Sounded April 14, and stone found.

*Lateral lithotomy*, April 27, and present specimen removed. Patient is making an excellent recovery.

In view of frequent recurrence, an operation allowing digital examination of the bladder was advisable, and lithotomy was chosen as a more rapid method, in a patient of so advanced an age, than supra-pubic cystotomy.

*Papilloma of Bladder.<sup>2</sup>*

Papilloma removed from the bladder of a male, aged 50, by supra-pubic cystotomy. Symptoms of hæmaturia had been present eight years. The growth sprang from the region of the opening of the right ureter, and there was another smaller growth in a similar position on the opposite side, and several satellites on other parts of the bladder wall.

*Pathological Changes in the Fallopian Tubes and Ovaries.*

At the meeting of the Section of Surgery and Gynæcology, November 5, 1896, Mr. JOHNSTONE gave a micro-lantern demonstration of microscopic sections of Fallopian tubes to show the more minute changes which take place in the lining of these organs as the result of inflammation. In explaining the sections he said that such inflammation is usually infective, most commonly gonorrhœal. It begins by injection of the mucous membrane, passing into swelling and cedema. The mucous membrane loses its epithelial layer, discharges pus, and blocks the lumen of the tube by the swelling of the fimbriæ. Sometimes the raw surfaces thus brought into apposition adhere, grow together and so occlude the lumen. This occlusion may occur in two places, leaving the intermediate length of tube patent. In this closed section pus may accumulate, the walls become distended, and the result be a cystic pyo-salpingitis.

<sup>1</sup> Shown by Mr. KNOX SHAW, May, 1897.

<sup>2</sup> Shown by Mr. DUDLEY WRIGHT, February 4, 1897.



Another series of specimens illustrated various changes found in ovaries which had been removed on account of disease. These included specimens of inflammation of the ovary, purulent foci and abscess of the ovary, cystic ovary, cirrhosis of ovary, cirrhosis of the peritoneal layer or capsule of the ovary, strangulated ovarian cyst, showing the hæmorrhages and deposit of hæmatin crystals.

*Multiple Uterine Fibroid undergoing Calcareous Degeneration.*<sup>1</sup>

W. E., aged 51, widow; no confinements; one miscarriage in 1864. Menstruation ceased five years ago, commenced at 12; regular every four weeks; quantity rather profuse, no pain. Menstruation for its last fifteen years gradually increased in quantity, always painless. Complains of back-ache, increased by sitting, diminished lying down; frequent micturition, with continual urging, in the day-time; micturates about once in the night. Urine, sp. gr. 1016, acid, no albumen. Bowels act regularly. Mental depression with vertigo. In 1874 she found that she had a tumour, when taken ill with an attack of severe pain. Her doctor told her that the tumour was the size of a walnut. In twelve months tumour increased to size of an orange. Abdomen began to enlarge in 1877. Two years ago her girth round abdomen diminished five and a-half inches in a few months.

*Physical examination.*—Large irregular fibroid, especially to right; to left of the fibroid is an ovoid elastic swelling, at one time thought to be an ovarian tumour. Has rheumatoid arthritis.

*May, 1896.*—The tumour has not enlarged during the last two years, but its bulk is a great inconvenience to the patient. It extends above the umbilicus in the middle line, and nearly to the ribs on the right side. The patient is distinctly emaciating, and is unable to do her daily work.

*June, 1896.*—She expressed her wish for its removal, which was accomplished at the end of June. The pedicle was very narrow, consisting of the attenuated uterus and both broad ligaments. These were ligatured and returned into the abdomen, the patient making a good recovery.

(In 1897 she has remained well, has gained flesh, and earns her own living.)

<sup>1</sup> Shown by Dr. EDWIN A. NEATBY, October 1, 1896.

*Fibro-Myoma of the Uterus.*

This specimen was shown at the March meeting, 1897, by Dr. EDWIN A. NEATBY.

B. A., aged 34, single, first came to the hospital for enlargement of abdomen and pain in the right iliac region. Some enlargement had been noticed for years, but it was for pain that she sought advice. She suffers from menorrhagia, which, however, has existed from the onset of the periods. Her pain is of two kinds—right iliac pain apart from the periods, and left iliac and sacral pain before and at the monthly time.

The tumour completely filled the pelvis, and extended two fingers' breadths beyond the umbilicus. The cervix was considerably involved, and lay close up behind the symphysis. There has been no bladder trouble, and only slight leucorrhœa. The bowels are constipated, and there is throbbing headache, worse after food.

*Treatment and Progress.*—During the first twelve months the patient more than held her own; there was no enlargement of the tumour; the general symptoms lessened in severity, both pain and hæmorrhage decreased; she remained well nourished, and the headaches were better. The chief remedies were hydrastis, secale, trillium, and arsenicum.

After the first year, however, the tumour enlarged until it reached the margin of the ribs on the left side. The pelvic mass appeared harder.

Removal was advised on the grounds of the steady growth of the tumour; it was argued that a tumour of the size exhibited would not be materially reduced by the premature induction of the menopause, or by its natural onset,—an event not to be expected for some fifteen years.

Hysterectomy was carried out in January, 1897, and recovery was uncomplicated.

*Colloid Cyst of the Ovary.*<sup>1</sup>

A colloid cyst of the ovary removed by laparotomy from a girl aged 23. The colloid material had infiltrated the cyst wall, making the peritoneal coat very friable and sodden. There was no ascites. The patient made a good recovery.

