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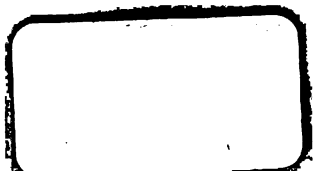
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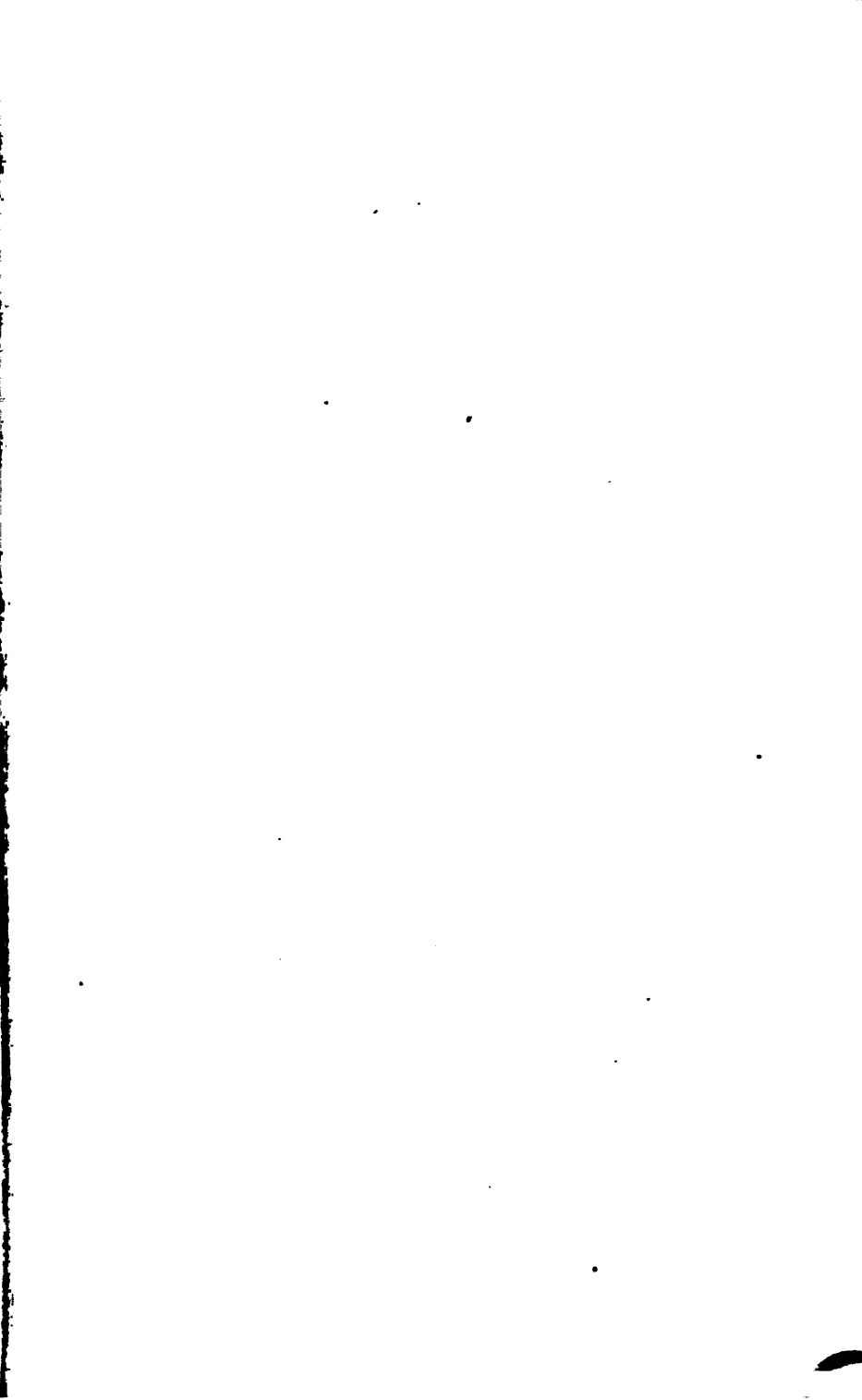
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G. C.







THE *Rev. Dr. Lodge's* $\frac{5}{3}$

MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

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THE MONTHLY
HOMŒOPATHIC REVIEW.

HEADACHES: THEIR CAUSES AND CURE.*

BY EDWARD BLAKE, M.D.

WRITING ten years ago for one of our medical periodicals on the subject of headache, I spoke of the rarity of intra-cranial pain. I said that it seemed to me doubtful if pain were ever experienced below the surface of the brain.

The thought and observation of two added lustra have served to convince me that headaches are outside the skull, just as colics are outside the abdomen.

So-called "deep-seated headaches" are probably examples of erroneous localisation. Even to careful observers, and to good pathologists, the sensations of suffering are, as regards precise site, extraordinarily misleading. There are good grounds for supposing that the brain is unable to refer pain to its own substance or even to its investing sheaths. It is quite natural that the uninstructed laity should view pain in the head as an indubitable sign of brain disease. As a matter of fact, pathologists know that organic changes in the brain may be associated with every symptom but headache. It is a trite truism to say that the most excruciating headaches are graphically described to us by patients who can have no brain disease for the best of all possible reasons!

* Read before the British Homœopathic Society, December 6th, 1888.
Vol. 33, No. 1.

Of course I do not mean to assert that headache cannot co-exist with encephalic lesion. If the intra-cranial changes have existed long enough to produce abdominal disturbance, say for example constipation, we should naturally expect to get the costive headache.

If it be true, then, that headaches are outside the skull, we should surmise that the pain would usually correspond with superficial nerve distribution. Is this the case? I think we shall find that it holds good more frequently than perhaps we might imagine.

A large number of chronic head-sufferers come to us complaining of "terrible pains all over the head." When urged to define *with the finger* the lines of suffering, they airily pass the *whole hand* with a broad sweep over the entire scalp! Saying at the same time, "It is impossible, doctor, for me to localise the pain, it is all over—everywhere." Nevertheless, we must press again, and we shall at last, if we are patient and persistent enough, find that a careful cross-examination reveals the fact that the pain nearly always follows one of the recognised nerve tracts.

May I be forgiven if I linger here to say that the value of cases narrating the cure of chronic headache, would be materially enhanced if the particular nerve at fault were carefully made out and accurately set down.

Scattered through our periodic literature, we have a vast mass of clinical material relating to the cure of neuralgias. Few will deny that its value is severely depreciated by an absence of that anatomic accuracy which is absolutely essential for the reproduction of an experience in other hands.

If the suffering seem to coincide with no nerve tract, it is of equal importance to furnish this negative evidence, the pain will always be found to tally with some subjacent structure, from the nature of which a hint may be taken.

If we put out of consideration the second or great occipital nerve nearly all the headaches that are ordinarily encountered are neuralgias of the fifth pair. This is especially true of the neuroses reflected from the abdomen,* unless indeed cardiac symptoms complicate the

* Two common examples are *clavus hystericus*, pain in the temporal branches of the superior maxillary or in the auriculo-temporal of the inferior maxillary. *Globus hystericus*, a perverted sensation conveyed probably along the pharyngeal branch of Meckel's ganglion from superior maxillary to pharyngeal plexus of glossopharyngeal of eighth pair.

case, causing distress in the occiput, the cranial pain is always in one of the three branches of the trifacial.

If it be admitted that the treatment of anterior, of lateral, and of vertical headaches be so largely a matter of the treatment of the neuralgias of the fifth pair, it will not be out of place to run over briefly the distribution of these troublesome nerves.

The trifacial—the great nerve of special sense and of common sensation of the head and face—is described by the anatomist as the largest *cranial* nerve. Neither the physiologist nor the physician will be misled by the phraseology of the dissecting-room into forgetting that the fifth pair are essentially and emphatically spinal nerves. Like the other members of the spinal series, the trigeminus has a motor as well as a sensory root. Unlike the others, it has a branch (the lingual) credited with a special sense of taste.

Treatment.

We will consider first the sorrows connected with the third division of the fifth pair—the inferior dental. I have given the most prompt relief to the greatest number of cases by means of *chamomilla* in matrix tincture or in the lower dilutions.

Arsenic is often useful.

With *platina*, sixth centesimal, I remember removing permanently a well-established dental neuralgia, apparently resulting from endometritis, occurring in a bright, vivacious Hibernian.

Persistent pain in the side of the nose (infratrochlear of nasal or ophthalmic, first division of fifth) should, especially if vomiting be present, suggest the possibility of glaucoma, when the question of prompt iridectomy ought to be considered. Pains behind the eyeball, call for *spigelia*, *tabacum*.

You will distinctly remember a very valuable paper read here last session by the gentleman in charge of the ophthalmic department of this hospital. We were then reminded that the headache of childhood, often erroneously attributed to over study, is frequently the product of an uncorrected fault in refraction or in accommodation. These pains are usually noted in some part of the course of the fifth, but they may apparently be found in the occiput.

In a paper on "Dental Reflexes" I showed that in all persistent headaches the teeth should be carefully overhauled, especially, as Dr. Cooper has taught us, the wisdom teeth.

Pains in supra-trochlear of frontal of ophthalmic (first division of fifth), the commonest of which constitutes that painful weight associated with catarrh of frontal sinus, known as "gravedo," yield to *nux vom.* first centesimal, aided by a thick compress on the root of the nose.

The other branch of the frontal nerve, the supra-orbital, is particularly prone to suffer pain at the point where it emerges from its bony canal. In former days, when ague was not so great a rarity in this country, supra-orbital neuralgia of a miasmatic form was very common. It was known as "brow ague." Thanks to my friend, Dr. Arthur Clifton, I have been able to relieve a great number of persons of this painful symptom, when occurring over the right eye, by means of *chelidonium majus* ϕ . The curious thing is that *chelidonium* does not appear to act with the same rapidity on the left nerve.

Dr. Ludlam, of Chicago, has shown that the left supra-orbital nerve is more specially related to the pelvic organs than the right. He narrates, in his capital Clinical Lectures, two interesting illustrations. "The menses are delayed, the left supra-orbital pain begins when the flow ought to come; it continues with increasing severity till menstruation sets in, after which it gradually subsides." These cases of left brow tic were cured by *pulsatilla*, 3rd centesimal. If *pulsatilla* fail, *sepia*, *argent. nit.*, *kali bichrom.* and *sulphur* are to be thought of.

Perhaps there is nothing that so revives one's drooping faith in physic as the exceeding rapidity with which left *clavus hystericus* yields to *ignatia* first decimal. But why do not the pains of the right auriculo-temporals of inferior maxillary, third and fifth, disappear with the same startling celerity? Is it because, similarly, the left fifth has pelvic relations unknown to the right?

CASE I.

However, this may be, I am attending a pale, light-haired lady of five and thirty, who can make sure of a

cure of left clavus in one hour by two doses of *ignatia* 1x. If the pain chance to occur on the right side it will not yield to *ignatia*, but it disappears after taking a few drops of *chininum sulphuricum* 1. This lady has suffered for 16 years from recurrent idiopathic albuminuria.

The malar bone, supplied by the superior and the inferior maxillary, is prone to so-called "rheumatic" pains. I have often given *kalmia* or else *mezereum*. I cannot record any favourable results.

If there be a "rheumatism" of the forehead, it is, I suppose, the pain which, with or without eyeball sufferings, yields to *bryonia*. These pains are certainly in the aponeurosis of the occipito-frontalis muscle and not in the dura mater as asserted by Dr. William Henry Day and by Sir Edward Sieveking. There is no evidence to show that the unexposed dura mater is endowed with common sensation, recognised results of vivisection point to an opposite conclusion.

The subcutaneous state of the frontal structures exposes them to great vicissitudes. Hence the special tendency there to that neuræmia which plays so important a part in giving rise to pain. Hence syphilitic and mercurial periostitis are so often seen here.

For specific headache *iodide of potassium* in doses of gr. 1 to gr. 60, taken after meals, is of signal service. Ten to fifteen grains of *bromide* at bedtime will sometimes relieve the dreadful insomnia. If it fail, the new antipyretics may be tried—*pyrodine*, *antipyrine*, *antifebrine* or *phenacetine*. The painful points of periostitis may be painted with *camphor* ʒ ijs. pounded with *chloral* ʒ ii.; nourishment must be carefully looked after.

I do not propose to bring many cases before your notice to-night, but two examples of male megrim, occurring in middle life, where the exciting cause was physical shock, are not without features of interest.

CASE II.

Left supra-orbital neuralgia. J. J. R., aged 40, is a machinist; he is exposed to the fumes of sulphur and to the influence of very noisy machinery. Father prone to piles; mother died in a decline; has lost one brother from drink. He has suffered since his youth from

weekly attacks of a pain, which beginning at the left supra-orbital notch passes to the right occiput. The attacks are preceded by shaking and by a sense of terror, the pain beginning over the left eye goes behind the orbit and then to the right occiput. During the attacks the head feels as if it would burst (*bell. china, caps., menisp., nat. mur., nux vom., oleand.*) The pain is aggravated by heat, ameliorated by quiet and rest. He thinks it is induced by the noise of the machinery; he neither smokes nor drinks. He starts in his sleep; memory impaired, spirits uneven, his pupils sluggish; distant accommodation slow, occasional diplopia; he has double hypermetropic astigmatism marked on the left side. He easily sheds tears. Chronic nasal catarrh (? sulphur in his workshop): tongue white coated in the morning, cheeks flushed after food, wind upwards; foetid flatus escapes from the abdomen, left lobe of the liver occupies all the epigastric area; he gets two stools a week; his transverse colon is stuffed with fæcal matter; urine pale and frequent; palpitation after exertion; occasional sacral pain. Last year he had pains in the legs and shoulders. He cannot stand on either leg with the eyes shut. Pulse 80.

Here is a man with all the evidences of spinal anæmia. He improved under *ignatia* 30 given night and morning for one month, that is the pains diminished but they did not cease. Under *lycopodium* 30 the headache, the palpitation, the constipation and backache disappeared. He continued the *lycopodium* 30 for seven months, and at the end of that time, he appeared to be perfectly well. Next year there was a slight relapse, which soon disappeared under *chelidonium* ϕ .

CASE III.

Semi-lateral headache induced by *jar*.

This patient was a San Francisco merchant, aged 50. The pain was always started if he accidentally brought his heel sharply to the ground. The tendency was removed by *arnica* given internally in the 12th centesimal dilution.

A glance at the diagram marked 3, will show that all vertical neuralgias must be in the course of the ophthalmic or first division of the 5th.

The point of junction of the posterior fibres of the fifth pair with the anterior filaments of the great occipital is

considerably behind the bregma, though you will find it erroneously stated in some works on anatomy that the great occipital supplies the vertex.

The remedies credited with a special action there are *actæa*, *alumina*, *acon.*, *anac.*, *carbo veg.*, *c. anim*, *ambra*, *aloe*, *amyl*, *baryta carb.*, *bell.*, *bry.*, *cactus*, *calc. carb.*, *calc. phos.*, *caustic*, *china*, *cina*, *chlorine*, *crotalus*, *cuprum*, *glonoin*, *hyperic.*, *kali hydriod.*, *lachesis*, *lycopod.*, *menyanth.*, *merc.*, *nux mosc.*, *nux vom.*, *phytolac.*, *plat.*, *prunus spin.*, *puls. nut.*, *ranunc. scel.*, *sabad.*, *sepia*, *silic.*, *spigelia*, *stann.*, *stict. pul.*, *sulphur*, *thuja*, *valer.*, *verat. alb.*, *zincum*.

Of these *actæa* has done me the best service.

Next *lachesis*, especially if heat either subjective or objective be present.

Once I seemed to promptly remove a burning vertical pain with *cuprum*, but it has so often failed me since, that unless this be confirmed by others, I think we must take it as a *post hoc sed non propter*.

The Occiput.

We pass now to the consideration of the occiput. Here we have to deal with one pair of nerves only, the great occipitals. The great occipital, you know, is the internal fork of the posterior branch of the second cervical.

The small occipital, from the first cervical with the great auricular from the superficialis colli, supply the integument of the mastoid area.

Neuralgia of the occipital region suggests increased cardiac inhibition. Often induced by excessive use of the nervines, especially of tea and tobacco, it is extremely difficult to cure when well established. If associated with white stools, and with bronchial irritation, *sanguinaria*, in the lower dilutions, often acts in a way that leaves little to be desired.

CASE IV.

Is one that I have recently attended, in which the mother tincture of *sanguinaria* in drop doses promptly relieved, was in a middle-aged man with eccentric cardiac hypertrophy. Nervous, eager and excitable, these headaches were hereditary and had existed for fifteen years. They are aggravated by fasting, by cold, by vexation, by exertion, especially by evacuating one of the viscera, by all acids, even the carbonic acid in a

badly ventilated room, by animal food, by alcohol and the nervines. Relieved by heat, liquid diet, pleasant mental occupation, by the recumbent posture. Sleep always benefited him. This he secured by *gelsem. φ*, or, if that failed, by the *bromides*. His attacks were periodic, accompanied by coldness of extremities, seldom occurred before mid-day, and then grew steadily worse till midnight. *Quinine* sometimes averted an attack, but it aggravated the pain when actually present. A dry barking cardiac cough occasionally accompanied the pain and added to its severity.

He is improving under the use of glasses to correct a long neglected double astigmatism.

Gelsemium has on many occasions done good service in controlling sub-occipital neuralgia when associated with sleeplessness.

I should like to know if any member has experience of its use in the higher dilutions. I always give it low.

Nearly every case that comes or is brought to me suffering from chronic pelvic disease has one of these two forms of cranial neuralgia. When the pelvic symptoms have been removed by treatment, the neuralgia nearly always goes.

If the occiput be the site of pain, it is certainly more difficult to move than if the other parts of the head be affected.

There is a remedy not very much employed, I think, in this class of headache (occipital) which I have found of extreme value.

It is *helleborus niger*. The indications have been "dull persistent pain in occiput with a sensation of water washing about inside." The medicine acts better if dysuria be present and the headache culminate in a fit of vomiting.

We know from the researches of Robin, His and Oversteiner on the Continent, and from those of Symonds, Mitchell Clarke, Burrows, Durham and Hilton in this country, that the cerebro-spinal spaces, the ventricles and the perivascular canals are loaded with lymph when the nerve centres are anæmic and the patient is most prone to neuralgia. We know, too, that *hellebore* is in infancy one of the most dependable of all our remedies for stimulating the absorption of an exaggerated quantity of sub-arachnoid fluid. Witness its established value in

hydrocephalus. This may possibly be one way in which it acts, when it relieves adult occipital neuralgia. I have used it in the 12th centesimal dilution only. The result has been most satisfactory.