<sup>1</sup> Exhibited by Dr. BURFORD, November 5, 1896.

*Desquamative Salpingitis : Removal of Appendages.*

Dr. BURFORD showed, November 5, 1896, the appendages from a case of aggravated and intractable dysmenia with retroflexion, and where the sound, passed into the uterus, could be introduced an indefinite length into the peritoneal cavity. This patient had been under treatment for some years, with no permanent avail. On examination of the parts removed, well-marked desquamative salpingitis was demonstrated, as well as a small broad ligament cyst on the left side. The patient's health, previously much reduced by the agonising dysmenial pain, has improved to a gratifying extent since operation (three months ago).

*Early Carcinoma Uteri.*

Dr. BURFORD<sup>1</sup> showed a bulky uterus, removed by vaginal hysterectomy for commencing malignant disease. The patient made a good recovery, and is now in the enjoyment of much better health than for some time previously.

*Carcinoma of Testicle.<sup>2</sup>*

John P., aged 40, was admitted into Bayes Ward, March 12, 1897. Six years ago he noticed a small painless swelling of the right testicle. In four years it had increased to 14 inches in circumference; it then decreased 7 inches. Last April he had a blow from a cricket ball, when it rapidly increased again in size till December last, when it measured 17½ inches in circumference. It was then tapped by a medical man under the impression that it was a hæmatocele. On March 4 it was incised. When admitted there was a large right-sided scrotal swelling about the size of a newly-born child's head, the skin being brawny and infiltrated; there were several sinuses discharging offensive pus and a gaping wound containing gangrenous growth. The cord was apparently not involved, and the inguinal and pelvic glands were not enlarged. The growth was completely removed the same day together with the largest part of the scrotum; it weighed four pounds one ounce. The microscopic examination showed the growth to be a soft carcinoma.

<sup>1</sup> November, 1896.

<sup>2</sup> Specimen shown by Mr. KNOX SHAW, April 1, 1897.

The patient is making an excellent recovery. The points of interest are: the long duration of the disease; the period of activity and then retrogression; and the influence of traumatism in finally exciting a rapid increase in the disease. The prognosis is unfavourable.

*Photographs of a Case of Apparent Absence of the Penis.<sup>1</sup>*

The patient is a child aged 12 months, and the present condition has existed since birth. There is a normally developed scrotum, in which can be felt the testicles. At the root of what would naturally be the penis there is a small reddened dimple lying flush with the skin over the pubes. On manipulation diminutive penis can be partially protruded, but is kept back by a shortened and phimotic condition of a very small prepuce. From what can be seen of the glans penis it also is very small.

The child seems somewhat deficient in intelligence.

*Carcinoma of Rectum.<sup>2</sup>*

Three inches of the rectum removed by the trans-sacral route for malignant disease. The gut was amputated at its junction with the sigmoid flexure. The peritoneum was opened on both sides of the bowel. The stricture had prevented a thorough clearance of the bowel, so that during the operation fæces poured into the wound. The patient did well until the tenth day, when a severe attack of diarrhoea occurred and infected the wound, and the patient subsequently died of septicæmia.

*Lupus.*

Dr. BERNARD THOMAS exhibited (before the Liverpool Branch) a case of lupus vulgaris. The patient was a young man of 18 years. The disease was situated on the face, starting from the nasal cartilages and going into the nostrils; it had resulted in the destruction of both alæ and part of the septum, radiating from thence on to the cheek on either side as far as the malar eminence; it encroached below on the upper lip, above about half an inch below the orbit. The lateral borders were curved,

<sup>1</sup> Shown at the Section of Surgery and Gynæcology, November, 1896, by Mr. KNOX SHAW.

<sup>2</sup> Shown by Mr. DUDLEY WRIGHT, February 4, 1897.

but the right side extended farther than the left by about half an inch. It was pointed out that the situation in this case was similar to lupus erythematosus, but the disease was not so symmetrical and there was deeper ulceration. It was remarked that only in this variety of lupus was the tubercle bacillus found. Both forms of lupus are essentially cutaneous diseases, the destruction of cartilage being due not to erosion but to necrosis from the destruction of vessels and scarring of surrounding tissue. The patient had had the disease for six years; there was no history of syphilis or tubercle. It had been scraped, and scarified; Koch's injection had also been used. He had been treated by a herbalist with an application of herbs—with some good according to his own statement. When he first came under treatment some few weeks ago, kali bichrom. 6 internally, and an ointment of 1 gr.—ʒi. of ac. salicyl. with lanoline had been used. The growth had become more limited under this treatment.

#### *Radiograph of Bullet in the Axilla.*

Mr. FRANK SHAW showed a radiograph taken from a man who had been wounded in the Afghan war eight years ago. Several pieces of bullets had been removed from his forearm, but he still complained of severe pain down the arm. A small lump could be felt in the axilla. The radiograph showed a portion of a bullet to be lodged near the head of the humerus. This was extracted by Mr. Frank Shaw and shown together with the photograph.

#### *Enchondromata of Index Finger.<sup>1</sup>*

The finger was removed owing to the inconvenience caused by the growth, which rendered it useless.

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<sup>1</sup> Shown by Mr. WRIGHT, July 1, 1897.

## MICROSCOPIC EVENING.

ANNUAL ASSEMBLY, JULY 1, 1897.

*Human Parasites.*

A SERIES of microscopic slides were exhibited by Mr. JAMES JOHNSTONE, illustrative of some of the oriental and rarer parasites.