Allen gives under *helleborus niger*: "Drawing pressure in left hemisphere of the brain from behind to the forehead as if the brain mass became accumulated there." [*Helleborus foetidus*.] (Brisset.) Pain in the occiput after a quarter of an hour. (Lembke.) Headache extending from the nape of the neck to the vertex. (Hahnemann.) Pressure in the occiput 10th day. (Lembke.) Uninterrupted pressive pain in the occiput extending towards the nape of the neck. (Rückert.) Headache as if bruised in the occiput especially on stooping, after 48 hours. (Hahnemann.) Sensation as if the scalp were drawn tight over the occiput. (Morsdorf.)

Dr. Burnett had a capital case of cure of chronic occipital suffering with *thuja occidentalis*, unfortunately he has not furnished me with details of dose. Dr. Burnett's characteristic letter well merits quoting entire:—

CASE V.

"The *thuja* headache in question was, I think, that of an American gentleman, *occipital, constant, neuralgic*, and for which he had come to Europe, but the prescription was based on what I have sometimes called *vaccinosis*, and I am therefore afraid too vague for your purpose. I have cured a good many cases of headache with *thuja* on that general ætiologic basis, and as a rule they are frontal, made worse by hurry and worry, and, I believe, neurotic. Generally I do a good deal according to what I conceive to be the pathology or cause, and here my notions, though they help me a lot, and save time, still are too crude to be of scientific value. I can only think of one *really* good tip in headache at the back from fatty arteries, and that is often curable by *vanadium*. If I know anything about headaches, the bulk of the non-neurotic ones have their causes down below the diaphragm, so I generally take a survey of the pelvic and abdominal viscera and start thence. The headaches on the *top* are, with me, the hardest to cure."

Of *thuja* and *vanadium*, I should greatly like to hear the experience of members.

With a word or two on the general management of these cases I will conclude my notes.

Bound up with the question of cure is the question of causation.

I find men far more difficult to treat successfully than patients of the other gender.

The fact is men are neither so loyal nor so truthful.

Unless the patient be absolutely frank, there is little hope of a perfectly successful issue.

Of course the fault sometimes lies with us, we lack the time or the inclination to plumb the matter to its depths.

Then men do such extraordinarily crazy things, they sin against the laws of health with more impunity than women, hence they sin and sin again!

How can a few pilules in a few hours be expected by any reasonable mortal to cure the caitiff, who having bolted an indigestible breakfast, neglects one of the most important duties of life, hurries panting to his city train, puffing on the way at a powerful cigar which will starve his medulla, inhibit his heart, and render a series of "nips" of varying fortitude nearly a physiologic necessity to antidote the nicotin of his morning smoke! An inadequate luncheon on the one hand, or a hastily eaten meal of colossal proportions on the other, give an opportunity for more deleterious "nips." Another resort to a close office—another rush to the train, then the hour arrives for a portentous dinner and more mixed alcohol, with strong tea or black coffee afterwards to overcome the sleepiness that might ensue, or a nap in the easy chair if the alcohol prove the victor. This leads up to the last act in the drama, a night spent in a badly ventilated bedroom, and I may leave to your imagination other possible draughts, on an already grievously overtaxed and infamously maltreated nervous system.

Yet we, and our clients, are disappointed when we fail to cure instantaneously the dreadful suffering of a "nerve storm" occurring in the career of this typical city man!

Unless a man will loyally undertake to carry out the life of moderation in all things, it is of no use to attempt to remove the tendency to migraine.

It is of the utmost importance that total abstinence be practised by such a being as we have described.

We may remember that Von Haller, Linnæus and Marmontel are said to have cured themselves, after suffering many things of many physicians, by taking

first, systematic out-door exercise; second, by eating much less food; third, by drinking copiously of plain water. These three elements have doubtless had much more to do with the wonderful continental mineral water cures than the actual constituents of the springs.

I have not long since witnessed a case of supra-orbital neuralgia of 20 years' standing disappear after flooding a brain, badly supplied with arterial blood, with more highly oxygenated material all day by means of forced expiration and prolonged inspirations, coupled with protracted retention of the inspired air to allow time for the diffusion of the new air into the air cells. This is well worth remembering, especially in cases of turgid face and purple discolouration generally.

During the attack of hemicranial pain hot foot bath or brisk foot frictions generally relieve. Dry heat to head conveniently applied as a well toasted helmet of double flannel, with eider-down quilted between the layers.

I am sure that a great point is incessant liquid nourishment. Forbidding tea, coffee and the free acids and all alcohol, I order strong soup, gruel of oatmeal or of Nicholl's Food of Health, bread and milk, cocoa always as hot as can be given.

If the patient vomit, he naturally thinks himself "bilious" and goes for starvation. It should be explained that the sickness is neurotic, and that it does not in itself contra-indicate the use of nourishment.

As temporary local anodynes besides *aconite*, *veratria*, *belladonna*, *chloroform* and *menthol*, we may remember the glycerine-like liquid that is formed by rubbing together *camphor* and *chloral* applied pure over the course of a nerve after very hot sponging.

If electricity be tried of course only the continuous current should be thought of. Half a milliampère is quite strong enough for the first sitting, and fifteen minutes is better frequently repeated than a protracted application. It is well every few minutes to reverse the current gently.

I have not described a vast number of kinds of headaches—the fact is they are not really different. If neuralgia occur in a gouty man it is not a different condition from neuralgia in a hysterical woman. We may multiply names at will and without limit, but we must not think we have really created new entities thereby.

DISCUSSION.

Dr. DUDGEON said he could not agree with Dr. Blake that headaches were all external to the skull. Some are decidedly brain headaches, as proved by their accompaniments and symptoms. If we confine our notions of headache to neuralgia of the fifth pair we should leave out many. As for special headaches, and the medicines indicated, he had studied two on his own person. Both, he thought, were brain headaches. One goes round the back of the head. The other is preceded by the appearance of a zigzag wheel with play of colours. When that goes to a great extent it numbs the intellectual faculties, *e.g.*, he sees the words when reading, but cannot attach any meaning to them. Both of these headaches were cured in a very short time by *Ignatia*. The pain is never very severe, and is felt just over the right eyebrow. There is another medicine Dr. Blake has not mentioned, *Aconite*. It is excellent for neuralgic headaches, and also for a brain headache—as if the whole brain was covered with a net of pain. Another remedy which is most serviceable in brain headache is *Glonoin*. The head is full, and shaking it increases the pain.

Dr. CLARKE corroborated remarks upon action of *Hellebore* 1. He also remarked upon the fact that Dr. Blake's indications for the choice of medicines were extremely pathological, whereas in practice our guides were mostly the symptoms. He mentioned the case of a man who had occipital headache after a fall, with sweating of face. He was greatly relieved by *Fluoric Acid* 12.

Dr. JAGIELSKI said there was an *embarras de richesse*. Headaches were of such different kinds, and were to be treated in various ways, as by Turkish baths or massage. Reflex headaches came from the kidneys—these were often very serious—or from any of the abdominal or pelvic organs. Some headaches accompanied by vomiting are cured with *ignatia*. Smelling substances, such as ammonia or melilotus, will suffice to cure others. He instanced a case of the latter.

Dr. MOIR agreed with Dr. DUDGEON that, undoubtedly, all headaches were not external, as in uræmic headache. *Aconite* he had great opinion of; and also he had seen the good effects of *antipyrin* temporarily. *Iris* he had good results from.

Dr. GOULD said that *iris* had proved effective in a case of his where *antipyrin* had failed.

Dr. HILL thought the *iris* headache was one which ended in relief by sickness. He had noticed it especially useful in headache occurring periodically on Saturday, Sunday or Monday.

Dr. BUCK had found *actæa* useful when headaches were connected with uterine disorders. It was useful in rheumatic

affections of the occipito-frontalis muscle causing headache, the characteristic condition being "worse during the night and in the early morning."

Dr. GOLDSBROUGH said he appeared as a "clinical case," as well as a practitioner. He had been subject to attacks of migraine since childhood. But before describing his case, he would like to say that he imagined Dr. Blake had thrown out his theory that headaches were all external to the skull, simply to elicit the contrary opinion from the members of the Society. He would ask Dr. Blake what part in the course of the nerve was the pain felt. The sensation of throbbing of vessels right through the head could not be wholly external, especially when the slightest thought excites it instantly. He had himself inherited migraine from his mother. The attacks were proximately caused by derangements of organs below the diaphragm, especially constipation and its consequent congestion of the portal system. He was very abstemious, indulging in neither alcohol nor tobacco, but he found the irregularities incident to the doctor's life would bring on the attack in spite of precautions. As a rule it began in the middle of the day, the pain always on the right side of the head, beginning with aching throbbing, seemingly from the inside behind the eye-ball. It gradually increased till the evening when vomiting and faintness ensued, after which if he could get a little sleep, the pain left him. No medicine at this time of day ever did any good, but sometimes the attack would begin late at night, and next morning five drops of *chelidon.* ϕ would clear it away in five minutes. Regulation of the diet greatly helped to prevent the recurrence of the attacks, notably the practice of eating a large quantity of fruit. Referring to medicines for headache generally he thought *glonoine* held the premier place among hosts of others more or less valuable. Dr. Dudgeon's name in connection with *glonoine* would never be forgotten.

Dr. MURRAY MOORE described the kind of headaches which are brought about in himself by the inhalation of bone-dust, viz., left-sided migraine, with intolerance of light, heat and sound, followed after a time by "bilious attacks." In migraine in women he found *cyclamen* and *menyanthes* of service; *gelsemium* also relieved himself, with local application of menthol. Headaches of *bellad.*, *kali brom.* and *glonoine* must be from intra-cranial causes. *Kalmia* had also proved very successful in his hands in certain forms of migraine.

Dr. CARFRAE (in the chair) asked Dr. Blake whether, in the case cured by *ignatia* 30, any means had been used to clear out the colon, which Dr. Blake stated to be impacted with fæces. Also whether, after the cure, the liver resumed its

normal dimensions. He agreed with other speakers in not thinking that the locality of all headaches was extra-cranial.

Dr. BLAKE, in reply, said that his paper had anticipated the objections raised by members against the extra-cranial view of headache. Of course the causes are often centric, though much more frequently peripheral. The two chief demurrers were, first, that the pain feels deep-seated to the sufferer. Dr. Blake had already shown in the body of the paper that sensational evidence was really worthless as regards locality. Second, it had been objected that we often find with headache signs of general cerebral congestion; suffused eyes, injected vessels, turgid skin, throbbing arteries, and so forth. But are these dependable and reliable signs of intra-cranial hyperemia? May we not, with these possibly misleading symptoms, have a low temperature, a thready pulse, and the general signs of cerebral anæmia? The relaxed state of the extra-cranial vessels is often temporary and superficial, like that induced by *fusel oil*, by *nitro-glycerine*, by *amyl*, during the course of exophthalmic goitre, at the climacteric and by certain emotions of the mind, and by no means necessarily indicative of true cerebral hyperæmia.

In reply to the President, Dr. Blake took no steps to empty the colon in the first case of "jar headache," unless a night compress ordered for the hepatic enlargement be taken as treatment for torpid colon. With regard to possible contributory causes of improvement in the pelvic reflex cases of tic, Dr. Blake made a point of making all his cases abstain, for at least the first month of treatment, from alcoholic drinks and from butchers' meat. With regard to the remarks that had fallen from Dr. Murray Moore, on the subject of the "ammonia tic," Dr. Blake thought they were of considerable interest. Dr. Blake felt that ammonia and its salts did not receive quite the amount of attention that they merited from the new school. The chloride is a good deal used by physicians of the old school for diseases affecting the mucosa of the throat and of the various abdominal tubes and cavities. Its action seems to be analogous to that of *calcium sulphide*. Dr. Blake did remember one successful use of *mezereum* (etheral extract—Cooper). A middle-aged M.P., an athlete, of bilious type, who had a fixed point of pain in left frontal prominence. The suffering was intense in a circumscribed area that you could cover with a shilling. It was not cutaneous hyperæsthesia, for on pulling the skin away from the spot and then pressing hard, the same tenderness was felt. It was evidently periosteal. Relieved by *mezereum* it came on again. Being so markedly aggravated towards midnight with a steady *crescendo*, *sulphur* ϕ was selected with

good results. Afterwards, this gentleman, wearied of London fogs, fled to Monte Carlo, and lost his pain at once.

In reply to Dr. Goldsbrough, Dr. BLAKE said we do not know what pain is. It may be defined psychologically as an excess of pleasure, but that does not throw much light on the process. In severe pain two conditions are usually present, innutrition and pressure. The reason why innutrition hurts is possibly the presence of a degraded product of metamorphosis unremoved, which acts as a direct irritant in the same way as a poison would. Two points in the course of a nerve seem more prone to pain than others: one is where the nerve emerges from a bony canal, the other is the terminal twig. It is interesting to remember that both are exposed to similar physical conditions and influences.

Dr. BLAKE had seen *Antipyrin* give great relief to muscular pains worse at night, and to neuralgia. One grain is a safe commencing dose if heart be damaged; gently increase to ten grains. Five will usually do the work. Dr. Blake did use *iris versicolor* a good deal; his indications were frontal headache, white stool, diarrhœa. It seemed to have relieved so-called "thunder" attacks, *i.e.*, electric vaso-motor disturbances of head and abdomen. Dr. Blake also employed *Actæa* much for headache, especially vertical. Indications are polyuria, palpitation, inframammary pain, giddiness, and loin pains.

The attacks so graphically described by Dr. DUDGEON, are known to neuropathologists as "Scintillating Scotoma."

ON GONORRHŒA IN ITS CONSTITUTIONAL ASPECTS; WITH SPECIAL REFERENCE TO THE SYCOSIS OF HAHNEMANN.*

By J. COMPTON BURNETT, M.D.

FOR years past I have thought it would be a very desirable task to be undertaken, to investigate afresh those diseases that give the ground work of the biopathology of the Seer of Coethen, and I have often wondered that the vigour and enterprise of some of our number of this generation have so long left this field of research comparatively untilled; that is, untilled in this generation. For, in our gropings after truth, each succeeding generation gains a little on its predecessor,

* Prepared to be read at the British Homœopathic Congress, held at Birmingham, September, 1888.

by the general progress of knowledge, and by the slow movings of the human mind towards as much of certainty and of finality as seems attainable for the limited and finite.

And then, whether we believe in psora, syphilis, and sycosis, or not; that is, as they are taught by Hahnemann, a large part of the work done by the Homœopathic School during the past fifty years is more or less tinged with these doctrines; and, moreover, anything taught by so able an observer, as was Hahnemann, deserves serious investigation at our hands. And whatever may be said of the therapeutics of general medicine, positive diagnostics has distinctly advanced during the past decade, and I submit that it is desirable that our own position should be reviewed in the light of this advance.

When I had given the First Hahnemannian Lecture, known as "*Ecce Medicus*," I certainly thought one of my followers in the orator's chair would have tackled the Coethen phase of homœopathy and exhibited it in the light of modern research and experience, so as to determine for us of this generation, how much of it still holds good, and what part, if any, must be considered as no longer tenable. But, thus far, the work has not been done since then, and I therefore will proceed to consider the subject in part here.

Mr. Punch is a great authority for us in this country of spleen and gravity, and, as we all know, his reiterated advice in regard to things to be done is, that if you want them done well, do them yourself.

Hahnemann, as is well known, spent his younger and more vigorous days in demolishing theories and hypotheses; indeed, he threw them all right out of his mental window and made a fresh start altogether with medicine sans pathology, sans theories, sans everything in fact, but the therapeutic law of similars, which is still for many a very filmy theory indeed. However, the law of likes is no mere theory for us; for us it is the one thing common to our body; outside of the law we practically agree about nothing, and yet, notwithstanding this almost general disagreement amongst us, our friends, the enemy, will have it that we and the medical profession at large are not *solidaire*: surely the fact that we disagree about almost everything that is of vital

importance should offer them sufficient internal evidence of their and our solidarity.

But, as I said, we agree on our fundamental law, except, indeed, that some of our number of late years have had sad searchings of heart about the law also! It is a rule, they say, not a law! Or again, it is a method. So that, as a matter of fact, we do not quite agree about anything whatsoever! Therefore, we may at any rate claim still to be very professional to the full extent of the proverb, that "doctors differ."

And as to whether we should speak of the idea of similars as a law or as a rule, the contention that it is a rule rather than a law is, I submit, quite groundless. But as some have been captivated by the reasonings of those who pose as the champions of rule as against law, it might not be amiss to point out that the whole contention for the rule is based upon the poor grammar of the disputers. I have, thus far, never known of a German or a Frenchman go in for "rule," and that for the very sufficient reason that they understand the use of the subjunctive mood, which cannot be said of all Britishers, no matter how learned they may be. In order to really understand Hahnemann on this point, it is absolutely essential that one understand Latin and German composition, more particularly in regard to the use of the subjunctive. Those who contend for "rule" had better scuttle out of their position as quietly as they can, lest someone, one of these fine days, take the trouble to pour out a vial of wholesome ridicule upon their "rule." The same remarks apply in regard to the question of the noted formula of the homœopathic school, viz., whether should we say *similia similibus curantur*, or *similia similibus curentur*? Of course, the reply is that both are correct, they both express precisely the same thing, only one is in the indicative and the other in the subjunctive. I do not admit that it is in the imperative. In some of the old Hermetic works you will find it put *similia similibus curari*, which is, of course, precisely the same thing, only in another mood. You will also find *simile a simili curari*; hence, it is really, in more ways than one, merely a matter of mood.

However, everything in this world is comparative, and, comparatively speaking, we do agree that like cures like; and be it notion, principle, law, rule or method, we

so far agree to admit that these words, *similia similibus curantur*, express something positively demonstrable in clinical life. All this falls within that phase of the development of homœopathy anterior to the sojourn of Hahnemann at Coethen. And this part has been really almost completely exhausted, so let us go over to Coethen and hear the oracular pronouncement that all chronic disease is primarily due to three somethings—*psora*, *syphilis* and *sycosis*.

When a man comes out of the land of darkness of school teachings and throws over school physic (I do not mean brimstone and treacle, which was *my* school physic), and passes into the comparative glare of Hahnemannic therapeutics, he is generally considerably perturbed by the violent change of climate, *i.e.*, from darkness to light. He requires some time to acclimatize. At first he usually has an acute attack of homœopathic enthusiasm, a veritable fever that yields neither to aconite nor to pyrogen, and he makes a *tabula rasa* of everything and a good deal besides.

But when a few failures have sobered him down a wee, he goes back into himself, and finds out a few things for himself. He finds that *belladonna* will cure the delirium of tuberculosis of the meninges, and other of its symptoms, but the patient in the end dies all the same. He gives *baptisia*, *arsenicum*, serpent poisons, acids, &c., in low fevers, but his patients are very apt to die in the end all the same. He has a patient given to picking his nose, or things in general, and after considering the merits of *arum triphyllum*, *conium*, *helleborus*, *lachesis*, *selenium*, *stramonium* and the like, and exhibiting them, he finds—the worms live on still!

In fact, he learns to discriminate and to differentiate between true initial and all-along-the-line similarity and that which is ultimate and superficial only. When a man in his homœopathics arrives at this stage of his developmental process, he is apt to do one of three things, *viz*: he may, 1st, throw your homœopathy clean overboard; or, 2nd, admit the limitedness of its sphere of application; or, lastly, he may set about procuring a pathology to fit his therapeutic doctrine. I have gone through all these stages myself now, and am beginning to understand the Coethen ætiologic phase of homœopathy. If space would allow I would seek to encompass

this ætiologic phase of homœopathy in its entirety ; but, as it will not permit of this, I have chosen one only of the three Hahnemannic, chronic, so-called miasms for consideration, and that sycosis.

I have a special reason for choosing sycosis. I mean the sycosis of Hahnemann, and not the *sycosis autorum*, viz., our knowledge on the subject has much increased of late years, for science has been shining upon it.

Now, leaving syphilis and psora quite out of consideration, I propose to enquire into the Hahnemannic doctrine of sycosis in the light of modern science and experience.

First of all, I would make a preliminary observation in respect of the word *miasm*, which is current in homœopathic literature in a very peculiar sense. Hahnemann himself calls the supposed causes of chronic diseases *miasms*, and his translators carefully and conscientiously translate the word by itself !

Now, in English *miasm* means an infection floating in the air ; the effluvia or fine particles of any putrifying or noxious bodies rising and floating in the atmosphere, in fact, exhalations. Therefore it is hardly accurate to use the English word *miasm*, or its pure Greek form *miasma*, as the English equivalent of the word " *miasma* " as used by Hahnemann, or if you do, you must carefully define the use of the word first, for our word *miasm*, being derived from *μίαωω*, to soil, to defile, to pollute, to dirty, might etymologically stand as the translators of Hahnemann have it, but τὸ *μίασμα* means not only a defilement, a soiling, a befouling, but also an impure exhalation, in which restricted sense only it has come into use in English. *Miasm* in our vernacular means impure particles or effluvia in the atmosphere, and nothing else. What Hahnemann meant when he used the Germanised *miasma* was not at all what we understand by *miasm*, but was rather what we now understand by *virus* when applied to the primary form of a disease, and *taint* when used to denote the later phases. If in speaking English in these days we talk of the syphilitic virus or taint, the gonorrhœal virus or taint, the virus of itch, the itch-taint, we are expressing ourselves, so far as the words are concerned, accurately, and everybody knows what we mean, but when we speak of the miasms of these diseases we are really, as I must submit, using jargon, and so gratuitously mystifying ourselves. Ague is sup-

posedly due to a miasm, syphilis to a virus. So much, therefore, for the word miasm, as wrongly used in homœopathic literature. I say wrongly, because it tends to obscure, and in all conscience the thing is obscure enough without any verbal mystifications.

Now, let us go on to enquire what Hahnemann understood by sycosis. The highest English authority on the exegetics of homœopathy is, I think all will admit, Dr. Dudgeon, and he says (*Lectures on the Theory and Practice of Homœopathy, 1854, p. 300*):—"As regards the third of Hahnemann's chronic miasms sycosis, or the condylomatous venereal disease, the notion of its independent nature has been considerably contested, not alone by allopaths, but also by some of our own school. The disease always arises in consequence of impure coitus, and appears in the form of dry or nasty-looking, or soft and spongy excrescences in the form of a cockscomb or cauliflower, easily bleeding, and secreting a fœtid fluid, and sometimes accompanied by a sort of blennorrhœa from the urethra. Their seat is the glans or foreskin in the male, the vulva and its appendages in the female. Their removal by the ligature or cautery, actual or potential, is, according to Hahnemann, followed by similar growths on other parts of the body or other ailments, the only one he mentions being shortening of the flexor tendons, particularly of the fingers.

"It is, Hahnemann alleges, the rarest of the three chronic miasms, and, as I before observed, it is very doubtful if it be a peculiar disease, and not rather a form of syphilis. The secondary effects Hahnemann describes as arising from it must certainly be rare, for I can state from my own experience that I know several persons who have had such venereal condylomata burnt off many years ago, and who have never had the slightest trace of those after-effects Hahnemann alludes to; though at the same time I am bound to admit that I think I have observed a connection of certain pseudo-rheumatic affections and inveterate gleet with the figwart disease." Thus far Dr. Dudgeon.

So the *only* after-effect of the figwart disease mentioned by Hahnemann is a shortening of the flexor tendons, particularly of the fingers, and yet Dr. Dudgeon speaks of "those after-effects Hahnemann alludes to!"

It can thus hardly be maintained that Dr. Dudgeon

puts sycosis before us in a very clear light, though his remark in regard to gonorrhœal rheumatism shows the accurate observer, and John Hunter had observed the same thing long ago. That people do get venereal warts admits of no doubt whatever, that they are a form of syphilis, as stated by Dudgeon, is not now generally admitted.

Hahnemann very clearly differentiated between syphilis and sycosis, because he found *mercurius* helped to cure syphilis but not figwarts, and modern experience and science are seemingly on Hahnemann's side on this point. Dudgeon very properly objects to consider diseases as syctic simply because they can be curatively modified by *nitric acid* and *thuja*. But then we cannot entirely ignore the aid obtainable from this source; for instance, a very bad chronic ulcerated sore throat that yields straightaway to full doses of the *iodide of potassium* tells a tale we all understand without any commentator. I have long been puzzled with Hahnemann's divisions of drugs, *i.e.*, how he arrived at them; and I am beginning to suspect that he made them largely by an appreciation of the *ex juvantibus et nocentibus* teachings. And a number of his indications are, beyond any doubt, derived from the time-old *signaturæ rerum naturalium*. *Thuja* to wit.

Now, I complain that the great exegete of homœopathy, Dr. Dudgeon, whom we all delight to honour, devotes too little attention to the doctrine of sycosis; he neither establishes it nor does he demolish it. Dr. Dudgeon mentions it in passing, throws doubt upon it, and then leaves it. Dudgeon's doubt as to the separate nature of the condylomatous venereal disease is based upon his observations that he had known persons in whom the condylomata were burnt off many years ago, and yet the flexor tendons of their fingers had never become shortened! I can say the same, and, no doubt, we all can, but we have equally seen plenty of people who had syphilis many years ago, and who have never had any later manifestations of the disease, but that in no way militates against the specific nature of late, later, and latest manifestations of syphilis where they do occur.

Dudgeon speaks with no great respect of those homœopathic practitioners who have regarded ordinary warts as evidence of syctic infection, because Hahnemann

distinctly declares such warts as of psoric origin. This looks like a formidable indictment, but one which vanishes when more closely examined. It is quite true that Hahnemann puts common warts, encysted and other tumours, down to the very large account of psora, but he does not say "all" warts, only some. And herein lies *des Pudels Kern*, as I will proceed to show.

Let us now go to Hahnemann's own account of sycosis and see if it tallies with Dudgeon's. Turning up the *Chronische Krankheiten* we come upon the chapter devoted to the subject, and find it is just as scant and unsatisfactory as Dudgeon's exegesis of it. Hahnemann only devotes one small chapter of four pages to it, and Dudgeon's account of it is quite correct, except that he fails to point out the strange statement by Hahnemann that sycosis is an epidemic affection, "*Nur von Zeit zu Zeit herrschend war,*" and ever getting more and more rare.

Common gonorrhœa, Hahnemann says, does not appear to penetrate the whole organism, but only to irritate the urinary organs locally.

His remedies for sycosis are a few globules of *thuja* 30 and *nitric acid* 30. His remedies for the common clap are a drop of fresh parsley juice, if there is much urging to urinate and *copaiva balsam*; about one drop of the mother tincture when there is less inflammation, and if these do not do the trick, why you get a gleet which is *psoric*.

According to Hahnemann, therefore, there are two kinds of gonorrhœa, or clap; the one with condylomata, which is constitution infecting, and in which the urethral flux may occasionally but not often be wanting, and which constitutes his sycosis, and which must be monoperiodically cured by *thuja* 30 and *acid nit.* 30, leaving each from 20 to 40 days time of action.

I would here remark, with some emphasis, that Hahnemann very distinctly differentiates between local irritation and an organismic evil in regard to the dose; when he wants to treat the organ or the part, *topico*—specifically he uses the mother tincture—or simple juice of the plant, and when he wants to treat the organism he uses the higher dilutions; and I may say that my own observations tally with this view exactly, with this difference, viz., that for the topic action the small

material dose has to be often repeated. Before we go any further, let us note that Hahnemann uses the word *miasm* for the cause of the common non-condylomatous clap as well as for the other.

Let us now resume for a moment. According to Hahnemann there are two kinds of clap, the condylomatous, which is constitutional, and is to be cured monoposically by *thuja* and *nitric acid*; and the common clap, which is a merely local affection of the urethra, and is to be cured by the juice of *petroselinum sativum*, monoposically also, if much urging to urinate; or a drop of the alcoholic solution of the *balsam of copaiva* when there is less inflammatory irritation.

This is, practically, all that Hahnemann tells us about his sycosis and his common gonorrhœa.

We have now considered Dudgeon as exegete and Hahnemann as the originator of the doctrine of sycosis, but we have herewith not overmuch light, and conceptions not too clear. During the past forty years there have been very numerous authors who have written on Hahnemann's sycosis. Boenninghausen, Wolf, Grauvogl, Hering, H. Goullon, and many others, and it would be very interesting to follow these thinkers in their yearnings and gropings after truth, in their desire to harmonise the facts of science with their veneration of the master.

But I am afraid the task is too great, and, moreover, I prefer another plan. I suggest that we take first of all Hahnemann himself as likely to know most of his own mental offspring. I suppose the majority of us feel that we know most of our own children after the flesh, and a man may fairly, I should think, be considered an authority on his own mental offspring also.

I quite agree with the principal exegetists of Hahnemann that it does not follow that because *thuja* and *nitric acid* may cure a complaint that therefore said complaint is of a syctic nature as Hahnemann understands it; but inasmuch as we conclude that grave ulcerations, which readily yield (at least temporarily) to the *iodide of potassium*, are in all probability of a certain specific nature, so in like manner it may fairly be conceded, at least for the sake of study and argument, that what can be cured by the two grand antisycotics may very probably be of a syctic nature.

Let us take merely the standpoint of probability, that much may be safely conceded without any great danger to scientific truth. Therefore, I invite you to consult Hahnemann on the subject of sycosis under the headings of *thuja* and *nitric acid*.

Well, the Hahnemannian pathogenesis of *thuja* does not help us a bit, and, oddly enough, *nitric acid* is classified by Hahnemann as what? as an antipsoric! So we see that Hahnemann classifies *nitric acid* as an antipsoric after having mentioned it as second in order for the radical cure of sycosis. Then, again, although he classifies *nitric acid* as an antipsoric, he mentions warts (of the psoric kind?) and also condylomata and inguinal adenomata as curable by *nitric acid*. while the symptomatology of this acid clearly portrays gonorrhœa (S. 375 to 389).

Hughes tells us that our only pathogenesis of nitric acid was first published in the second edition of the *Chronic Diseases*, containing 1,426 symptoms. This cannot be correct, for my edition is the first, 1828, and it contains a pathogenesis of nitric acid, with 803 symptoms.

Well, with all this we get no clear conception of Hahnemann's sycosis, as an adequate basis for the huge structure which some of his disciples have built upon it, and which is the sycosis of the homœopathic authors, but I am not satisfied that it is Hahnemann's.

I propose now to consult Ameke's *History of Homœopathy* on the point, and on page 138 of Drysdale's Translation, read "Besides this 'psora' there were other fundamental causes, viz., 'sycosis,' the phenomena connected with gonorrhœa and 'syphilis.'" Though there may have been some substratum of truth in these views, Hahnemann nevertheless far transcended the limits of probability and fell into a great error." Here, then, according to Ameke, as translated by Dr. Alfred Drysdale, and edited by Dr. Dudgeon, we find sycosis defined as "the phenomena connected with gonorrhœa." So, according to this, sycosis and the clap disease, the *Trippersuche* are identical. This positive statement of the identity of the gonorrhœal disease in its entirety and the sycosis of Hahnemann so surprised me, that I turned to the original and find the translator has interpolated the definite article *the*, which makes all the

difference. Ameke's words are "ausser dieser Psora blieben noch als Grundursachen übrig die Sycosis, mit dem Tripper zusammen-hängende Erscheinungen, und Syphilis," and these mean "sycosis, phenomena connected with clap," not *the* phenomena.

The words of Ameke, viz., "there may have been some substratum of truth in these views" (of Hahnemann) really pretty nearly epitomize the actual attitude of the homœopathic practitioners of the world at large. Speaking broadly, you to whom these words are addressed do *not* accept the ætiologic phase of homœopathy, and yet almost every man of you is daily, almost hourly, influenced by it in his modes of thought, of practice, and of writing and speaking. You do not accept the doctrines of psora, syphilis, and sycosis, and yet you do not quite reject them; you seem to think there is something in them after all.

Now, to keep within the bounds of my plan, viz., of sycosis, surely we ought to be able to *know* whether the doctrine of sycosis is true or false. Indeed, I think it about time sycosis were elevated from the position of a scholastic doctrine to that of positive scientific demonstration, at least clinically, or else cast out altogether; for it must be manifest that there either is, or there is not, a condylomatous venereal disease which we call sycosis.

At this stage of our inquiry we are encountered with a difficulty, for to my mind it is very questionable whether sycosis and the entire gonorrhœal disease are identical. We have seen that Hahnemann differentiates two kinds of clap, the one a local affection of the urinary organs, and the other sycosis, in which there may be no urethral pyorrhœa or blennorrhœa at all. And this quite coincides with what we no doubt have all seen over and over again, viz., condylomata, or *verruca accuminata*, in persons who have had no gonorrhœa at any time; but in all the cases which I have ever observed, impure coition had probably taken place (the hereditary ones in children always excepted), and hence these warts are certainly venereal; but are they always gonorrhœal? To say that the principal exegetes of homœopathy and the pro-sycosis writers, such as H. Goullon and the various and numerous authors quoted by him in his admirable prize essay on *Thuja*

and the *Lues Gonorrhœica*, accept sycosis as synonymous with the whole gonorrhœal disease, which Autenrieth and other writers before and at the time of Hahnemann fully recognised and proclaimed as due to a constitution-infecting virus, and which they termed *Trippersseuche*, or clap disease, and which they also ascribed to a miasma or virus, as did Hahnemann. To say this does not satisfy my mind that Hahnemann thought the gonorrhœal virus the primary cause of figwarts and other constitutional ailments: I think everything must hinge upon the answer to this question. I have weighed the matter carefully and have come to the conclusion that sycosis for Hahnemann, was the *condylomatous venereal disease* indeed, and nothing else, and not the *Trippersseuche*, or clap-disease, of Autenrieth in its entirety.

If you will take the trouble to read the greater medical writers of Germany of the first four decades of this century, you will find (and I am sure Drysdale, Dudgeon, Hughes, H. Goullon, to name no others, will all agree with me) that gonorrhœa was considered by very many of them as a *Seuche*, or constitutional affection, and as the prime cause of many specifically gonorrhœal ailments or manifestations, only one of which is the condyloma.

The clap-disease, *die Trippersseuche*, was a recognised prime cause of chronic disease years before our founder promulgated his sycosis, and if you admit that sycosis and clap-disease are synonymous terms, then sycosis is not the mental property of Hahnemann at all: this much is certain, either sycosis and clap-disease are not the same thing, or else if they are, there is no such a thing as sycosis to be attributed to the genius of the founder of homœopathy.

We must not forget that Hahnemann differentiates two kinds of clap, the common variety and that of the condyloma, so he evidently did not include the whole clap disease in his sycosis.

It is seemingly no use for us to hunt about in Hahnemann's works for any real enlightenment on the subject of sycosis, as they contain none, and why? Simply because Hahnemann himself had but very little knowledge on the subject, as he practically admits on page 63, of vol. i of his *Chronische Krankheiten*. I should not be surprised if he had set aside sycosis for

study and consideration in a future time, but apparently that time never came, that is it never came so far as we know ; possibly the Paris MSS. may contain something on the subject.

We are then brought face to face with this primary question. Is the sycosis of Hahnemann identical with the gonorrhœal disease of Autenrieth ? If so, then it is not the property of Hahnemann ; and if not identical, what is it ? syphilitic, gonorrhœal, chancroidal, or a separate and independent disease *sui generis* ?

These points being settled, we could proceed to a comparison of gonorrhœa in its constitutional aspects, with the sycosis delineated in the original works of Hahnemann. For I for one cannot admit that the *sycosis aetorum homœopathicorum* is the sycosis as painted by Hahnemann himself.

ON PHIMOSIS AND ITS REFLEX DISORDERS.

By H. MASON, M.D.

(Concluded from page 628, vol. xxxii.)

Partial Atrophy of the Optic Nerves appears to have resulted from phimosis in the following case, which is related by Dr. Sayre:—

“Feb. 20th, 1875. L. N., aged 84 (German), has been married four months, very stout and active, but very nervous, very easily tired. Eight years ago he began to have trouble with his eyes, finding he could only read a little while at a time, and then getting so nervous he would throw his book away, and could not read again for some time. Can now only read large print, and then but for a few minutes together.

“He consulted various surgeons in Europe as well as in the United States, without deriving any benefit. Patient has never seen the glans penis, prepuce being very tightly contracted and twisted to the right.

“Feb. 22nd. Divided the prepuce and uncovered the glans. Mucous membrane very tough and thick, almost fibro-cartilaginous. Was divided with bistoury down to corona, and then stitched to tegumentary prepuce.

“At the end of a month the patient had entirely recovered his natural health, all nervous symptoms having disappeared, and, strange to say, could read a

page of small print with facility and without any unpleasant result following."