(1) *Bacillus of Bubonic Plague* (Kitasato), from a case of the plague now prevalent in Western India. A cultivation of the same on agar jelly was also shown.

(2) *Filaria sanguinis hominis nocturna* in the capillaries of the lung, from a case of elephantiasis arabum.

(3) *Filaria sanguinis hominis nocturna* in the blood from a similar case, the ordinary form in Asia.

(4) *Filaria sanguinis hominis perstans* in human blood, prevalent in West Africa.

(5) *Mosquitos*: sections of the body filled with human blood, containing specimens of the embryos of *filaria sanguinis hominis nocturna*. The mosquito is the intermediate host of this *filaria*.

(6) *Filaria medinensis*, or guinea worm, adult female, showing the large uterus with ova. This worm is prevalent in tropical Africa, and causes an ulceration of the leg and foot. The ova gain access to water and are supposed to find an intermediate host in the fresh water crustacean cyclops.

(7) *Cyclops*, a fresh water crustacean, with the embryonic forms of the guinea worm in its interior.

(8) *Guinea worm*, larval forms.

(9) *Ankylostomum duodenale*, adult male, common in Eastern countries; inhabits the small intestine, where it lives on the blood. It frequently is present in such enormous numbers as to cause a constant excessive drain of blood. The dyspepsia and malnutrition thus entailed bring about a grave cachexia, known as ankylostomiasis, which not infrequently leads to a fatal issue.

(10) *Ankylostomum duodenale*, adult female.

(11) *Distomum Ringeri*: the egg of the adult form, which is parasitic in the lung and occasionally in the brain of man in Japan, Corea, and Formosa, giving rise to a peculiar form of hæmoptysis.

(12) *The parasite of malarial fever* (Laveran), crescent forms.

(13) *Malarial parasite*. Flagellate forms.

*Microscopic Specimens to illustrate the Appearance of the Blood in Health and Disease.*

Dr. GALLEY BLACKLEY exhibited:—(a) Wright's coagulometer; (b) Oliver's hæmoglobinometer; (c) An ingenious pair of locking forceps and "spreader," both devised by himself, for use in the preparation of blood-films; also the following microscopic slides consisting of films, dried, fixed and double stained, from the following series of pathological conditions:—

(1) *Chlorosis*, showing great variations in size and shape of red corpuscles, which are evidently deficient in hæmoglobin (percentage was 35).

(2) *Chlorosis*, showing, in addition to the above, superabundance of blood-plaques.

(3) *Pernicious anæmia* (fatal case), showing extreme poikilocytosis, giant cells and nucleated red cells.

(4) *Pernicious anæmia* (fatal case), showing microcytes and megalocytes, with moderate poikilocytosis.

(5) *Leucæmia splenica*, showing large excess of white corpuscles mostly of the adult variety.

(6) *Lymphadenia leucæmica* (a case of Hodgkin's disease), showing excess of white corpuscles mostly of the adult type (number was 30,000 per cb. m.m.), with red corpuscles normal in number, but showing every variety of size and shape.

(7) *Lymphadenia, cutaneous and glandular* (*Mycosis fungoides*), showing large numbers of shadow cells amongst the red and every variety of leucocyte.

(8) *Anæmia infantum, pseudo-leucæmia*, showing numerous nucleated red corpuscles (giganto-blasts) and many eosinophile white cells, the remainder of which last are almost equally divided between small mono-nuclear and large adult cells.

*Lupus Erythematosus.*

(1) A section of *lupus erythematosus* was exhibited by Dr. Epps, to show the plugs of sebaceous material filling and expanding the normal sebaceous follicles of the skin.

*Trichophyton Tonsurans.*

(2) *Trichophyton tonsurans*, one of the species of fungi causing ringworm, specially stained in the interior of a hair to show the macrosporon. This specimen also was exhibited by Dr. Epps.

*Bilharzia Hæmatobia.*

Dr. J. ROBERSON DAY exhibited under the microscope a fresh specimen of urine showing the ova of bilharzia hæmatobia, a parasite of the urinary system, producing hæmaturia, prevalent in East Africa. The patient, a boy, who passed the urine was also shown in a side room.

*Microscopic Sections Illustrating Certain Diseases of the Breast.*

Mr. KNOX SHAW showed the following :—

(1) Section of the wall of a *mammary cyst* ; it is composed of dense fibrous tissue in which are embedded the remains of atrophied glandular lobules. The ducts are filled with catarrhal products from their lining epithelium.

(2) *General cystic disease of the breast* ; the wall of the cysts shows extreme fibrosis of the glandular tissue, with lobular mastitis and moderate dilatation of the smaller ducts.

(3) *Fibro-adenoma* of the breast with well-marked lobular induration ; the glandular lobules are imbedded in a dense stroma, and the acini and ducts are surrounded and compressed by fibrous tissue. This has led to dilatation of the smaller ducts, and the formation of cysts with intra-cystic protrusions.

(4) Advanced *fibrosis* of breast with early *scirrhous carcinoma*. The specimen was peculiarly interesting as showing the transition from extreme fibroid induration to true carcinoma.

(5) A typical specimen of *scirrhous carcinoma*.

(6) *Reticulated carcinoma* ; the alveoli form a network of a coarse type, much small-celled infiltration of stroma and granular degeneration of the central cancer cells.