On Nov. 14th, 1881, Dr. Sayre received the following letter from Dr. Knapp, who had sent the patient to him, in reply to an inquiry as to the progress of the case:—

"My Dear Doctor,—I recollect the patient well. His sight after the operation had materially improved, both as to acuteness and prolonged use. He has consulted me several times since. He has still incomplete atrophy of the optic nerves and moderate amblyopia. Yet I consider it a great result that the atrophy has not progressed, and the patient always expressed his satisfaction and gratitude to you.

"With kindest regards, yours very truly,

"H. KNAPP.

"Nov. 14th, 1881."

Stammering and defective articulation have been shown by recent experience to be dependent in many cases upon phimosis. It is remarkable that these disorders of speech are confined very largely to the male sex. Females, as far as my experience goes, very rarely suffer from them. I have not come across any cases of actual dumbness which have been traced to this cause, but I think it not improbable that occasionally this also may be due to it.

Dr. A. C. Clifton in his paper gives the details of the two following cases, in which the relation between the sexual and vocal organs is very noticeable. The first is so interesting that I make no apology for reproducing it:—"A clergyman, about 30 years of age, had been married over a year. He was of a very nervous, irritable temperament, and in a weak state of health; his voice was squeaky and his speech jerky, spasmodic. In youth he had suffered from seminal losses, and these were still continuing, never having been able to perform coition. An examination revealed an elongated, indurated and contracted prepuce. Circumcision was performed, he quickly gained health and strength, and even his voice and speech were in the course of a year much improved." The other case was that of a lad, aged five years, who was only somewhat improved by the operation in his stammering.

A third case has quite recently come under my own observation, probably because it was sought for, since I

do not think I should have made the necessary examination if my attention had not been specially directed to this connection between stammering and phimosis. W. M., aged 5 years, used to talk very well, but within the last few months has begun to stammer very much. He has been under treatment for whooping-cough, and this having left him, his mother wants to know what can be done for his speech. He always has some difficulty and hesitation in beginning a word or sentence, opening his mouth widely for a few seconds before making a sound. Words beginning with *s*, and those requiring the tongue to be applied to the roof of the mouth, as *d*, *t*, seem to give him most trouble. When I directed enquiries to the penis, his mother told me that some months back, she could not say how many, he had had a quarrel with his sister and had complained that she had pinched him there. There was a tight phimosis, only the meatus being visible when the prepuce was retracted to its fullest extent. His speech was noticed to become very much worse before the circumcision which I performed on May 28th last. The prepuce was much constricted, and very firmly adherent to the glans. There was also a considerable amount of excretion retained around the corona. My last report of the case is dated June 25th, when there was noted most marked diminution in the stammering, so much so that I could not doubt the correctness of the view as to its causation by the phimosis.

Another case of defective articulation much improved by circumcision is related by Dr. Mount in the *American Homœopath* for January, 1888, and in the February number of the same journal Dr. Geo. Winterburn gives three additional cases of a similar nature also cured by the operation.

Diseases of the Bones and Joints.

These may also in their early stages be regarded as belonging to the class of neuroses, only here it is the trophic nerves which are influenced by the reflex irritation, thereby producing morbid changes in the nutrition of the parts. The hip-joint is affected from this cause far more frequently than any other. This would be expected from its close anatomical relation to the pelvic organs. Dr. Sayre quotes a case of morbus coxæ, where the disease had developed to the third

stage with excessive suppuration. Circumcision was followed by complete recovery. The most conclusive evidence on the subject is given by Mr. Barwell in his *Treatise on Diseases of the Joints*. His remarks are so interesting and instructive that I quote them nearly in full:—

“A good many years ago I was struck with the fact that nearly all the boys admitted for hip-disease into Charing Cross Hospital had congenital phimosis. In a short time this coincidence was found to be nearly, if not quite, constant. At last, in the middle of 1873, I began to note in a hundred male cases of hip-disease, occurring in my private practice or admitted into hospital, the presence or absence of this condition; for the sake of better classification divided into classes:—

Condition of Prepuce in 100 cases of Hip-Disease in boys
under 10 years of age.

1st degree.	2nd degree.	3rd degree.	Elongation.	Normal.
89	...	27	...	17
				...
				11
				...
				6

The same divided into ages.

Years.	1st deg.	2nd deg.	3rd deg.	Elongation.	Normal.
2 to 4	...	8	...	2	...
					0
					...
					1
4	...	6	...	7	...
					5
					...
					2
6	...	8	...	16	...
					11
					...
					9
8	...	10	...	18	...
					9
					...
					6
					...
					8
					...
					1

“First degree: The opening in the prepuce a mere pin-hole, so that on retraction no part of the glans or only a minute portion of the urethral lips could be seen. Second degree: In which all or a considerable part of, but nothing beyond, the urethral orifice could be uncovered. Third degree: In which the prepuce, when retracted, uncovered some portion, but only a portion, of the glans. Fourth degree: Elongated prepuce projecting more than a quarter of an inch beyond the glans, but capable of entire retraction. Fifth degree: Normal.

“The first line of this table is very significant when it is considered that the cases are not picked or chosen, but represent every hip-disease in the male that came under my notice from the end of 1873 up to the middle of 1878, when my number was complete. It will be observed that of these cases 88 have phimosis; that only six have normally formed prepuces; and that from complete or the first degree of phimosis, to which class more than one third of the cases belong, the number steadily declines to the normal. . . . Furthermore I asked my friend, Mr. Marrant Baker, to inquire for me about the prevalence of hip-disease at the

Evelina Hospital, which is largely used by Jews. He tells me that few children are there admitted for hip-disease, and that most of those so received belong not to the Jewish but to the Christian community.

“The important fact, however, is simply coincidence of phimosis and hip-disease—a coincidence I should never have dreamed of or imagined had it not been forced on my observation. Upon the mode in which the one influences the other, I would rather not speculate further than to point out that phimosed children have facile, frequent and long continued priapism; that this condition, unnatural in the infant, must produce after a time a certain irritability or irritation of the lumbar spinal cord; that from this part the various nerves of the pelvis and lower limbs are given off; that the influence of spinal irritation on trophic nerves is well known; and that just at this particular period large trophic changes are in progress about the hip-joint.”

Mr. Barwell further remarks that hip-joint disease is less frequent in female children than in male, and that in a large proportion of the girls so affected, vulvitis, or vaginitis, the result of thread-worms crawling from the rectum will be found. An irritable and hypertrophied clitoris, which perhaps Mr. Barwell includes in the term vulvitis, would be more analogous to the condition met with in phimosis, and this has been frequently demonstrated as a cause of reflex irritation.*

Another disease which has been regarded by some as bearing a relation to the genital organs, is angular

* Dr. Sayre, in his *Orthopedic Surgery*, gives a case of muscular spasm affecting the legs, and causing a spring-halt sort of gait; another of paralytic weakness of the legs; and a third of idiocy associated with partial paralysis of the legs; in all of which an inflamed and congested clitoris was regarded as the cause. Clitoridectomy, or snipping off the end of the clitoris, was followed by very great improvement in these cases, the first being completely cured, and the other two greatly relieved. I do not for a moment call in question the value of this operation, but it should be remembered that clitoridectomy is not analogous to circumcision. The clitoris is the representative of the penis and glans, not the prepuce.

Since the above was written, an article upon “Phimosis in the Female,” by Dr. M. J. Bleim, of Chicago, has been published, and will be found in the *Medical Era* for July, 1888. In this paper, after describing the anatomical relations of the parts in the female, Dr. Bleim states that adhesions between the prepuce and glans clitoridis, are not at all uncommon, and occasionally give rise to reflex disturbances, especially sexual excitation and masturbation. An excellent illustrative case is given, in which this condition was promptly relieved by incising the prepuce and breaking up the adhesions. Dr. A. C. Clifton, who directed my attention to this article, tells me that he has seen several such cases.

curvature of the spine. Marjolin asserts that "almost all children affected with Pott's disease give themselves up to onanism with a sort of fury."* This, however, possibly is a result rather than a cause. Still, even if such be the case, I think it very probable that there has previously existed some morbid irritation, such as phimosis, which has given rise to the habit, and possibly, also, to the disease itself. I regret that I have no clinical evidence bearing upon the subject.

There are a few other conditions deserving mention which have not yet been alluded to. Irritable nervous cough was present in four of Dr. Clifton's cases. Another one, aged three years, with laryngismus stridulus coming and going over two months, was much relieved by the operation of circumcision. Eczema and intertrigo were observed in two of his cases. In one of these an abscess formed in the right inguinal region. A case also in which I operated for Dr. George Clifton, suffered from severe intertrigo and acute eczema of the regions of the genitals, groins, and buttocks.

In regard to the operation of circumcision, which is generally required for the foregoing conditions, many different methods have been proposed and described, and instruments invented for its performance. It would be of little use to discuss them all, and I shall only describe that which I believe to be the best. As a rule the removal of a complete ring of foreskin is required, and is followed by the most satisfactory results; but in cases where the prepuce is no longer than normal, a slitting operation is generally sufficient. Where the phimosis is not very complete, frequent retraction of the foreskin, together with occasional dilatation with a pair of forceps, will often suffice. Care should be taken in these cases to wash away all excretions, and also to replace the membrane.

When a slitting operation is decided upon, the wound is best made, I think, on the under surface. A director being inserted within the prepuce is felt for along the side of the frænum. A sharp-pointed curved bistoury is then passed along the director to its extremity, pushed through the skin, and the fold divided at one cut. Care must be taken that the director does not pass into the

* *Lancet*, 1/60, p. 344.

urethra. This mistake will be readily recognised by the ease with which the instrument, if pushed gently, would pass along the canal. After the prepuce has been divided, and all adhesions torn, a fine suture should be inserted through either side of the wound in order to promote rapid healing, and to prevent the two sides from uniting. This method has several advantages over a dorsal incision. The wound required is much less extensive. It leaves the glans protected by the prepuce as before, whilst the latter can be quite easily retracted. Where the dorsal incision is employed the prepuce is rarely divided evenly, and one side of it is very apt to be much larger than the other, which gives a very unsightly appearance, and may tend to reflect discredit upon the operator.

The complete operation of circumcision should always be performed when the patient is under the influence of an anæsthetic. I have done it several times without, but on almost every occasion have had reason to regret it. The child screams and struggles; it is impossible to hold it perfectly still; the operator has to hurry through his work and cannot do it with any degree of nicety. The insertion of sutures in their proper positions, while the child is continually moving and writhing from pain, is almost impossible. The friends of the patient, moreover, moved by his sufferings, regard the operation with horror, and if the result be not very satisfactory lose confidence in the operator. The patient himself suffers considerably from shock, and if he be more than twelve or eighteen months old, is almost certain to bear an antipathy for months afterwards towards the individual who has tortured him, and thus render any further medical attendance difficult and disagreeable. All this may be entirely avoided by the use of chloroform, which, when administered to children with ordinary care, is, I believe, absolutely safe.

In reference to instruments, a very excellent clamp which enables the surgeon to operate with the utmost neatness and precision, is made by Weiss & Son. A pair of circumcision forceps, with a slot running through the blades, answers nearly as well. The ordinary dressing forceps are not so satisfactory, since unless the operator is very dexterous an assistant is required to hold them, and the cut made is not so straight and even. Some

surgeons dispense altogether with forceps, merely taking hold of the end of the prepuce with the fingers of one hand, and with a bistoury in the other cutting off a piece of it about half an inch long. The result, however, is not so good as when a clamp is used.

The clamp or forceps should be applied antero-posteriorly, opposite the end of the glans, not directly transverse to the penis, but bearing an angle of about 70° to the dorsum. When the blades have been fixed sufficiently firm to prevent the foreskin from slipping, a knife is passed through the slot and the prepuce divided. The clamp is then removed, and the blunt-pointed blade of a pair of scissors inserted between the glans and the lining membrane of the prepuce which still covers it. A slit should be made directly upwards in the middle line nearly to the corona. All adhesions are then torn and excretions washed away. It is well to cut away, with a pair of scissors, a slip of the lining membrane which is left on either side of the median incision. This tends to prevent subsequent swelling, and the unsightly hypertrophy of the sides of the prepuce which is sometimes left after the operation. One or two sutures of horsehair or silk, or the finest catgut should then be inserted on either side, bringing the remaining lining membrane and the skin together. The circular line of wound will then close by first intention, and in about a week the parts will be quite healed. Sutures I consider indispensable in patients above two or three years of age, and I prefer to use them in all cases, even in infants. In three cases that I know of where they were not used, one of which occurred in my own practice, the cicatrix contracted, and a second operation was required for a phimosis as tight as before. In another case where too much prepuce had been removed a cicatricial band formed round the corona, producing a very troublesome paraphimosis.

Hæmorrhage is seldom troublesome, but occasionally one or two ligatures are required in the neighbourhood of the frænum. When it proceeds from hyperæmia and inflammation of the parts, the application of pressure by means of the fingers and a piece of lint for a few minutes will generally be sufficient. An important point to remember in the operation is the examination of the meatus urinarius, which is sometimes found very narrow, and requires to be enlarged. This is best done

by inserting the points of a pair of sinus forceps, and then opening them a little.

Very little after treatment is required. A little oiled lint should be wrapped round the wound, and kept from drying by pouring a few drops occasionally over it. The stitches may be removed after 36 or 48 hours. If redness and inflammatory swelling ensue, water dressing should be applied to the part and changed frequently, or the patient may sit in a warm bath for half an hour at a time twice or thrice a day.

The dangers of the operation, when performed by a competent surgeon, are almost nil. Dr. Mayer reported 600 cases, and stated that he had never seen any serious danger.* These were performed upon Jewish children on the eighth day after birth. This operation at the present day resembles closely that I have described, the chief points of difference consisting in not slitting up the lining membrane and the non-insertion of sutures. Formerly, and even now, in some of the less civilised sections of the community, it could only be stigmatised as a most disgusting procedure. Fatal results are still, I have been informed, not at all uncommon, and syphilis and tuberculosis, as I shall shew presently, are believed to have been communicated through it. Much historical information upon the subject is given by Mr. Ormsby in his lectures which appeared in the *Medical Press and Circular* for 1883, vol. I. Briefly, his description of the operation is as follows. The infant is held by an assistant, and a sort of metal clamp applied, the foreskin being cut off in front of this. The operator then fills his mouth with wine, and bends down and takes the child's penis in his mouth, applying suction to the wound. This is said to be an essential part of the operation, the neglect of it being fraught with danger to the child, and also causing the operator to be deprived of his office. Strips of linen are then bound over it.

Special instructions, however, with which Mr. Ormsby was probably not acquainted, were issued on January 10, 1883, by the Jewish Supreme Council to the Israelitish communities. Only persons specially authorised by the Council were to perform the operation. The strictest

* *Lancet*, 1/75, p. 73.

cleanliness was enjoined, and the use of 5 per cent. solution of carbolic acid to the hands of the operator. No sucking of the wound was allowed, nor irrigation with wine. It was to be dressed with 10 per cent. boracic lint. Other necessary precautions, such as the freedom of the operator from previous contact with infectious disease, and directions for arresting hæmorrhage and preventing other accidents, were also issued.

Before these regulations were made, deaths were frequently recorded, and these I am afraid represented only a small percentage of those that actually occurred. Dr. Sedgwick mentions seven cases where the patients were subjects of the hæmorrhagic diathesis, and who succumbed after the operation from hæmorrhage.* Dr. McKenzie, of Glasgow, quotes two deaths occurring in one family. A third child was born, and the parents dreading a similar result from the operation, secured the services of a medical man. Severe hæmorrhage set in, not immediately, but after the child was put to bed, and would in all probability have proved fatal had not proper treatment been adopted. In such cases as these, when hæmorrhage occurs, Dr. McKenzie believes it to be the result of abnormal distribution of the vessels of the prepuce.† Dr. Kohn, at a meeting of the Medical Society of Vienna, stated that he had lost his own child from the operation, and knew of six other deaths due to it. Dr. Schwarz publishes the cases of two boys who died, one five days after circumcision and the other twenty-five days after, both of phlegmonous inflammation and sloughing of the part.‡

In ordinary surgical practice I am only acquainted with one death resulting from it.§ Septicæmia, I should imagine, was the cause. The patient, aged 17 years, had gonorrhœa, soft sores, and double inguinal buboes. His general health was good. He went on satisfactorily till four days after the operation, his temperature not exceeding 98.5, but then it rose to 105.4, and he died two days after. His death was attributed to the operation, but I think the possibility of

* *Brit. & For. Medico-Chirurg. Review*, 1867, vol. i., p. 487.

† *Hankings's Abstracts*, vol. ii., 1858, p. 22.

‡ *Lancet*, 2/70, p. 471.

§ Reported by Mr. Jalland, *Lancet*, 1/82, p. 308.

an acute general infection from the discharging urethra or abscess should not be lost sight of.

The following cases where tuberculosis and syphilis appear to have been communicated by circumcision would lead us to suspect that the decrees of the Jewish Council had been sadly neglected. These, it will be noticed, have all been recorded within the last three or four years.

Tuberculosis.

Dr. Hermann Weber gives two cases of phthisis communicated by an operator who was in the last stage of consumption, and who sucked the prepuce according to the old Jewish rite. Ulcers apparently tubercular formed on the prepuce, and the inguinal glands enlarged. One child recovered after some months. The other had abscesses and died three years afterwards from Pott's disease and rapid phthisis.*

Another case, recorded by Mr. Eve,† is that of a Jewish child aged five months, "admitted into the London Hospital on August 23rd, 1887, with a large globular fluctuating swelling in each groin. On the under surface of the penis, at the side of the frænum was a small superficial sore. The abscesses were opened and pus containing masses of caseous material came away. The walls of the abscesses were scraped. In fourteen days the child left the hospital with a sinus in each groin, discharging a small amount of pus." In this case circumcision had been performed on the eighth day, and the swellings in the groin had been first noticed six weeks afterwards. It was then found that the circumcision wound had either not healed or broken out again.

"On November 22nd the child showed no evidence of tuberculosis; there was a pin-hole opening in the left groin, but the right had healed soundly. The circumciser had died the previous week from consumption. He had not applied his lips to the wound, but had ejected some wine from his mouth over it. The child in January, 1888, appeared quite well. The parents were both healthy. Living in the same house was another woman, whose child had been circumcised by the same person in 1886, and abscesses had formed in the groin six or seven weeks afterwards in this case also. The child is now well and strong."

* *Lancet*, 2/85, p. 508.

† *London Medical Record*, 1888, p. 125.