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REPORT OF THE INDEXING COMMITTEE OF THE  
BRITISH HOMŒOPATHIC SOCIETY.<sup>1</sup>

THE work to which the Indexing Committee has set itself is no less than to collect and classify every clinical case reported in our Homœopathic Journals where homœopathic therapeutics have been successfully employed. The classification is twofold, that of drugs and that of diseases ; and in these two prime divisions, reference is made to every reported case of a drug, homœopathically given, successfully controlling a diseased process ; and to every reported case of a disease where homœopathic drug action stands out as successful.

Very careful and prolonged consideration has been given at several meetings to the framing of instructions for the execution of this work. Finally, after much discussion and correspondence, a scheme of working rules was drafted which has been adopted as the practical plan.

To Dr. Hayward, sen., and to Dr. Dudgeon was entrusted the work of reading through the whole of the volumes of the *British Journal of Homœopathy* ; and collating the clinical material for indexing. These gentlemen have now completed their work, and their MS. is, or will shortly be, in the hands of the Secretary of this Committee.

On Dr. Arthur Clifton, our veteran colleague, and on Dr. Ord, of Bournemouth, has devolved the task of sifting the volumes of the *Monthly Homœopathic Review*, from its commencement to the last year's issue, for clinical material in a similar way. Dr. Clifton's work is completed, and is in the hands of the Secretary. Dr. Ord is still engaged on his share of this great task.

Dr. Ch. Wolston, of Bickley, and Dr. Wynne Thomas, of Bromley, are engaged on the clinical cases reported in the volumes of the *Homœopathic World*. Dr. Washington Epps has undertaken the former *Annals of the British Homœopathic Society* ; Mr. Dudley Wright the *London Homœopathic Hospital Reports* ; Dr. C. E. Wheeler the *Homœopathic Times*.

Dr. Richard Hughes, though taking no direct share in the actual indexing work, has given us at all our meetings his advice and counsel, and is only precluded by prior literary work from a more active part in the labour of indexing.

<sup>1</sup> Presented to the Annual Assembly, 1897.

During the next year it is expected that the work of analysing and excerpting will be entirely completed, and the Committee will then be in possession of all the vast body of clinical work reported in the above-mentioned journals since their commencement.

The arrangement, in alphabetical order, of this great mass of clinical detail, is the next portion of the task of the Committee. They hope that the next Annual Meeting may see this part of the work completed, and the Index in order for the printers.

Twenty pounds were set aside by direction of the last Annual Meeting for the current expenses of the Committee's work. Of this sum, less than £5, by careful and economical management, has been actually spent. In order to distribute the cost of printing and issue over the whole period of the Committee's work, this Committee ask :—

(1) That the unspent balance of last year's vote be set aside for the current, and ultimate printing expenses of the Index ; and

(2) That the grant of £20, made last year, be renewed for the ensuing twelve months, and set aside for the ultimate expenses of printing and issue of the Index.

In this way the Committee feel that the publication of this most useful work may be effected without any sudden drain on the Society's finances.

R. E. DUDGEON, *Chairman.*

G. H. BURFORD, *Secretary.*

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**REPORT OF THE COUNCIL.**

THE Council is not able to report so large an accession of members as in the previous year. Two new members have been elected during the present Session. Four members have resigned, and the names of two have, under Law XXV. relating to arrears of subscriptions, been removed from the list of members. The roll now numbers 216. The Society has lost by death Dr. Arthur Guinness, a member since 1876, but who had retired from active practice; and Dr. F. W. Davidson, a member since 1893, who had joined through the Liverpool Branch.

At the last Annual Assembly the Society instructed the Council to arrange for the entertainment of the members of the Fifth International Homœopathic Congress during their visit to London. A dinner at the Hotel Cecil, at which fifty-two members and fifty-six guests were present, was carried to a successful issue, and gave an opportunity to the members of the Society to meet in pleasant social intercourse their homœopathic colleagues of other nations. The cost of the dinner was met by means of private subscriptions amongst members, and did not involve the expenditure of any of the Society's funds. To commemorate the Congress fourteen foreign colleagues were, at the first meeting of the Session, elected Corresponding Members of the Society.

The Council and Society have had under their consideration the petition of Mr. R. M. Theobald to be re-instated a member of the Society; but after a very full discussion, this the Society felt compelled, under its laws, to decline.

The Library has been completely re-arranged, and is being made use of by members, but it is hoped that its usefulness will be still further extended as soon as the catalogue, which is now being issued in parts with each number of the JOURNAL, is completed. The catalogue is at present being issued in an alphabetical list of authors, with the titles of their books; this will, however, be supplemented by a catalogue arranged according to subjects.

Dr. Madden delivered the Presidential Address at the opening of the Session. Nineteen papers have been presented to the several sections, and a large and varied collection of pathological and microscopical specimens has been shown.

The average attendance at the meetings has been thirty-three.

# BRITISH HOMOEOPATHIC SOCIETY.

## RECEIPTS AND EXPENDITURE FOR THE YEAR ENDING JUNE 30, 1897.

RECEIPTS.		£ s. d.	EXPENDITURE.		£ s. d.
To Balance in hand	..	167 8 1	By Printing (less advertising)	..	152 18 1
" Subscriptions	..	211 1 0	" Reporting .. ..	..	18 18 0
" Sale of Publications..	..	6 14 0	" Postage and Stationery	..	6 12 0
" Dividends on £199 4s. 8d., 2½ per cent. Consols ..	..	5 6 6	" Honorarium to Editor	..	10 10 0
" Subscription paid in error	..	1 1 0	" Rent .. ..	..	25 0 0
" Half Cost of Plates ..	..	1 5 0	" Refreshments .. ..	..	5 10 0
			" Library .. ..	..	22 12 4
			" Cheque returned .. ..	..	1 1 0
			" Petty Cash .. ..	..	9 8 8
			" Sundries ;: .. ..	..	0 1 10
			Balance .. ..	..	£246 11 11
		<u>£392 15 7</u>			146 8 8
					<u>£392 15 7</u>

J. R. P. LAMBERT, Auditor.

JNO. G. BLACKLEY, Treasurer.

### SOCIETY NEWS.

At the Annual Assembly held July 1, 1897, the following officers were elected for the ensuing session :—

*President* : Dr. Edwin Awdas Neatby.

*Vice-Presidents* : Mr. Dudley Wright, Dr. J. W. Hayward.

*Treasurer* : Dr. Galley Blackley.

*Council* : Dr. Edwin Neatby, Mr. Dudley Wright, Dr. J. W. Hayward, Dr. Galley Blackley, Dr. Burford, Dr. Byres Moir, Dr. Epps, Dr. Goldsbrough, Mr. Johnstone and Dr. E. B. Roche.

Since the last meeting of the Liverpool Branch, Dr. Arthur Clifton (Northampton) has been elected President of the Branch, *vice* Mr. L. E. Williams, resigned.

Dr. George Burford was at a meeting of the Society on July 1 elected a Fellow of the Society.

At the Annual Assembly the following Committees were elected :—

*Section of Materia Medica and Therapeutics* : Dr. Hughes, Mr. C. J. Wilkinson, Dr. Dyce Brown, Dr. Lambert and Dr. Epps.

*Section of Medicine and Pathology* : Dr. Byres Moir, Dr. Goldsbrough, Dr. Galley Blackley, Dr. Epps and Dr. Roberson Day.

*Section of Surgery and Gynæcology* : Mr. Knox Shaw, Mr. Dudley Wright, Mr. Johnstone, Dr. Burford and Dr. E. A. Neatby.

*Library Committee* : Dr. Galley Blackley, Dr. Burford, Dr. Hughes, Dr. Neatby and Mr. Knox Shaw.

The Society has placed a grant of ten pounds at the disposal of the Committee undertaking the restoration of Hahnemann's grave in Paris.

The approaching completion of the Index to the Cyclopædia of Drug Pathogenesis having been announced to the Annual

Assembly, it was resolved that the Society undertake to guarantee to subscribe for 250 copies, and that a copy be presented free of cost to each member of the Society. The index will be issued in about four parts, and the publisher anticipates that Part 1 will be ready early in the autumn.

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Dr. Hughes informed the Society that there was still a large deficit in the cost of the production of the *Transactions* of the Fifth International Congress. After considerable discussion it was resolved "That the Council be empowered during the ensuing session, after the Committee of the International Congress have made a personal appeal to the homœopathic members of the profession to secure the liquidation of the debt upon the publication of the *Transactions*, to advance a sum not exceeding £75, should that amount be required to clear the deficit."

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At a meeting of the Council held July 20, Dr. Richard Hughes was appointed *Editor* of the Journal of the Society, and Mr. Knox Shaw, *Honorary Secretary*.

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The Council have made the following arrangements for the session :—

- Thursday, October 7.*—President's Address.
  - Thursday, November 4.*—Section of Medicine and Pathology.
  - Thursday, December 2.*—Section of Surgery and Gynæcology.
  - Thursday, January 6.*—Section of *Materia Medica* and Therapeutics.
  - Thursday, February 3.*—Section of Medicine and Pathology.
  - Thursday, March 3.*—Section of Surgery and Gynæcology.
  - Thursday, April 14* (the first Thursday being the eve of Good Friday).—Section of *Materia Medica* and Therapeutics.
  - Thursday, May 5.*—Section of Medicine and Pathology.
  - Thursday, June 2.*—Section of Surgery and Gynæcology.
  - Wednesday, June 29.*—First Meeting of Annual Assembly: Section of *Materia Medica* and Therapeutics.
  - Thursday, June 30.*—Second Meeting of Annual Assembly: Election of Officers, &c.
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## SUMMARY OF PHARMACODYNAMICS AND THERAPEUTICS.

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"GATHER UP THE FRAGMENTS, THAT NOTHING BE LOST."

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JUNE AND JULY, 1897.<sup>1</sup>

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### PHARMACODYNAMICS.

**Antitoxin.**—"A peculiar feature of the Report of the New York Board of Health is its statement of the enormous increase of the number of cases of diphtheria during the last two years. In 1891 there were 3,686 cases; in 1892, 4,156; and in 1893, 4,721. This last was the largest number up to that date, and showed the highest death-rate, viz., 37·36 per cent.; but in 1894, when antitoxin was being experimentally used, the number of cases rose to 7,446, and the death-rate fell to 30·67. In 1895, with the new remedy extensively administered, the number of cases rose still further to 7,921, and the death-rate fell to 19·43. The only explanation of this would seem to be that since the introduction of antitoxin a great many children suffering from light and trifling attacks have been treated and reported as suffering from actual diphtheria. They have recovered as they would have done without antitoxin, and thus have given that remedy credit which it does not deserve."—*Southern Journ. of Hom.*, January.