Syphilis has been communicated to infants by the Jewish operation, as the following cases will testify. A group of six children is mentioned by Mr. Jonathan Hutchinson, each of whom had constitutional syphilis transmitted through circumcision. Chancres formed in all, and two had double suppurating buboes.* Dr. Kedetoff reports three cases in which syphilis was believed to have been communicated by suction of the circumcision wound.†

Before concluding this paper I wish to allude briefly to the advantages which are claimed for the operation of circumcision by Jewish surgeons and others. I have already referred to the greater immunity from hip-joint disease which Jewish children have been supposed to possess, and the same remark will also apply to the other diseases which have been shown to result from phimosis. In addition to these there are a few morbid conditions which have not yet been mentioned. The habit of onanism is said by many surgeons‡ to be much diminished by the practice of circumcision, and this, notwithstanding the contrary experience in the case of pseudo-hypertrophic paralysis, which has been related, will, generally speaking, be true. For whenever we find an elongated and contracted prepuce causing much irritation, the attention of the patient is sure to be frequently directed to it, and such genital excitement as will ensue, will strongly predispose him to the habit. The operation of circumcision will, of course, remove the cause and thereby assist materially in the cure. Dr. Mayer states that he has twice cured lads aged 12 and 13 years of age of masturbation by circumcision. The operation probably acts in these cases in a threefold manner: first, by removing irritation; secondly, by causing a wound, which, so long as it is fresh, renders masturbation painful or impossible; and thirdly, by leaving the glans more or less bare, and thereby reducing somewhat its sensibility.

Syphilis is believed by some to be much less common among the Jews than among the uncircumcised. The only statistics bearing upon the question that I am

* *Brit. Med. Journ.* 1/86, p. 56.

† *London Medical Record.* March, 1885, p. 109.

‡ Fowler, Levitt, Mayer, &c.

acquainted with are those of Mr. J. Hutchinson, who showed that at the Metropolitan Free Hospital, situated in the Jews' quarter in London, in 1854, the proportion of Jews to Christians among the outpatients was as 1 to 3, and at the same time the proportion of cases of syphilis was as 1 to 15. This was, moreover, not the result of a less degree of immorality among the Jews, since nearly one-half of the cases of gonorrhœa occurred in patients of this persuasion.*

The greater immunity of Jews from the various disorders which have been mentioned as consequent upon phimosis, is not however, so real as might appear at first sight. The reason of this is to be sought in the fact that in the operation according to the Jewish ceremonial, no regard is had to the adhesions between the prepuce and the glans, and these are a more fruitful cause of disease than a merely contracted prepuce. Adherent prepuce is, however, less common among Jewish children than among the Gentiles, and this is probably because the operation is done in early infancy before adhesions have formed, or if adhesions are already present the shortened foreskin, by moving more readily backwards and forwards, will tend to break them up. I can only recollect one case of a child circumcised according to the Jewish rite suffering afterwards from adhesions.

The conclusion I have arrived at is that phimosis is a much more common cause of disease than is generally supposed; that, indeed, something like 7 or 8 per cent. of all male children suffer more or less from it. The universal practice of circumcision, as it prevails among the Jews, is, I need hardly say, quite unnecessary and inadvisable from a physiological point of view. The operation indeed would be very much less frequently required than it is if the necessary attention were paid to the child by the nurse in early infancy. It too often happens, however, that either from neglect or a false sense of delicacy, a morbid condition of the parts is allowed to be set up, from which arise the most varied and manifold disorders, of which I have given but a few illustrations.

* *Med. Times and Gazette*, 2/55, p. 492.

A VISIT TO DR. LIÉBEAULT, ON THE 20TH SEPT.,
1867, AT NANCY.

By M. ROTH, M.D.

HAVING for several years frequently heard of the remarkable results obtained in the treatment of disease by suggestion, and having read the most important of recent works on hypnotism, I could not resist the temptation of personally witnessing the manner in which the treatment is practically carried out.

To Dr. Liébeault belongs the credit of having been the first to apply suggestion during artificial sleep to the treatment of disease.* In 1866 he published his book, *Du Sommeil et des Etats Analogues*, wherein he mentioned a number of disorders in which the treatment had proved very successful. Although engaged in a large and lucrative practice according to the old system, he gave it up in order to pursue his hypnotic studies, and during the last twenty years he has attended about 10,000 poor people, from the greater part of whom he received no remuneration; but sacrificing money, time, and labour, he has worked with great enthusiasm in the interest and for the promotion of science.

The Doctor was considered ludicrously unwise, and many of his friends pitied him for pursuing what they believed to be a delusion. The book which I have just named was ridiculed, and did not find many purchasers until a few years ago. Dr. Bernheim, Professor of the Medical Clinique at Nancy, having been present at one of the demonstrations in Strasburg, of Hausen, the well-known Danish mesmeriser, and also at some experiments by Dumont, saw a female patient who had suffered from violent sciatica of the right leg, complicated with considerable atrophy of the limb, who had been cured by Liébeault. It was this case which induced the Professor to call at and to visit the semi-public clinique of Liébeault, who devotes two rooms built in his garden to the treatment of poor patients. He usually begins in the first week in April, and works hard daily

* The idea of "suggestion" originated with Faria, and was applied in practice by Braid, of Manchester, whose system of treatment was termed after him Braidism. Liébeault brought the method to greater perfection.—Bernheim *loc. cit.*—EDS. M. H. R.

from the early morning till mid-day, until towards the middle of October, when he rests and devotes himself more or less to literary pursuits. Owing to the kindness of the Doctor, I have secured some of his autobiographical notes.

Dr. Bernheim's book on the Treatment by Suggestion called the attention of the public to Dr. Liébeault and his book. Now, his merits are appreciated, as well as his philanthropic endeavours to relieve poor people from their pains and ailments. Among the patients whom I saw the first day was a medical student, 26 years old, who had become by degrees, a morphinomaniac, and who could not exist more than a few hours without the hypodermic injection of morphine. The young man had studied in Lyons, and completed his curriculum; he looked very pale and haggard, although he had not had any morphine since he saw Dr. Liébeault the first time. He had daily treatment for one month; used to vomit when first he left off morphine, and when I saw him he told me that he had then no desire for the drug, and assured me that he believed himself to be cured. Besides the suggestion during his sleep, nothing was done for him.

Case II.—Was a boy who had been suffering from chorea and madness. When I saw him he was almost well.

Case III.—A shoemaker who had previously served in the army. He began about three or four years ago to experience the first symptoms of locomotor ataxy. It was his first visit when I was with Dr. Liébeault. He then described his symptoms, adding that notwithstanding his having been repeatedly treated in hospitals, he was gradually getting worse. I saw this patient three times on three consecutive days, when he thought he felt some improvement.

Case IV.—A girl suffering from hæmorrhage.

Case V.—A mother who had suffered from articular rheumatism for a year and a half without having been relieved in the hospital was entirely cured.

Case VI.—The baby of No. 5 had mesenteric disease, and though much improved, the diarrhœa was still uncured. The doctor treated this baby by daily placing his hands on the abdomen for ten minutes, and when I saw it, it was much improved and had gained a little flesh, but there was still a too copious diarrhœa, although

considerably less than before. I heard subsequently, this last symptom ceased after a few days.

Case VII.—A baby suffering from bronchitis had also been treated merely by the imposition of hands on the chest and back, and was much relieved.

Case VIII.—Child with photophobia.

Case IX.—Mother suffering from arthritis.

Case X.—Girl suffering hæmorrhage.

Case XI.—Man æt. 53, suffering from pains in the liver and depression of spirits.

SECOND DAY.

Case I.—Young man with chronic cystitis.

Case II.—Man, 55, depressed spirits, sees everything black, had had many reverses of fortune. He had several times previously been relieved, and was afterwards able to return to his work as an accountant.

Case III.—The medical student with morphinomania tells me he is now able to work, and intends to write his thesis on the treatment by suggestion.

Case IV.—Woman of 50, paralysed arm after an apoplectic attack. With the doctor's permission I taught the patient some movements with slight resistance, to be done by the weakened muscles.

Case V.—The mother with the baby, mentioned before. Being highly clairvoyante, she predicted that her baby would be better in the course of a few days, which, according to a letter I have received from Dr. Liébeault, really happened; for my sake Dr. Liébeault suggested a post hypnotic hallucination, viz.: that she should not be aware or take any notice of the men who were in the room, and that a black sheep should be with her when she was on her way home, but only till she passed a certain bridge. When she awoke from the artificial sleep she was asked to count all the persons in the room, but she left out all the men and counted only the women; when I touched her or spoke to her she neither saw nor heard me. She fed her child with the bottle, using the left hand; I took the bottle away, but she took not the slightest notice of me. I heard how she called a black sheep to follow her, and this last hallucination continued on her way home till she came to the bridge. As soon as Dr. Liébeault suggested that she should see me and the other men present, she saw and heard me immediately, and instantly answered all my

questions. I need not add that she had not the slightest notion of the previous hallucination, or that anything had been suggested to her. The same patient was told to see all the men present dressed in captain's uniforms and all the women having white beards. When she awoke she smiled very much, and very shyly said it was very funny to see the women with such beards and the men in uniform.

Case VI.—The child with thrush was at death's door when Dr. Liébeault first tried the imposition of his hands, one on the head and the other on the abdomen. The mother had no milk when the child was so ill, but at the doctor's suggestion the milk appeared, and continued in sufficient quantities to nurse the child. The child visibly improved.

Case VII.—The shoemaker with locomotor ataxy returned and mentioned that since he had slept the day before at the doctor's, he had felt much better, he had less pain, and in order to show how much he was relieved he made several movements such as bending and stretching the legs, with greater ease and less pain.

Case VIII.—A boy of nine years, who used to bite his nails and suck his tongue, was improved.

Case IX.—In a woman with too frequent catamenia, the interval was prolonged to a period of 23 days.

Case X.—Case of loss of memory, involuntary movements with the tips of the fingers, loss of power in the feet.

Case XI.—Case of paralysis of right arm and hand.

Case XII.—Case of a young woman with pain in head and legs; constant ideas of fear.

There were a few other cases which I did not note, but I observed that Dr. Liébeault tried to impress on the patients while hypnotised the conviction of their soon being cured. For pain he substituted heat. He suggested that from the first day of treatment all symptoms would be better. Those who had no appetite would begin to eat, those who suffered from constipation would be relieved, those who had lost power would regain it, those who had fear would lose it. The depressed would be cheerful, those unable to work would find pleasure in working. To inspire confidence he sometimes said, "I have the power of curing you"; in fact, all that he said

was for the purpose of convincing the patient that he would be better.

The foregoing cases are instances of the great variety of diseases which are brought under Dr. Liébeault's treatment. I might give many more illustrations of suggestions made to excite post-hypnotic hallucinations, which succeeded more or less ; but I will only refer to the case of a girl, aged 16, highly somnambulistic, and who was often consulted by patients, but in my presence she did not guess any of the complaints of a patient who asked her questions regarding himself.

I left Dr. Liébeault, convinced of the many beneficial effects which could be produced by hypnotism in not a few chronic diseases, and I can but encourage every practitioner to study the theory and the practice of the treatment by suggestion, being sure that he will succeed in many cases in which medicinal and other means have failed.

I was not aware till I came to Dr. Liébeault that I myself had unconsciously made use of suggestion without hypnotism in a large number of cases of curvature, and still more in many of paralysis which I have happily been able to improve very considerably, and sometimes even to cure. The majority of these paralytic affections were, during the first period of my medical practice, considered incurable as soon as strychnine in cumulative doses, electricity applied in a most empirical and unscientific manner, and finally when, what was called at that time rubbing, which was also used unscientifically, did not produce the desired effect.

I will conclude this account of my visit with the translation of an interesting auto-biographical sketch, which Dr. Liébeault sent me, at my request.

“ You expressed a wish to know what induced me to occupy myself with the occult science of animal magnetism.

“ Born in the village Favières, in the Department of Meurte et Moselle, I was the twelfth child of my father, who was an agriculturist, but I was destined to study, because my father expressed this wish on his death-bed.

“ The schoolmaster was sufficiently satisfied with me, but I depended on the female part of the family, as my father had not mentioned what kind of studies I should

pursue. My mother, who was very religious, and three of my aunts who were in a convent, decided to make me a priest. I had to learn Latin at a clergyman's, and afterwards I was placed in a little seminary. The change from a life of freedom in the open air to that of a kind of convent life, where I felt that I was constantly directed, watched, educated and preached to, soured my disposition. I submitted to the rule, but my mind was obstinate, and induced me to take the oath of Hannibal. I resolved never to be what they wanted me to be! This was my fixed idea and I kept my word. They also tried to persuade me that my childish struggle was a struggle which had some influence on my studies. I had but one aim, and this was not to be what they wanted me to be. It was my fixed idea for seven years. Finally, I triumphed, and I went to finish my philosophical studies at a college. There I had an excellent Professor, a Doctor of Medicine, who roused in me a taste for the Scotch psychology. I had already a desire for the study of natural sciences. These two sciences induced me to devote myself to medicine, which I did after having obtained the two degrees of Bachelor of Arts and Science, at Strasburg, when I felt myself the happiest of men, and thought of nothing but study.

"One day I was present at a conversation between a student and an assistant Professor of the faculty, the subject of which was the production of nasal hæmorrhage on a *somnambule* at will. This was the first time I ever heard anything of animal magnetism. The two speakers concluded that it was a fraud, a mystification.

"I thought no more of this conversation till some time later, when one of my fellow students and friends, who dined at the same table in our boarding house, returned rather late, excusing himself on the ground that he was examining old books at the Temple Neuf, and that he had bought a book on animal magnetism in which the report of Dr. Husson to the Academy of Medicine was mentioned. This excited my curiosity to such a degree that I requested him to lend me the book for the afternoon, which he did on the condition that I should return it next morning. After having read the book, I had an irresistible desire to judge for myself how much truth there was in the facts related in it. I immediately bought the Manual of Teste, and a few days

later I began to make my experiments. I was so fortunate as to place four persons in a state of somnambulism, and the fifth in a condition closely approaching it. This convinced me that there was something in the nature of this state which was unknown to science. I relinquished my experiments, resolving to resume them as soon as I should have obtained my doctor's degree. As soon as I was settled in the great village which I chose to practise in (1850), I endeavoured to attend an epileptic girl, whose father was a native of my birthplace, and an old friend of my family. This old peasant, who understood human nature well, persuaded me by arguments which I afterwards recognised as the excellent advice of a friend, not to continue my experiments. He said that any one wishing to occupy himself with animal magnetism and similar enquiries, must not only have a bold and independent mind but also a fortune, or at least he must be so far independent as to be indifferent to what people say regarding him, and to be able to disregard ridicule, by which everything is killed in France, if not made invulnerable by an armour which is, at least, gilt. Thus, I abandoned for the time all intention of studying Mesmer's science. But I still constantly thought of it, and never lost the conviction that there was something in it.

“ In 1860 I had a very good practice, of which people could not deprive me, and I had acquired a certain independence of fortune, and at that time, like Sixtus V., I put off the old man, and in all the villages which I visited I began to put to sleep those patients who appeared to me likely subjects. Those that I cured by my method, or who permitted themselves to be put to sleep, did not tell me anything, because I treated them gratis. I had as much practice as I wished, and after four years of this strange method of practising medicine I removed to Nancy, in order to retire from ordinary practice, and to write my book on Sleep and its Analogues, which you, my dear colleague, know. At that time, after having given up a good lucrative practice in order to study animal magnetism in solitude, I was treated as an absurd and crazy man. There were, indeed, several who exhibited their pity for my fate by crocodile tears. This foolish hobby still continues; nothing has ever diverted me from the pursuit of my

studies, neither the failure of my book nor the abandonment of many friends. As long as you are happy you will have many friends, but when surrounded by clouds you will be left alone.

“I worked with great zeal and made use of the spare time which the German invasion gave me to write my *Ebauche de Psychologie*. You know the rest, dear colleague. Many regard me as a madman, and I congratulate myself that as you preceded me in the career of true science, you are an older madman than I am!”

PROVINGS OF COCAINE.

BY PERCY WILDE, M.D., Bath.

IN the *Medical Annual*, 1887, I published a collection of the symptoms produced by *cocaine*, and I have since been able to add to and verify these from the very numerous cases of poisoning which have since been recorded. To those who know how to turn such symptoms to practical account, this collection may be useful.

We have in this drug an agent which profoundly affects both the sensory and motor nervous system. Its primary stimulant effects are rapidly followed by the secondary depressive action, and, as is usual with such agents, the depressive action takes place more rapidly in the sensory nerves than the motor. If we aim at maintaining its stimulant effects it is necessary to give it in very minute doses, the third decimal dilution answering well for the purpose except in sensitive subjects, when it is necessary to use a higher attenuation. For its effects on the motor nerves it will be found necessary to use a lower attenuation.

Its action upon the muscular fibre of the heart points to its probable value in fatty degeneration of this organ, not only as a remedy for the symptoms which its action resembles very markedly, but as a curative agent. It should be also useful in some cases of angina.

Its symptoms also point to its value both in organic and functional diseases of the nervous system. In the migraine of anæmic girls—which are rather “nervous sick-headaches” than the true migraine we find in persons of a gouty history—it is a very useful agent, and it should also prove of value in many of the manifestations of hysteria, neurasthenia and spinal neuralgia. Its actual

destructive action upon the ganglionic cells of the spinal cord would give the impression that it may be useful in the early stage of locomotor ataxy and some forms of paralysis.

The action of the drug is somewhat unique and well deserves a place in our *Materia Medica*.

Mouth and Throat.—Intense salivation following local application in several cases. Dryness of mouth and throat after internal administration. (Nikolai Unkovsky, *Vratch* No. 4, 1888.) Loss of power in the tongue. (Mayerhaussen). Locally applied to throat produces spasm of abductor muscles. (Dr. H. Hall). Weakness and thickness of the voice frequently mentioned.

Nervous System.—Giddiness is a primary symptom in all cases; restlessness and vertigo and supra-orbital headache sometimes accompany; this is followed by excitement, which may pass into unconsciousness. Patients could not be aroused by shouting. (Dr. F. Schilling.) Only in a few cases, hallucination or mania resulted; in others there was the semi-consciousness of cerebral anæmia. In Dr. Bock's case the patient lay as one asleep, talking as if in delirium. Immediate sleep followed a dose of 22 grains. (Von Ploss.) Agonising pain along the spine (especially in lumbar region). Complete inability to move the limbs. Twitching and convulsive movements of muscles. Tetanic spasm of muscle. (Unkovsky.) Experiments on dogs by Zanchevski. Great weakness of legs, the animal remained in a sitting posture. *Post mortem* examination in cases of chronic poisoning showed albumenoid degeneration, especially marked in the *ganglionic cells of spinal cord and cardiac ganglia*, and less marked in the ganglionic cells of the medulla oblongata. There was also fatty degeneration of the muscular tissue.