On the other hand, in laryngeal diphtheria—which is always serious—a marked reduction of mortality seems really to have been effected. A committee appointed by the American Pædiatric Association has sent out 60,000 circulars of enquiry, and their report is that in 82 per cent. of non-operated cases the patients recovered under the serum treatment, the average percentage of recoveries in the pre-antitoxin period being 10 per cent. In children under 2, in whom laryngeal diphtheria is so dangerous

<sup>1</sup> The British Homœopathic Journals for these months are reserved till next quarter.

that a mortality approximating 100 per cent. was formerly regarded as not unusual, the deaths in 356 cases were only at the rate of about 30 per cent. Of operated cases in all subjects nearly 73 per cent. recovered.—*Medical Era*, June.

**Apis.**—The general notion seems to be that the toxic agent in bee-virus is formic acid. M. Lauger seems to have disproved this hypothesis, and to have isolated a definite active principle.—*L'Art Medical*, July.

**Atropine.**—Dr. von Bakody relates two autopsies performed by him on subjects of atropine poisoning. (In both subjects this arose from the persistent instillation of the drug into the eye during four to five weeks. They died with delirium and convulsions.) In either case he found a lobular pneumonia present—caused, as he thinks, by the paralytic condition of the vessels of the lungs induced by its action on the vaso-motor nerves. The phenomena were identical with those of catarrhal pneumonia.—*Journal Belge d'Homœopathie*, May-June, p. 157.

**Aurum.**—Our attention is again called to the power of aurum (especially in the form of the chloride of gold and sodium, aur. mur. natronatum) in chronic uterine affections. Dr. Goullon sends a case of chronic leucorrhœa, and Dr. Arnberg one of sterility with menorrhagia, in which its action was very satisfactory. The former points to its mental symptoms as so often paralleled in sufferers from diseases of the womb.—*Hom. Recorder*, June, p. 270.

**Cantharis.**—Another old-school “discoverer” of the virtues of cantharides in renal disease has appeared in the person of M. Barth. Chronic epithelial nephritis, without arterio-sclerosis, is the condition calling for it; and here it will check the albuminuria and prove diuretic. He gives 10-drop doses of the tincture in milk.—*Hom. Recorder*, July.

**Cedron.**—A mason, aged 21, had suffered from typhoid fever a year ago. For the last month he was afflicted with tertian ague. Some doses of quinine had only caused dulness of hearing and confusion of head, from which he still suffers. The paroxysms of fever began in the afternoon with violent pains in the temples, and ended at night with profuse sweat. A single dose of cedron 3 cured him completely.—Bonino, *A. h. Z.*, cxxxiv., 152.

**Cuprum arsenicosum.**—The power of arsenite of copper, in minute doses, over the acute gastro-enteric catarrh of childhood



continues to excite the wonder of our old-school colleagues. Dr. Kruger is the last to express this sentiment. He gives about gr.  $\frac{1}{80}$  for a dose. His inference is amusing—"the bactericidal power of the drug must be enormous, for in most cases gr.  $\frac{1}{80}$  of the drug was sufficient to relieve the dangerous symptoms."—*Hom. Recorder*, June, p. 250.

**Euphrasia.**—A girl, aged 6, with prolapsus ani after dysentery, was treated for nine months without relief. On account of a characteristic attack of coryza, euphrasia 30 was given every three hours. On the occurrence of a painless diarrhœa on the fifth day the prolapsus disappeared. During the whole time the child could not sit down, corresponding to the symptom of euphrasia—"pressure down in the anus when sitting."—Bruckner, *Schweitzer Volksarzt.*, xxiii., 1896.

**Ferrum.**—In the *Revue hom. Belge* for June, Dr. Oscar Martiny discusses the old question of the *modus operandi* of iron in chlorosis, concluding that it is homœopathic to certain cases (where it will act well in the 3rd trit.), but useless or injurious in the rest.

**Lilium tigrinum.**—A woman, aged 31, had suffered for twelve years from pruritus pudendi. She had been treated homœopathically for two years without benefit. She had a sudden attack of sensation of prolapsus uteri, relieved by pressure upwards with the hand. *Lilium tigrinum* 30 cured the discharge in two days, the pruritus in seven days.—Bruckner, *Schweitzer Volksarzt.*, xxiii, 1896.

**Rhododendron.**—The indication "worse in stormy weather" was never better exemplified than in a case of Dr. Moffat's, published in the *North American Journal of Homœopathy* for June (p. 401). The patient was a child of 10, of gouty inheritance, who for some years had suffered intensely during the winter, though well in the summer. Last autumn the pains (which had been intercostal, sciatic, &c.) assumed the form of prostrating headaches. *Rhododendron*, in the mother tincture, after three weeks seemed to have effected a complete cure, so that in January Dr. Moffat could report her quite well and independent of weather.

**Salvia.**—An old-school physician, M. Degny, following Trousseau and Pidoux, has reminded us of the anti-sudoral virtues of the common sage—*salvia officinalis*. Max Krahn, of

Greifswald, has verified on his own person the admission of the former authorities that the sage acts as a sudorific in health. It seems also, according to Cadéac and Meunier, to have an action on the nervous system resembling that of absinthe.—*Revue hom. Belge*, June.

**Senecio.**—Dr. A. L. Marcy testifies to the value of the senecio aureus as a “female regulator.” “This remedy, when better known,” he writes, “will be used in cases where pulsatilla has heretofore been employed.” When disorder of general health in women depends upon abnormal menstruation, whatever be the form of departure from the norm of this function, senecio will set it right.—*Hom. Recorder*, July.