Eyes.—Sensibility of conjunctiva absent after internal use only. (Dr. F. Schilling.) Pupil normal, veins of retina normal, arteries rather thinner and paler than usual. Papilla of optic nerve of normal fulness. (Dr. G. Bock.) Local application to eyes produce two classes of lesions. In the first, the changes chiefly affect the epithelial layer, and consist in vesication and desquamation; in the second, there is opacity of the true corneal substance. Some experiments made by Würdinger, *Klin. Monat. für Augenheilk.* April, 1886,

seem to prove that the superficial lesions are due to the dryness of the cornea which follows the use of *cocaine*—a dryness which is caused in part by the conjunctival anæmia, and probably in part by the increased evaporation from the surface, produced by the wide opening of the palpebral fissure and the absence of the natural blinking movements. Experimenting upon rabbits, Würdinger found that if the eyelids were kept closed between the instillations of the *cocaine*, no changes took place in the appearance of the cornea; but that if the eye remained open, and a five per cent. solution were dropped upon the cornea at intervals of four minutes, after twenty or twenty-five minutes the whole surface presented a fine roughness, and the epithelium desquamated in places. The commencement of these changes could be seen three or four minutes after the first application, and their increase could be prevented by keeping the cornea constantly wetted with distilled water. It seemed clear, therefore, that the epithelial changes were due to the dryness of the corneal surface. Internal administration frequently produces dilatation of pupils and almost complete amaurosis.

Stomach and Liver.—Tendency to vomit, but efforts useless, only the movements of retching are produced. (Dr. Bresgen.) Recurring vomiting, lasting two or three days. (Dr. L. E. Bellarminoff.) Cramp in the stomach. Atrophy of the hepatic cells observed in dogs after chronic poisoning. (Zanchevski.) Severe abdominal pains after a very large dose. (Von Ploss.)

Skin.—A rash about the body, especially affecting the neck, and resembling scarlatina. (J. L. Callaghan.) Sweating. (Dr. L. E. Bellarminoff and others.) Numbness of skin when locally applied. Blanching of the skin. (Unkovsky.) Coldness of extremities frequently observed.

Respiration.—This was unaffected in some cases although cyanosis is recorded. Paroxysmal dyspnoea is reported by Unkovsky, which was probably cardiac. In animals there was increased frequency of the respiration, which lasted only a quarter of an hour (during the acceleration of the cardiac beats). Two hours after ten grains had been taken hypodermically by a drunken man, the respirations were only 9 a minute and stertorous (Spear). Convulsive respirations after a dose of one

grain. (Ramsden Wood). Breathing irregular, very hurried, but deep and full, after $\frac{1}{4}$ grain (H. C. Wood).

Circulation.—There is first excitement of the heart, quickly followed by weak action, often intermittent palpitation and faintness and dyspnœa. *Post mortem* examination of animals slowly poisoned shows albumenoid degeneration of the cardiac ganglia. There was also cellular proliferation and hyaline degeneration of the coats of the blood vessels in the spinal cord.

Urine.—Suppression of urine for 24 hours followed a dose of 22 grains (Von Ploss).

TWO SURGICAL CASES.

By J. D. HAYWARD, M.D., Lond.

Surgeon to the Hahnemann Hospital, Liverpool.

There will, of course, be a systematic report of the more or less surgical cases treated at the Hahnemann Hospital, and a comparison of the influence of drugs used homœopathically in such cases; but the two most recent operations, of any importance, present some points which may interest the readers of the *Review*. It may be remarked, that, as the hospital presents every convenience for the treatment of any case (not infectious) that can come before the general practitioner, and as the medical staff possess free admission forms to beds for suitable cases, in addition to some which Mr. Tate has generously placed at their disposal, it would be most advantageous to a fair test of the value of homœopathy, in hospital cases, if practitioners of our system all over Great Britain would consider the advisability of sending us cases, which may occur in their practice, in which they may consider homœopathic treatment or surgical operation advisable. Of course I only refer to cases where it would be a less distance or more convenient to send such cases to us than to our admirable London Homœopathic Hospital. Country practitioners of the predominant school send large numbers of patients to metropolitan hospitals, and I trust our scattered fraternity will, in a similar manner, interest themselves in our hospitals.*

* We heartily endorse this sentiment, and are glad to have this opportunity of emphasizing its importance. It is the duty of every practitioner of homœopathy, whenever a suitable case for a hospital comes

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Cases so sent shall receive every attention, and I shall be pleased to report their progress and to answer any enquiry on the subject addressed to me. We have also private wards and beds for special cases, or where for small payments patients can have special nursing and treatment, such as may be quite impossible at home. Admirable nurses, specially trained at the hospital, are also available for outside nursing.

Tumour of Back.

Dr. R., aged 32, an American physician travelling in Europe, after attending the practice of the hospital on two or three occasions, requested an opinion upon a tumour of his back. A dark-coloured, fungating tumour was found in the left dorsal scapular region. The growth was congested and bled readily; it was the size of a good-sized Seville orange. It was somewhat pedunculated and moved freely on the dorsal muscles. A small cavity discharged blood-stained fluid. The doctor has had a small growth in the back for more than fifteen years; it increased very slowly until about three months ago, when it began to grow rapidly and to inflame, ulcerate and bleed. He was advised to allow its removal by a London surgeon, but refused; its rapid growth has now caused him to determine on the operation. The growth has become painful lately; it is just in the way to interfere with lying on the back; it prevents the use of suspenders and gives him a humped-back appearance. There is a deep groove in the skin between the tumour and the spine. The tumour is round, smooth, implicates the skin by pressure only, firm and not fluctuating. The diagnosis is of a fibrosarcoma, developed by irritation in a previously innocent fibrous growth; its immediate removal was determined upon.

On August 2nd, 1888, the tumour was removed by two elliptical incisions. The patient absolutely refused an anæsthetic.

under his care, to think first of a *homœopathic* hospital. The result will be to his own advantage and to that of the patient also—not to speak of the advantage to the cause of homœopathy that every well treated, well nursed, well recorded case in a public institution must be. It is the part of a medical man to supply, not funds, but patients—*suitable* cases—to our hospitals.—[EDS. *M.H.R.*]

Cocaine hydrochlorate, m xxx. 5 per cent. solution, was injected in four places, but evidently only partly prevented pain; the doctor calmly smoked a cigar during the proceedings, he made various suggestions as to the operation and to indifferent subjects and altogether exhibited a Spartan spirit. Free bleeding occurred and several large arteries required ligature.

The patient was none the worse for the operation; a large portion of the wound healed by first intention.

Temperature only once rose to 99.4, and in a week he went to Wales for a few days' rest previous to his return voyage to the States.

Microscopically the growth presented small spindle cells with some round granular cells.

Strangulated hernia: operation: recovery.

Margaret Davies, aged 52; cook; married; one child; was admitted, under Dr. Mahony, at 1 p.m. on Friday, August 10th. Patient was sent by Dr. L. E. Williams, to whose prompt diagnosis and advice she owes her life.

Twenty years ago the patient ruptured herself in the right inguinal region by lifting a heavy weight. For this rupture she has ever since used a truss, but recently this has failed, the hernia coming down behind the truss, whenever she coughed or exerted herself. About six months ago she noticed a swelling in the left groin; this remained the size of a walnut and gave no trouble, until the 7th of August, 1888, when, while following her occupation, she was seized, without apparent cause, with violent twisting burning pain in the umbilical region, which "doubled her up" on the floor and made her feel faint; she "could not straighten herself." Vomiting soon set in and she was taken home in a conveyance and put to bed. The pain increased and vomiting has been almost constant up to time of admission—72 hours. Bowels moved last on morning of 7th.

On the morning of the 8th she was visited by Dr. Williams, who attempted reduction, applied an ice-bag and administered *nx. vm.*, after which the vomiting ceased for a few hours. Dr. Williams reports: "The large inguinal hernia on the right side is easily reducible, but was very painful yesterday and somewhat so to-day.

There is a small swelling in the left groin, painful and hard, with some impulse on coughing.

“August 9th. Patient still vomiting constantly; lump in left groin larger and softer, still tender, and now with no impulse on coughing.”

On the morning of the 10th the patient was still vomiting large quantities of fluid, at first bilious, now feculent. Tongue dry and brown; some prostration. There is a strangulated femoral hernia on the left side.

Patient was admitted to hospital, and at 3.30 p.m. *chloroform* was administered, and the taxis having failed, herniotomy was performed. The operation was somewhat tedious and difficult, owing to the small knuckle of strangulated bowel being enveloped in an omental sac. It was necessary to open the peritoneum and to divide the mass of omentum before the intestine was reached. A small knuckle of dark small intestine was found, tightly nipped and intensely congested. The intestine was not gangrenous, nor had it lost its lustre; but it appeared seriously damaged, and the propriety of its reduction was considered, for, as one of the staff remarked, it looked like a piece of coal. It was necessary to cut rather deeply at the neck of the hernia before reduction was possible. Some healthy bowel was first pulled down; the mark of constriction on the bowel was very evident, and the line between injured and healthy bowel very defined. The omentum was ligatured with cat-gut in three places and cut off.

The prognosis was considered very bad, but the patient never had a troublesome symptom after the operation. No vomiting occurred afterwards; flatus passed freely after the 2nd day. The tongue cleaned after the 5th day. Patient was cheerful, slept well, had no pain, took milk, tea, and beef-tea, with relish. Eggs were allowed on the 8th day, and arrowroot and bread on the 12th. Temperature only once rose to 99.6°, but several times fell to nearly 97°. *Arnica* was given for the first three days. She sat up on August 25th. A gruel enema was given on the 27th, and brought away a few scybala. On the 28th—18th day after operation—she had a copious loosish formed motion. She was fitted with a double truss and left hospital well.

REVIEWS.

Les Maladies de l'enfance; Description et Traitement Homœopathique. Par le Dr. MARC JOUSSET. Paris: Baillière et Fils. 1888.

THE author of this convenient manual had no intention to write an exhaustive treatise on the diseases of childhood. His object was to give a clear and concise description of diseases as met with in children, so as to render them easily recognisable by the practitioner, and still more, so as to make it plain to what class of cases his therapeutic instructions refer. He may fairly be congratulated upon the success he has achieved in carrying out this object. In most cases the descriptions leave nothing to be desired. The careful division of many of the maladies into different stages or different varieties, if occasionally a little artificial, is certainly useful, and tends greatly to the conciseness of the account. In some of the diseases the author enters into greater detail than in others. This is the case for instance in the chapter on diphtheria, in which subject Dr. Marc Jousset is apparently specially interested, for he has previously written a *brochure* upon the treatment of it. His description of the symptoms of this formidable malady is in the graphic style to which the French language so well adapts itself, and is very pleasant reading. But the sections on therapeutics form the *raison d'être* of the book, and we think they fully justify its existence. Its appearance will be welcomed by many who study carefully their cases and wish to give their patients the advantage of good homœopathic treatment. As the treatment is of prime importance, a second edition will probably see more attention paid to defining the sphere of each remedy suggested. This is necessary; for instance, the only indication for *rhus* in acute rheumatism is "aggravation of the pains at night." It is only fair to the author to remember that when he recommends *aconite* ϕ in this affection, he explains in the introduction that it should be given at the rate of one drop daily for each year. A dilution would answer the purpose equally well and with less risk of mistake or injury. Unfortunately every practitioner probably has his "favourite remedies," but allowing for this, we miss here and there a well recognised medicine, *e.g.*, *merc. cor.* in traumatic peritonitis, and *lycopodium* in pneumonia.

Dr. Jousset wisely adds to his list of drug remedies any auxiliary therapeutic agents of proved value in curing disease or adding to the comfort of the patient. He shows judgment in his selection of these, and we are glad to have his opinion that in diphtheria internal medication will do all that can be done (apart from mechanical obstruction) and his declaration

against the persistent use of disagreeable and painful local antiseptic applications will, we hope, save our little friends many a needless tear.

For the obstruction caused by the accumulation of false membrane tracheotomy is recommended, and an excellent detailed description of the operation is given. This might have been omitted as being familiar to every well educated medical man or obtainable in any ordinary text-book. The space would be more usefully devoted to homœopathic therapeutics. The author, like so many others, regards croup and diphtheria as the same malady.

We are sure the valuable information in this book, based on the writer's own experience, and on a judicious selection from older authors, will make it of real service to the busy practitioner.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the world. Edited by C. E. SAJOUS, M.D., and seventy Associate editors, assisted by two hundred corresponding editors, collaborators and correspondents. Illustrated with chromolithographs, engravings and maps. Five volumes. Philadelphia and London: F. A. Davis. 1888.

This very comprehensive title page is entirely justified by the contents of the remarkable work it defines. In these five volumes we have brought together all contributions of importance made during 1887 in every part of the world, towards the elucidation of each form of disease and injury, and to that of each of the sciences upon which our knowledge of health and disease is based. The evidence it gives of the amount and variety of effort which is being made in Europe and America to perfect professional knowledge is great indeed. The labour which the collection and arrangement of all this work has involved must have been as immense as the result is invaluable. Here the student or practitioner of medicine, surgery and dentistry can at once make himself familiar with the latest observation concerning any department of medical and surgical science and art. It is indeed an encyclopædia of medical and surgical researches during 1887. It is a work, moreover, which every member of the profession who desires to keep himself *au courant* with the progress of his art, should possess, one to which he will often refer with advantage in the presence of an obscure or difficult case. The latest conclusions of the most zealous of hospital and laboratory workers are here placed at his disposal.

The selections have been entrusted to men, each and

all of whom have achieved reputation in that department of professional enquiry they have surveyed.

The whole five volumes are admirably presented, the type, paper, and binding being of the best, while the chromolithographs, engravings and maps are for the most part excellent. A singularly well arranged index, extending over 50 pages, concludes the fifth volume. "Divided into three columns, each has its own separate object. The first is the general index; the second, a ready reference list, in which the practitioner can see at a glance, and in time of need, what therapeutical suggestions of practical value may have been made during the year in the treatment of any particular disease. In the third column is a general list of all the authors quoted throughout the entire work, so grouped as to enable the investigator to find at once all allusions made to any subject he may be studying." We can only hope that the commercial success of so important and valuable an enterprise may be such as to reward the publishers for the heavy risks that they must have incurred. We would urge everyone of our medical brethren to add this most useful "annual" to his library, feeling assured that each will, without exception, feel the pleasure and advantage of its possession and thoughtful study.

MEETINGS OF SOCIETIES.

MEETING OF THE WESTERN COUNTIES THERAPEUTICAL SOCIETY AT PLYMOUTH.

A MEETING of the above Society was held at Plymouth, on Wednesday, October 10th, there being present, Drs. E. Williams, Morgan and Nicholson (Clifton), Dr. Cash (Torquay), and Drs. Reed, Alexander and Vaudrey (Plymouth).

In the morning, Dr. Alexander gave a demonstration of the electric snare in its application to nasal and aural polypi. In the afternoon, the weather being most favourable, some of the visitors made a trip to Mount Edgumbe, a place of interest well worth a visit. Subsequently the Society met at the homoeopathic dispensary, and the following cases were exhibited for comment and suggestion as to treatment.

Grocers' Itch.

This was a case of four years' duration in a ticket collector, exhibited by Dr. Alexander. Local applications had been tried without benefit. *Rhus.* did no good, but under *borista* great improvement took place. Latterly, the disease has remained stationary, and suggestions were invited for further treatment. There was a consensus of opinion that *graphites* 12 should be employed.

Chronic Enlargement of Tonsils.

This case was exhibited by Dr. Cash Reed as showing the advantage of early excision.

Unusual Patency of Fontanelle.

This condition was pointed out by Dr. Cash Reed as one of the phenomena of rickets in a child five months of age.

Epithelioma of Hard Palate.

This condition was pointed out by Dr. Vaudrey. The patient was a woman aged forty-five, and her maternal aunt had died of cancer of the mouth. The growth was spreading rapidly, the neighbouring glands were involved, and there was distinct cachexia. An operation was not advised.

Bright's Disease.

This was very interesting as showing the superiority of specific as compared with conventional treatment. The patient, a woman aged forty-five, had been treated by various physicians without benefit. The legs and thighs were cedematous, the eyelids tumid, and the urine contained one-fourth albumen. There was no heart disease. In this condition she came under Dr. Alexander's care, and she was treated with *ars. 8x* and *ferrum ac. 2x* with so much advantage that in a few weeks every symptom had disappeared excepting the albuminuria. It was suggested that *plumbum* should be next given.

Stricture of Œsophagus.

The patient, a man aged fifty-eight, was shown by Dr. Vaudrey. He could swallow liquids, but solids would not pass without an effort. The stoppage was referred to a point opposite the cricoid cartilage. The only thing that seemed to relieve the dysphagia was *conium φ* in two-drop doses, but how or why it should do so was not very clear.

Injury to Head.

The patient, a young man, aged 19, fell from a scaffold, striking the right side of the head. When he came under Dr. Alexander's observation, he was drowsy, despondent, apathetic, complained of headache, and the pupils were contracted. After trying *arnica* and other remedies without result, Dr. Alexander gave *opium 6*, and improvement at once followed.

Typhoid Fever.

Dr. Alexander exhibited a chart showing how the temperature is reduced and the disease is "truncated," as it were, by *baptisia*.

Dr. Cash Reed then read a paper on *Uterine Hæmorrhage*. Dr. Reed had been dissatisfied with the results of internal medication. He considered that local measures were generally useful and in some cases indispensable. He thought that the

essence of the latter consisted in giving *mechanical support* to the uterus, and for this purpose he had found a tampon of cotton-wool soaked in glycerine more effectual than pessaries. Dr. Reed read notes of cases which illustrated and confirmed his observations.

In the discussion which followed, Dr. Alexander pointed out that the glycerine was an important factor in the benefit resulting from the tampon. By its hygroscopic property it greatly reduced uterine congestion and so arrested hæmorrhage. He found *china* useful. Dr. Morgan used *secale* with success.

Dr Cash* then read some notes on cases of *Uterine Hæmorrhage*. He commenced by alluding to the scepticism which prevails amongst the old school as to the value of medicines in this condition, and proceeded to express his reliance upon such remedies as *secale*, *sabina*, *ipecac.*, *trillium*, *crocus*, *viburnum* and others.

Hæmorrhage was only a symptom, but it was a very important one, and sometimes practically constituted the disease to be treated. He read notes of cases which had been relieved by vaginal injections of *hydrastis*, *hamamelis* and *calenlula*. If cases did not yield to medicine, a vaginal examination was always necessary. He preferred Fergusson's speculum. Where the hæmorrhage was due to polypus the latter must, of course, be removed. In lacerated cervix, injections of *hamamelis* were most serviceable. He had found *china* 2x and *secale* 8x useful. In sub-involution a vicious circle was established. *Iron* is not tolerated in such cases, but Dr. Cash had found good results from *hydrastin mur.* 1x and *actæa racemosa*. In "missed abortion" he had found internal medication by *sabina*, *secale* and *viburnum* quite adequate. In cancer he advised injections of *soluble phenyle* (Morris and Little), and they should be hot. In cases of climacteric hæmorrhage search should be made for polypus or fibroid tumour.

In the discussion which followed, Dr. Alexander could not place the same reliance upon medicines as the reader of the paper. Dr. Nicholson found *hydrastis* useful in menorrhagia. He also insisted on the necessity of making a vaginal exploration. The value or otherwise of Apostoli's treatment was not discussed.

After Dr. Cash had replied, some formal business was transacted, and the meeting terminated.

* We regret not having space this month for Dr. Cash's important paper, but hope to insert it in our next number.—[Eds. *M.H.R.*]

NOTABILIA.

PRESENTATION TO DR. ABBOTT, OF WIGAN.

THE *Wigan Observer* of the 12th ult. gives a lengthy report—one extending over four columns and a half—of a most interesting meeting held in the Reading Room of the Public Hall, at which Dr. Abbott, who is obliged to leave Wigan on account of ill-health to reside in a warmer climate, was presented by his patients and friends with an illuminated address, a handsome marble time-piece with two side ornaments to match, while to himself and Mrs. Abbott were given an electro-plate tea urn. The chair was taken by the Rev. Canon Fergie, who was supported by a crowded audience.

The following resolution—"That the adherents of homœopathy and the other friends of Dr. Abbott have heard with great regret that the state of his health renders it imperatively necessary that he should leave Wigan for a more genial climate, and that the chairman be requested to present to him, on behalf of the subscribers, an address expressive of their esteem for him personally, and appreciation of his valuable professional services; together with a tea urn, clock, and accompanying ornaments."—was proposed by Mr. R. Lea, seconded by Mr. G. Williams, and supported by the Rev. E. Franks, Mr. Councillor Holmes, Mr. Clark, Mr. S. Taylor, Mr. Cripps and Dr. Hawkes, of Liverpool, in speeches testifying most enthusiastically to the esteem in which Dr. Abbott was held in Wigan both professionally and personally. In making the presentation the Rev. Canon Fergie dwelt upon the opposition homœopathy had had and still has to encounter from bigotry, ignorance and prejudice, and eloquently urged the testing of homœopathy as the only means by which a real opinion of its merits could be formed. He spoke of the difficulties Dr. Abbott had met with in Wigan, and rejoiced in them because they had shown that he had a backbone, that he possessed a fixedness of purpose which rendered his success certain anywhere. He referred to his professional abilities as being of a high order, and to the deep regret which was felt among all classes in Wigan at his removal. The address was as follows:—

"Dear Sir,—The adherents of homœopathy, as well as your many other friends in Wigan, have heard with deep regret of your intention to take up your residence in the south of England. Your departure will be a loss to the community at large, and especially to the poor, by whom your services have been highly appreciated. By your energy, perseverance and professional skill you have rendered great and conspicuous service to the cause of homœopathy, the number of adherents

in Wigan having increased a hundredfold since you came amongst us as a medical practitioner. We beg your acceptance of the accompanying tea urn, clock, and ornaments as a small token of friendly regard and in grateful appreciation of your able and skilful services. Trusting that in your new sphere of labour your energy and ability may meet with the success they so eminently deserve, we are, dear sir, on behalf of the subscribers, yours sincerely, Thos. F. Fergie, Hon. Canon of Liverpool, chairman; Charles B. Holmes, treasurer; Richard Lea, J.P., secretary. Wigan, December 7th, 1888." After reading the Rev. Canon concluded by saying: "I have great pleasure, Dr. Abbott, in asking your kind acceptance of these elegant ornaments, I trust as useful as elegant, with every expression of good will, personally as a friend, and of high appreciation of your efficient services as a medical practitioner." (Loud applause.)

Dr. Abbott acknowledged in very feeling terms the deep sense he entertained of the kindness of his friends, both then and during the twelve years he had resided in Wigan. He deplored the necessity which the state of his health imposed upon him of leaving the neighbourhood, and then introduced his successor, Dr. Adie, to his friends. Speaking of his position as a medical representative of homœopathy, he said:—

"I have been accused of occupying a somewhat isolated and retiring position, but this has been only in a professional sense—a condition not of my own seeking, but forced upon me by the ostracism and hostile attitude of a so-called liberal profession. There are, however, some few exceptions in the town (and I am glad to see them here this evening), men who, though holding views alien to mine in matters of therapeutics, and who belong to a different school of thought, are sufficiently generous and brave to throw aside the narrow-minded and jaundiced bigotry which characterises the dominant school generally, and who have cheerfully recognised me as a friend and colleague, not only in their own homes but also at the bedside. (Applause.) Personally, I cannot conceive upon what hypothesis one man should ignore another, simply because they hold divergent opinions upon matters of detail with regard to the treatment of the sick—(hear, hear)—and whatever the orthodox opinion of homœopathy may be, we are on many grounds entitled to that consideration and courtesy which one gentleman owes to another."

Dr. Abbott then expatiated on the opposition which all great truths had had to encounter in the past, on the importance of homœopathy, our indebtedness to Hahnemann, and the obligation we were therefore under to stand fast by our principles. "No amount of ostracism, persecution, or cold-

shoulderism," he said, "will make us sacrifice one tenet or one principle because those principles are distasteful to a certain clique. No desire have I to become popular if that popularity is to be purchased by forsaking my faith in name or practice; no regard have I for going with the stream, and no fears of being deemed wanting in honesty of purpose, shall influence me in favour of that medical empiricism which is not only a stain upon the nineteenth century civilisation, but destructive to the best interests of humanity." He next alluded to the increasing adoption of bits of practice derived from homœopathy, to the want of faith in allopathic practice exhibited by many of the most experienced physicians of the past and present day, and to the *Odium Medicum* controversy as showing that the cause of homœopathy was essentially that of freedom of opinion. "If there could not," he said, "be such a thing as uniformity of opinion, let there at least be brotherly love." After again thanking his many friends for their kindness, Dr. Abbott sat down, and the Rev. Canon Fergie introduced Dr. Adie to the meeting, which was concluded by votes of thanks to the chairman and those who had taken a part in the work of getting up the testimonial.

While congratulating Dr. Abbott on being the recipient of so enthusiastic an ovation, we must express our regret that the limits of our space prevent our reproducing the whole of his most excellent speech—one of the very best of the kind we ever had the pleasure of reading.

THE MELBOURNE HOMŒOPATHIC HOSPITAL.

THE twentieth annual report of this institution shows unmistakable evidence of the rapid growth of homœopathy in the appreciation of the Melbourne public. The financial statement is satisfactory, for while the expenditure of the hospital has increased owing to the severe epidemic of typhoid, the committee has been able to reduce its bank overdraft by £468.

During the year the in-patients numbered 567, those in the dispensary department 1,955, while the visits to out-patients amounted to 6,452.

Some generous, public-spirited citizen of Melbourne, who insists on remaining anonymous, has offered to defray the cost of erecting and furnishing the south wing of the hospital.

A ball, held in aid of the building fund, was eminently successful, and after the payment of all expenses connected with it, realised £120 13s. 4d. for the benefit of the hospital.

The following paragraph describes an excellent and very useful departure:—

"During the year a complete course of lectures was delivered by Drs. Maffey, Ray, and Seelenmeyer to the pupil nurses who were under training in the institution, and, after due deliberation, it was determined that the lady relatives of subscribers and their friends should also be invited to attend, in consequence of which the lectures became very popular; the large board-room of the hospital was frequently crowded to excess—the attendance testifying to the appreciation of the lectures. Thus much information on nursing was imparted to the outside public, which, it is hoped, will prove both useful and beneficial."

In concluding their report the Board say that, during the year which it traverses, they believe the hospital has made great strides in public favour, and year by year the good which it is doing in this community, and in all parts of the colony, is becoming more widely known and appreciated.

MR. JOHN BRIGHT, M.P.

THE universal interest which the serious illness of this distinguished member of Parliament has excited is to us increased by the fact that during the whole of it he has been under homœopathic treatment. Mr. Bright, as is now generally known, is suffering from diabetes, together with chronic disease of the kidneys, a condition which is ordinarily fatal through inter-current attacks of pneumonia, pulmonary congestion, or bronchitis, such as he suffered from some months ago, and has again passed through more recently. It is eminently satisfactory to know that through the use of homœopathically-selected medicines and good nursing he has been so far able to surmount such serious complications. Dr. T. H. Hayle has been in constant attendance upon him, and has had the advantage of frequent consultations with Dr. Drysdale, of Liverpool. The latest report we have from Dr. Hayle is that, in spite of a slight relapse a few days ago, in which symptoms appeared indicating threatened uræmia, Mr. Bright's general condition is better; the pulmonary disorder is subsiding and the diabetes is improved.

THE PHARMACEUTICAL SOCIETY.

MR. W. F. BUTCHER, the eldest son of Mr. Butcher, homœopathic chemist, of Regent Street and Blackheath, passed the Major Examination of the Pharmaceutical Society during last month, and is therefore a pharmaceutical chemist. He will, we understand, have the management of his father's London business.

OBITUARY.

JOHN HICKS NANKIVELL, Esq.

It is with deep regret that we announce the death of this most estimable member of our profession, which occurred on the 12th ult., while visiting a friend in the neighbourhood of Portsmouth, after a few hours' illness, as the result of cardiac failure.

Mr. Nankivell, after passing through the usual apprenticeship to a surgeon in Cornwall, and subsequently the medical curriculum at Guy's and St. Thomas's Hospitals, was admitted a member of the College of Surgeons and a licentiate of the Society of Apothecaries in 1838. He shortly afterwards entered on general practice in a small town in Cornwall, where he resided until his removal to Penzance in 1859. It was in this year that his attention was first drawn to homœopathy, a subject that he had hitherto regarded with good-natured contempt. During March, 1859, one of his patients, who had derived great benefit from homœopathic treatment, begged him to try the method of Hahnemann, saying: "If you do not give it a trial, you never can know whether it is true or false. As yet you have believed it to be a fallacy, because many people say that it is so. On the other hand, many distinguished physicians receive it and embrace it as a great truth; and so it may be true after all." Mr. Nankivell at once accepted the challenge, and proceeded to give to the principle of *similars* a clinical test. His first cases were recorded in the November number of this *Review* for 1859. Much struck by the relief afforded by homœopathically-selected medicines, he pursued his enquiries with the zeal of a man thoroughly in earnest in his search after truth, and anxious above all things to do the utmost within his power to relieve disease.

In Penzance he soon acquired a *clientèle*, and established a Dispensary in which he took a very warm interest. In 1867, he removed to York, where he continued to reside until his retirement from practice a few years ago, in consequence of ill-health arising from heart disease. During his retirement he has lived chiefly at Penzance and in the neighbourhood of Exeter, and has diverted himself by paying visits to his sons and other friends.

Mr. Nankivell was not only a very competent practitioner and thorough homœopathist, but a gentleman of well cultivated literary and scientific tastes. In philology, archæology, botany and horticulture, he was thoroughly well read, and, in the study of these departments of knowledge, he took the deepest interest. To *The British Journal of Homœopathy* as well as to this *Review* he has contributed many interesting and useful papers, chiefly of a clinical character.

A more refined, genial, kind-hearted or thoroughly Christian gentleman than Mr. Nankivell was it would be difficult to meet with. During the early years of his connection with homœopathy, his residence in Cornwall prevented his being known to many of us, while it is so long since he retired from practice that comparatively few will probably remember him. Those, however, who had the pleasure of meeting him cannot fail to recollect him as one to know whom was a real pleasure.

Mr. Nankivell was a widower, his wife having died during his residence in York. Of his four sons three are members of the medical profession. Dr. Herbert Nankivell, of Bournemouth, Dr. Frank Nankivell, of Sydenham, and a third is practising in Natal. A fourth son is a commander in the Royal Navy.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. COOPER, Dr. BURNETT, Dr. GOLDSBROUGH, Dr. MORRISON, Dr. BUCK, Dr. E. BLAKE (London); Dr. CLIFTON (Northampton).

BOOKS RECEIVED.

Headache and its Materia Medica. By B. F. Underwood, M.D. New York: A. L. Chatterton & Co. 1889.—*The Treatment of Cystic Goitre.* By T. Mark Hovell, F.R.C.S. London: J. F. Churchill. 1888.—*Visiting List and Repertory.* R. Faulkner, M.D. New York and Philadelphia: Boericke & Tafel.—*Visiting List, 1889.* Boston: Otis Clapp.—*Fletcher's Calendar for 1889.* Warrington and London.—*The Homœopathic World.* December. London.—*The Hospital Gazette and Student's Journal.* December. London.—*The Chemist and Druggist.* December. London.—*Burgoyne's Journal of Pharmacy.* December. London.—*The North American Journal of Homœopathy.* November. New York.—*The Medical Record.* November and December. New York.—*The Chironian.* November. New York.—*The Medical Times.* December. New York.—*Monthly Magazine of Pharmacy.* December. London.—*The Homœopathic Recorder.* November. Philadelphia.—*The Medical and Surgical Reporter.* November. Philadelphia.—*The Haehnemannian Monthly.* December. Philadelphia.—*The Clinique.* November. Chicago.—*The Medical Advancer.* November. Chicago.—*Transactions of the Homœopathic Medical Society.* 1888. Michigan.—*The Southern Journal of Homœopathy.* October, 1888. New Orleans.—*The Misrepresentation of Homœopathy.* By T. Nichol, M.D., &c. Montreal. Drysdale & Co. 1888.—*Recue Homœopathique Belge.* September. Brussels.—*Bibliothèque Homœopathique.* November. Paris.—*Allgemeine Homœopathische Zeitung.* December. Leipsic.—*Populäre Zeitschrift für Homœopathie.* December. Leipsic.—*Zeitschrift für Homœopathische Thierheilkunde.* December. Leipzig.—*El Criterio Medico.* Madrid.—*La Reforma Medica.* Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

ON DIPHTHERIA.

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

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SEEMING that we have had, for some months past, an epidemic of diphtheria raging in the metropolis, it has occurred to me that it would perhaps not be unprofitable if we devote this evening to a discussion of that disease, restricting ourselves, so far as is possible, to the most practical aspects of the subject. We have had admirable papers read before this Society by our late President Dr. Hughes, by Dr. Goldsbrough, and more recently by Dr. Neild, of Tunbridge Wells, in the last of which we have a very fair *résumé* of the present state of our knowledge on the subject of what may be called the natural history of diphtheria; a *résumé* to which very little remains to be added after a lapse of two years. Taking it for granted, therefore, that we are all familiar with the little that is known as to the ætiology of diphtheria, and that all have had more or less ample opportunities of studying its symptomatology, I would suggest that we devote our-

* These notes formed the opening of a discussion upon Diphtheria which took place at the January meeting of the British Homœopathic Society.

selves to-night to a consideration of the following practical points:—

1. The question of isolation.
2. Duration of convalescence.
3. Treatment, constitutional and local.

4. Treatment of sequelæ:—merely bearing in mind the following rough definition:—“Diphtheria is a disease in which there is a direct infection by the immediate action of the contagium with the epithelium of a mucous membrane whence the disease spreads, and in a variable time becomes a general infective or systemic disease,”

1. The question of isolation.

As to the necessity for isolating a patient in whom diphtheria is fully developed there is now, happily, little difference of opinion. Though it is still true that “there is more danger of infection in the case of those who are brought into close contact with the patient, or have the morbid products coughed out upon them,” the results of careful observations during recent epidemics point distinctly to the fact that the contagion is neither wholly nor even principally confined to the peculiar deposit which forms upon the throat and other parts, but that there is an infective stage which precedes the appearance of deposit, and remains behind during the stage of convalescence after all signs of false membrane have vanished. There can be little question that the poison in both instances is present in the breath, and probably in other exhalations and secretions.

This, indeed, is nothing more than a fair deduction from Oertel's latest utterances upon the subject, for he has proved conclusively that “the false membrane must no longer be regarded as the first pathological and pathognomonic sign of diphtheritic infection as the morbid process is going on, not only upon but in the mucous membrane itself,” and even this local process is usually much more extensive than the patches of membrane would lead one to suppose.

These facts naturally suggest what does in fact very frequently occur, namely, the spread of the disease through a household, or at least through the younger members of a household. Faulty hygienic conditions probably aid in preparing a suitable nidus for the disease, but we could all cite cases, occurring within our personal knowledge, where the spread of the disease in a house-

hold can by no means be explained upon the direct contact theory.

What is the logical conclusion of all these facts? Obviously, the necessity of treating diphtheria in every respect as a specific infectious disease, like typhus, scarlet fever, small-pox, &c. In private practice, careful isolation, not only of patients where the false membrane has already appeared, but of all those who present either local or general symptoms of a suspicious character; at least until all danger of further development of the disease has passed by. Amongst the poor, inhabiting densely populated neighbourhoods, or in the case of better-class patients living in hotels or lodgings, rigorous notification of infectious disease should be carried into effect, and the fever hospital suggested as the only safe residence, both for the patient and those around him. During the present epidemic the medical officers of health of the metropolis have acted in this spirit in relegating cases of diphtheria to the hospitals recently tenanted by scarlet fever cases.

Whilst isolating the patient or patients from the rest of a household, let us not neglect an equally important part of the physician's duty, viz.: to remove those still unaffected out of the sphere of such faulty hygienic conditions as would confer a certain amount of receptivity to the disease.* This part of the subject is rather one for a separate paper, but I would like to draw special attention to what is being now recognised as a not uncommon means of the spread of the disease, viz.: the agency of domestic animals.

Emmerich (*Deutsche Med. Woch.*, 1884, No. 8), saw six cases of diphtheria occurring in pigeons obtained from a Munich fancier, who had lost seventy young birds of the same disease. The bacterium, which he describes, is identical in man and pigeons, and inocula-

* Opinions vary as to whether morbid germs are conveyed into the blood or whether a poison is generated at the seat of infection, which being absorbed produces the general malady. On either view the doctrine that diphtheria is at first a local disease, and that the constitutional symptoms depend upon general infection from this local lesion is the one to which all investigation tends, and this most harmonises with our clinical knowledge. Emmerich thinks his researches should lead us to redouble our efforts to ascertain the conditions under which the diphtheria germ can exist apart from the body, and in this regard special attention must be directed to the condition of dwellings.

tions succeeded in pigeons, rabbits and mice; inoculations from blood, liver, spleen and kidneys, gave like results.