**Sticta.**—Dr. Elias E. Price communicates to the *Southern Journal of Homœopathy* for June his experience with sticta pulmonaria. It has chiefly been gained in acute rheumatism, when there is redness as well as effusion into the joints affected. Here it acts very rapidly. He also finds it very effective in recent cases of “housemaid’s knee.” Dr. Hasbrouck has confirmed the latter piece of practice. During the last winter it acted well in harassing laryngeal coughs.

**Terebinthina.**—“A gentleman of very dark complexion informed me that whenever he came in contact with turpentine he experienced the following effects:—(1) Frequent desire to urinate, but must wait some time before urine will pass. (2) Sometimes when the urine is half-voided it suddenly stops, and in a few moments starts again: it is then accompanied by a burning pain from glans-penis back to perinæum. (3) Occasionally urine can be passed only during stool.”—*Hom. Physician*, June.

**Zincum.**—Mr. Sch., aged 39, has for a long time had pain beneath both costal arches, causing a feeling of anxiety rising up through chest with oppression of breath. Worse when lying, so that his nights are thereby disturbed. Relieved after stool, and also after urinating. Slight varices, otherwise nothing morbid. October 13: zinc. met. 20 once a day. November 8: anxiety and oppression gone. For a slight relapse in December he got a dose of zinc. met. 20.—Dahlke, *Arch. f. Hom.*, vi., 108.

Mrs. K., aged 34, for years has suffered from profuse menstruation. The discharge, though occurring regularly, is copious, lasts long, dark, in clots, without much pain. In the interval she suffers much from pain in the right side of abdomen, which goes

off whilst menstruating. After the menses great weakness. For some weeks has had pain in lowest vertebræ in the morning after getting up, which goes off after moving about for an hour. November 10 : zinc. met. 20, a dose once a day. December 18 : pain in back gone, otherwise the same. Continue medicine. February 12 : considerable amelioration of general health. Pain in right side of abdomen nearly gone. Menses shorter and more moderate. Continue medicine. March 15 : well in every respect.—*Ibid.*

### THERAPEUTICS.

**Cholera.**—In the *Calcutta Journal of Medicine* for September-October, 1896, Dr. Sircar gives a searching examination of the results reported from Dr. Haffkine's inoculations for cholera, and comes to the conclusion that the method is useless and dangerous.

**Croup.**—In an article upon this affection, both in its catarrhal and its membranous forms, contributed by Dr. Elias C. Price to the March number of the *Southern Journal of Homœopathy*, some interesting facts are brought forward. For attacks coming on in the night Dr. Price provides his patients with aconite 3x and kali bich. 2x, to be taken in rapid alternation. Dr. Hermann, of Paris, under similar circumstances, is accustomed to send causticum 30, and both are well satisfied with the results obtained. For true membranous croup Dr. Price thinks highly of sanguinaria, which he gives in a potion with vinegar and sugar, 30 drops of the tincture to half a pint of water.

**Hæmaturia.**—A coppersmith, aged 50, has for a fortnight suffered from passage of blood when urinating, especially in the morning. If no blood passes, before urinating a few drops of purulent fluid are discharged; there is some scalding when urinating, sometimes a feeling as if drops came from the bladder and a sensation of pressure or weight on the perinæum. Prescribed sepia 6 every three hours. After four days no more blood was passed, and all the other symptoms went off in fourteen days.—Wassily, *Arch. f. Hom.*, vi., 120.

**Headache.**—Waldemar K., aged 12, a scrofulous, delicate boy, with rachitic skull and bad teeth, suffered from chronic headaches, for which he got natr. mur. 30. On January 31 he was attacked by fever and sore throat. The next day the following symptoms appeared: extremely violent pains in head, constant; occasional jerking boring through head into ear. When

the head pains were most intense he rubbed his head to and fro on the pillow. Eyes staring, glassy. For some weeks past the parents noticed that he had twitchings in the right hand when writing. February 3, he got agaricus 3 every two hours. Improvement followed promptly. He slept well that night. Next morning quite well.—Dahlke, *ibid.*, vi., 108.

**Mania.**—Dr. Morris Butler writes an article on the “acute delirious” form of this disease in the *North American Journal of Homœopathy* for July. His study of the remedies suitable for it purports to be drawn from the life, and reads very practical. Aconite, agaricus, belladonna, stramonium and veratrum viride seem those mainly to be relied upon.

**Polypus narium.**—A young lady suffered from nasal polypus, which had been operated on five or six times, but always returned. On the last relapse she got calc. carb. 10 and 12. The polypus disappeared in a short time and did not recur.—Kranz, *A. h. Z.*, cxxxiv., 203.

A boy, aged 9, had a polypus and adenoid of the nose. It was operated on seven times but always returned. After sulphur 6, two drops every day, the disease disappeared in six weeks and has not returned.—Fischer, *ibid.*

**Proctalgia.**—Dr. Conrad Wesselhœft has written an excellent essay, in the *New England Medical Gazette* for July, on this affection, which he claims as a true neuralgia of the rectum. In his first case the pain seemed to have been brought on by the use of croton oil as an habitual aperient, and several of those subsequent illustrate the homœopathic application of this experience. He gives croton in the 3x dilution. His other remedies are strychnia sulph. and atropia sulph., generally in this same potency.

**Pruritus mercurialis.**—A gentleman, aged 60, who had been repeatedly treated for chronic cutaneous affections, for which sepia, kali carb. and sulphur were of use, consulted me on January 2 by letter, on account of intolerable itching of the skin; sepia 3 and apis 3 were given without benefit. He presented himself on the 12th and the following history was obtained:—Fifteen years ago he had taken calomel for relief of constipation, with the result that he developed the same symptoms as he now complained of, viz., loosening of the teeth, salivation, the whole buccal mucous membrane red and tender; the heat of bed made the itching intolerable, and often drove him out of bed. Pre-

scribed merc. 200. The first night after this he slept quietly, no itching; next night he had some itching for twenty minutes, thereafter the discomfort quite ceased. On the 26th he complained of itching on the thigh, not very violent and disappearing in bed. Hepar sulph. 30, a dose once a day, completely removed the itching, but the skin of the whole body desquamated, even that on the soles of the feet; a corn exfoliated with its root.—Kunkel, *Arch. f. Hom.*, vi., 118.

**Tetanus.**—Dr. Majumdar relates a case of traumatic tetanus in a young lady, the lesion being a jammed finger, which was very painful. Hypericum 3 relieved the pain in a couple of hours, and soon dispelled the spasms.—*Indian Hom. Review*, May.

**Tuberculosis of Testicle.**—W. K., aged 20, came to me on March 1, 1894. Six months previously his left testicle had been removed by a surgeon of Kiel on account of tuberculous disease. About a month ago the right testicle began to swell just as the left had done. The swelling had steadily increased without much pain, but soon there appeared fungous granulations and fistulæ. The swelling was now about the size of a duck's egg, hard; at its upper part there was a soft projection the size of a hazel nut, which felt granular. The spermatic cord was somewhat swollen; there was impotence; slight drawing in the testicle up the spermatic cord was felt. He complained of thirst, drowsiness, soft stools, anorexia, with occasional febrile attacks. In his childhood he had suffered from glandular swellings, and later he had sweaty feet. I prescribed tuberculin 50, three doses on successive evenings. March 20: swelling smaller and softer, appetite improved; drowsiness increased the first five days, afterwards less. Prescribed tuberculin 100 as before. May 4: general health much improved, the swelling had opened at the soft part and discharged much cheesy pus; now when pressed some turbid fluid exuded; no trace of hardness or swelling of the spermatic cord. Latterly he had a distaste for butcher's meat, though he had good appetite for other food. Prescribed silica 30, seven powders, one powder in half a tumbler of water, fourth part every night and morning. As the swelling continued to decrease I continued the same medicine for six weeks, with intervals of a week, until no further improvement took place. On July 20 I gave another dose of tuberculin 200. He returned after ten days and reported that after taking the medicine he felt very ill; had slept almost all the next day. No alteration was observed in the testicle. I prescribed a placebo. August 20: his general health was very good;

the swelling was much diminished. The testicle and epididymis were apparently in the normal state, only somewhat swollen. The improvement went on without further medicine until he foolishly indulged in coitus. On September 30, two days thereafter, he came to me and complained of ill feeling, weakness of the knees, and drawing pains in testicle and spermatic cord; the parts were painful to pressure. I prescribed calc. carb. 30, eight powders, one every night and morning. October 7: all the morbid symptoms were gone, and he had nothing to complain of. I prescribed tuberculin 500 for three successive evenings. Without further medicine he was quite well on December 20.—Wässily, *Archiv. f. Hom.*, vi., 38.

**Ulcer of leg.**—Mrs. St., aged 54, rather thin, has suffered for one and a half years from a bad leg. The right leg is red over a large surface. On its inner side small, deep ulcers, which exude much yellow water. Pain moderate, felt chiefly after scratching. Violent itching, especially at night. The skin on the red part desquamates in great pieces. She feels better in cold than in warm weather. No catamenia for three years. Before the leg became bad she suffered much in her head. Now small pustules on the scalp. Appetite and bowels normal. Constant dryness of mouth without thirst. She says her whole body feels dry, she hardly ever perspires; dry, hot hands and feet. Moderate hæmorrhoids and varices. Oppressed breathing, chiefly caused by a sensation of a lump in throat. Must always be in moving air; likes draughts, and does not catch cold in them. Cannot bear heat; cold is agreeable. Nervous (sensitive, given to start); good disposition, nights tolerable. On August 11 she got lachesis 20, one dose daily. September 12; the cutaneous eruption is larger, the pain worse. I now gave lachesis 30 in the same way. October 13; eruption and itching better; can walk better. General health much improved. The same medicine was continued, and the improvement went on continuously. She was dismissed cured in February.—Dahlke, *ibid.*, vi., 107.

**Vomiting.**—A woman, aged 32, has suffered for nine months from periodical vomiting of mucus and food, feels weak, has ebullitions of blood, palpitation of heart, circumscribed redness of cheeks, in the morning cold feet to above knees. In her childhood had glandular affections. Prescribed ferr. met. 30, a dose every fourth evening. Three weeks later she reported that she had only vomited twice in the first week, but not again. Her general health is much improved; she has still palpitation on

walking quickly. Continued medicine. Three weeks later she had no complaints to make.—Wassily, *ibid.*, vi., 119.

**Waterbrash.**—One of the latest contributions of the late Dr. B. W. Richardson was an observation of a marked case (corroborated by others of similar kind), in which daily recurring waterbrash was traced to the oatmeal porridge the patient took at breakfast, ceasing immediately on omission of this item of his fare.—*Medical Era*, June.

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