The Philadelphia Medical and Surgical Reporter, 1883, contains a notice of an outbreak of diphtheria amongst a barn-yard of fowls, attributable to infection from the sweepings of a room in which some affected children were confined.

Dr. L. Roth, of Kissingen, reports a violent outbreak of diphtheria in a yard of fowls. Wolff, in a paper read before the Medical Society of Berlin, on a "Widespread Acute Mycosis," refers to a mycosis which causes the death of 95 per cent. of the grey parrots imported from Africa. In domestic birds a mycosis is prevalent in every respect resembling human diphtheria; yellow and whitish-yellow membranes are developed upon the most diverse mucous surfaces, and cannot be removed without causing bleeding.

Bunce records two instances where whole families were attacked with disease contracted in first instance from cats.

I have seen at least one case of diphtheria contracted, as I had every reason to believe, from domestic fowls.

Granting, then, the necessity of isolation not only of actual but of suspicious cases, how long is it necessary to keep the latter in quarantine? A week, or at the most ten days, appears to be sufficient, always supposing, of course, that every possibility of renewed infection from clothing, linen, carpets, &c., be rigorously excluded.

2. Duration of convalescence.

The question of isolation leads naturally to a consideration of the next item, that, namely, of the duration of convalescence. As in the case of scarlet fever it is impossible to define absolutely the period necessary for isolation during convalescence, but it may be put down roughly at about six weeks from the date of infection. (Downes, *Practitioner*, I., 1884, p. 78). In any case the rule should be that no child should return to school who has traces of unhealed throat-illness, any recent enlargement of lymphatic glands in the cervical region, or any indication of disordered innervation or paralytic sequelæ.

3. Treatment constitutional and local.

In looking through the literature of diphtheria nothing strikes one so much as the vast array of drugs, each one of which in its turn has been vaunted as a specific when used internally or topically applied. How few of these, alas, have borne the test of experience is only too well known, and it would serve no useful purpose to go into detail as to cases treated with most of these. During the last decade, however, our allopathic *confrères* have flattered us in the sincerest way they are able, viz.: by openly appropriating some of our standard remedies for diphtheria. *Mercury* in the form of *calomel*, of sublimate, of *biniodide* or of the potent *cyanide* has been vaunted by Coester (Paris), Koskutzki (Illingworth) and by Schultz of Greifswald, the last of whom recommends the *cyanide* in doses of $\frac{1}{240}$ of a grain given every hour (four drops of the 3x dilution, a dose no disciple of Hahnemann need be ashamed of giving even when administered for strictly homoeopathic reasons).

Bromine, of which I shall have a few words to say presently, has recently figured in several periodicals both as a local and constitutional remedy after being an acknowledged, though rarely used, remedy by us for a quarter of a century. Indeed, it would surprise nobody to see *arsen.*, *phytolacca*, *crotalus* or *apis* successively appearing as the latest *discovery* in the domain of rational therapeutics. As my intention is not to read a thesis but to evoke discussion this evening, I will merely enumerate some of the chief remedies at present in use by us and ask for contributions from those present as to their practical acquaintance with any or all of them. They are *phytolacca*, *mercurius biniod.*, *mercur. cyan.*, *crotalus* and the serpent poisons, *apis*, *agaricus* and *muscarine*.

Out of the multitude of local applications it is difficult to select one above another, but there are two methods of treatment, both of which combine at the same time local and constitutional medication, which are, I think, deserving of more than passing mention; one is the use of *bromine*, and the other the treatment by inhalation of mixed vapour of *alcohol*, *chloroform* and *ammonia*, as prepared by Dr. B. W. Richardson (*Lancet*, I., 1888, p. 992). The mixture used consists of *alcohol*, which is first saturated with *ammonia* gas, and then mixed with an equal proportion of *chloroform*, a quantity sufficient to

produce gentle narcosis being inhaled from a Woolf's bottle, and repeated every two hours. The advantages claimed for this plan by Richardson are

1. The narcosis, which in the restlessness caused by impeded respiration, especially in children, is worth considering.

2. Reduction of temperature.

3. The fluidity of the blood is maintained.

4. A local antiseptic effect is produced.

I cannot avoid the suggestion that *ammonia* may very fairly be looked upon as truly homœopathic to the worst adynamic forms of the disease.

Bromine has been used of late both internally and externally. Schultz strongly recommends it, and Kramer has used half per cent. solution of *bromine* in *bromide of potassium* with good effect. Hiller uses a simple aqueous solution of *bromine* 1 : 500 for inhalation, and a stronger one for painting, the latter being performed every half hour and the former every fifteen minutes. A plan much to be preferred is to administer *bromine* as an inhalation, and a ready means of doing this has long been a desideratum. In the preparation of which I herewith hand round a specimen, I think we have as nearly as possibly reached this desideratum. It is *bromoform*, or rather *bromoform* containing a small proportion of free *bromine*. It has been tested at my suggestion by several colleagues, and it appears in many ways to fulfil the conditions necessary to a local application fit for use in all cases whether pharyngeal, laryngeal or tracheal. The substance is of course the homologue of *chloroform*, where *bromine* stands in place of the *chlorine*. Like *chloroform* it is an anæsthetic, but it resembles *iodoform* in the ease with which it is split up when brought into contact with decomposing organic matter. To adults it is best administered by means of one of the many forms of oro-nasal respirator; in the case of young children I have been accustomed to make use of an ordinary cup sponge wrung out of boiling water; twenty or thirty drops of *bromoform* are then dropped into the hollow of the sponge, and the latter is held close to the mouth for ten minutes. This may be repeated every hour or oftener if necessary. I have never seen any unpleasant effects follow the use of the *bromoform*,

and as a rule the relief to laboured breathing is most pronounced. The number of cases in which the substance has been tested is as yet too few to enable one to say too much as to its value. In one case of tracheal diphtheria (where tracheotomy had been previously performed) seen in consultation with Dr. R. Smith, of Mile End Road, *bromoform* was applied in the manner mentioned above, *i.e.*, from a sponge, and the patient made a good recovery. More recently I had the opportunity of trying it, in conjunction with Dr. Buck, in a boy aged nine. The deposit had penetrated the larger air passages when we first saw the patient together, and I discouraged all idea of tracheotomy, as I considered the child moribund. Dr. Buck willingly consented to a trial of *bromoform* as a last resource. The child made a slow but steady recovery.

The question of tracheotomy for diphtheria has been so recently discussed before this Society that I will not take up your time by weighing the pros and cons of the operation; I should, however, be very glad of an expression of opinion as to the value of the operation of intubation of the larynx as recommended by O'Dwyer as a substitute for tracheotomy. In his hands it appears to have been wonderfully successful, for out of ninety-five cases where tracheotomy would have been otherwise performed, no less than twenty-eight recovered.

4. Treatment of sequelæ.

(a). Albuminuria calls for *arsenicum*.

(b). Fatty degeneration of kidneys and muscular tissue suggests *phosphorus*.

(c). Paresis of respiratory muscles seems to have been successfully combated by the subcutaneous injection of one milligramme of *strychnine* coupled with faradisation applied especially to the phrenic nerves. Paralysis of the ciliary muscle ought to yield to *atropine*.

The abolition of the knee-jerk which Bernhardt insists upon so much as being present from the 4th to the 20th week of convalescence, ought to yield to *curare*.*

For impending paralysis of the heart, Jousset† recommends *agaricus*, or its alkaloid *muscarine* (? in tangible doses).

* Have we not in the knee-jerk a means of testing the completeness of a patient's recovery?

† *Leçons de Clinique Médicale*, p. 520.

DISCUSSION

Dr. DUDGEON thought Dr. Blackley had given an excellent paper. The subject was interesting, and every point deserved discussion. He would confine his remarks to one point. In *L'Art Médical* he had noticed remarks on diphtheria by Dr. Jousset. He called it a disease of the greatest illusions, many cases being called by that name which were really not true diphtheria. There was one form not dangerous—when the false membrane was yellow and not attended with deeper affection of the mucous membrane. His own boy had this form lately, and he was not away from school more than a week. Locally he applied *alcohol* by means of a piece of cotton-wool tied on to a pencil. Internally he gave some form of *mercury*—the *cyanide* usually from the 3rd to the 6th, he preferred the 6th. In small children, where the disease got into the larynx, diphtheria was very grave. He was glad to hear of *bromoform*. He had seldom succeeded in curing a very severe case of diphtheria when it entered the larynx in patients under five years old. In older patients he had seen many recoveries. *Hepar.* and *merc. iod.* were the chief remedies. He could not say much about the question of infectiousness. He would not deny its existence, but it seemed to be very feeble. In one house, where nine cases occurred, the drains were in a very bad state. The cases occurred at long intervals, and the father of the family would not hear of anything being wrong until the ninth case had occurred. He remembered a severe case at Brighton; he stayed day and night in the room, and actually slept on the bed beside the patient, but was not infected.

Dr. DAY approved of the arrangement of the paper. He asked if it was right to admit cases to the general wards of the London Homœopathic Hospital, and would like to know more of the operation of intubation.

Dr. GOULD remarked on the difference between the two forms. He had never saved a child under four years of age when the naso-pharynx was attacked. The only persons he had known take the disease from others were those who had actually nursed cases. He approved *merc. biniod.* and *belladonna*. He used a Siegel spray, and occasionally *iodoform*.

Dr. MORR had had several cases of diphtheria lately. He mentioned the theory of its being due to decaying vegetable matter. All his cases could be traced to bad drainage or infection. He had seen two cats with typical diphtheria; they both got well with *merc. biniod.* He knew of only one instance in which diphtheria was taken in the hospital by one patient from another. He spoke of a remedy mentioned to him by Dr. Frank Shaw, namely, one-quarter drop of *liq. ammoniæ fort.*

every two hours. He thought every case was peculiar to itself. In one case in the hospital, where the membrane spread below the tracheotomy tube, recovery took place. He had had one case lately where there had been very slight affection of the throat, but death occurred from paralysis of the pneumogastric nerves. He had seen *santonine* of use in the paralysis of accommodation from diphtheria.

Dr. HILBERS had had three cases of diphtheria lately at Brighton. In this, his experience differed from that of Dr. Hughes, who had seen none, and who thought the improved drainage of the town had abolished the disease. They all got well under *merc. biniod.* In two cases there was albumen, and in the other there was paralysis of the pharynx. One occurred in a dairy. He isolated the case, and had the child sent away. It was taken from kissing a friend. He was glad to have any hints as to isolation.

Dr. EPPS had found *merc. cy.* 6 and painting the throat with *alcohol* the best treatment in his practice.

Dr. HILL was personally much obliged to Dr. Blackley. Last year they had many cases at Ealing. Dr. Power was sent down by Government to report. He suspected the milk. Dr. Burwood and himself always found the drains defective. One gentleman had his drains seen to, and spent £20 in putting them right. Two cases had again occurred in his house, and again he found a bad smell. In regard to infection he thought the nurses often took the disease from the same conditions that gave it to the patient. He thought a fortnight was quite long enough convalescence if the patients were sent to the sea-side. Last year Dr. Hill gave the *cyanide* in the 1st decimal strength, but without success. He gave *merc. biniod.* 3x with success. *Iodoform* placed in the nose was valuable in the naso-pharyngeal cases.

Dr. NEATBY thought the infectiousness was slight, although its existence appeared to be proved by its spread in hospital wards to patients with wounds. He thought six weeks too long for isolation. For local treatment he employed with rapid success the insufflation of sublimed *sulphur* in the less serious cases. He suggests the use of *cocaine* in weak heart after diphtheria.

Dr. BUCK thought cases ought to be isolated as soon as possible. Some cases got well rapidly, in from three weeks to a month. Several cases he had had lately he traced to emanations from a foul dustbin. He had had three very severe cases—one in a girl who had a greyish patch in the tonsil and enlarged glands. Three days before, he had been unable to find anything. The patches spread rapidly, and in that case the *bromoform* was ineffectual. There was great

enlargement of the parotid glands, which made him think there was mumps as well as diphtheria. There was no albumen in the urine. In the second case, also fatal, there was no albumen in the urine. The boy died twenty-four hours after tracheotomy. He described the case of the boy alluded to by Dr. Blackley. It showed at first symptoms of follicular pharyngitis. He had tried *bromoforn* before Dr. Blackley saw him, and it certainly seemed to help. The voice became hoarse. He coughed up much mucus mixed with membrane. Croupous pneumonia followed. The only paralytic sequela was failure of accommodation of the ciliary muscle.

With regard to treatment, he thought the disease was essentially local at the start. He used *Condy's Fluid* in the first, and in the other cases *iron* and *glycerine*. In the dustbin cases the nostrils were blocked, and syringing with *boric acid* was very useful. He sprayed some cases with solution of *quinine*. If the temperature ran high he gave *aconite* and *bellad.* in alternation. He tried *sulphur* locally, but without success. Internally he gave the *cyanide of mercury*, but he found the *biniodide* more useful. He began with the *mer. cor.* and *aconite* in alternation.

Dr. FRANK NANKIVEL agreed with Dr. Dudgeon that there was more than one kind of diphtheria. He instanced several. The prostrating kind he had no experience with. *Phytolacca* was indicated when there was fever and pain about the knees. He used local applications.

Dr. FISHER (of Montreal) remarked that he had not been in ordinary practice for a number of years, and his experience was not recent. He thought bacteria were the means of propagation. But he considered the disease constitutional.

Dr. CLARKE said in reply to Dr. Gould that he had had cases in which the naso-pharynx was affected, do well under *arum triphyllum*. He thought there was too great a tendency to generalise and drop into routine. Some praised one drug, some another. Dr. Moir had hit the nail on the head in saying that there were no two cases alike. He thought that it was necessary to individualise accurately, and give the remedy most called for. In his experience *merc. cyan.* had been frequently indicated, and had acted promptly. He gave the 6th and upwards.

Dr. DYCE BROWN regretted that he had not been in time to hear the early part of the discussion. He agreed with Dr. Clarke that there were all grades of the disease, and generalising was difficult. Also, it was difficult to individualise, as there had been no actual production of the membrane by medicines. He thought the *cyanide* preferable to the *biniodide* when there

was prostration. When there was much aching in back and limbs *phytolacca* was the best. He did not trust much to local applications, but he preferred *Condy's fluid*, and next to that the *perchloride of iron*.

Dr. HUGHES (in the chair) agreed with Drs. Clarke and Dyce Brown in the necessity of individualising. He thought the secret of the reputation of *merc. biniod.* was that those cases cured by it were not true diphtheria. *Merc. biniod.* did not produce the prostration of the disease. He could not agree with Dr. Dyce Brown that no medicine had produced the diphtheritic membrane. This the *cyanide* had done, both in the mouth and the rectum. The last case he saw was fatal. The patient's temperature ran up to 105° at the commencement, and remained at this height to the end. There were few local symptoms. He could not understand how *agaricus* and *muscarin* could be homoeopathic to diphtheria.

Dr. BLACKLEY agreed that cases should be individualised; but in an epidemic, cases do present many common features, which allows of a certain amount of generalising, or methodising. He regretted that no opinion had been expressed about *crotalus*. He had seen good results from it in Liverpool. The incubation period was probably only a few days. As to sequelæ, he agreed with Dr. Moir that paralysis occurred after very slight sore throats. He instanced a case.

CASES OF DIPHTHERIA, IN ONE OF WHICH TRACHEOTOMY WAS SUCCESSFULLY PERFORMED.

By A. H. BUCK, M.D.

M. H., age seven years.

May 30th, 1888.—He had been far from well for seven weeks past, and a few days prior to my visit he had complained of his throat being painful. His appetite was not so good as usual, and he had been restless during the night. I found him with a fairly good pulse, tongue coated, uvula and pharynx inflamed, and the left tonsil covered with small yellow-coloured patches, some being separated from the others. He had but little difficulty in swallowing, and he did not complain of being ill. He was playing about as usual. The cervical glands were slightly enlarged. From the mother I subsequently learned that he had been for the two previous days very feverish at night, but to-day she considered

him much better. To take *mer. corr.* 3x and *aconite* during night.

May 31st.—He had a fairly good night. Tonsils I found were more swollen and inflamed, both glands being now covered with diphtheritic patches, the separate small patches above mentioned having coalesced into one. Continue *mer. corr.* and *belladonna* during night. Gargle with solution of *potass. permg.*

June 1st.—Restless night; muco-purulent discharge from his nose; patches on tonsils much the same; mucus at back of pharynx. To take *mer. biniod* trit. gr. ij. and use *boric acid* lotion as wash for throat, gr. x ad ʒj., and to be injected up the nostril.

June 2nd.—Restless night; coughing occasionally; the voice at times is hoarse; he is not so active at his play, lies down to rest; tongue coated at the back; takes his food fairly well; tonsils much the same; pharynx and nasal passages still covered with tenacious mucus; I applied a solution of *argent. nit.* gr. x ad ʒj. to tonsils and pharynx. Cervical glands swollen and tender to the touch. Breathing and temperature normal. To take a little port wine during the day, and continue the same medicines.

June 3rd.—He, together with his brother and sister, inhaled from time to time during the day vapour from burning sulphur, but I cannot say I found any marked improvement from this treatment.

June 4th.—Morning visit.—He had had but little sleep during the night; fomentations had been applied to the throat; his voice was still hoarse and the cough croupy; breathing increased; he had no desire to get up; the tonsils upon examination I found less swollen, and the diphtheritic patches and collection of mucus certainly less, but his breathing was not so well, and the cervical glands more swollen. A trace of albumen was found in the urine for the first time. He remained in bed during the day, continuing the fomentation and inhaling steam. To gargle with *pot. permg.* solution. To take *mer. cyanide* and repeat *boric acid* lotion up nasal passages every two hours.

9.30 p.m.—During the day he had vomited several times, bringing up small pieces of mucus mixed with saliva and food. I could not find any membrane. The sickness gave him relief for a time. I found him asleep

at my evening visit; his breathing was heavy, respiration about 30 to minute. He was evidently suffering from some considerable obstruction in the nose, the mouth being partly open to enable him to breath with anything like comfort. The pulse was fairly good. As he was in a copious perspiration I decided not to make any further examination. The urine still contained some albumen.

June 5th, 9 a.m.—He had, I was told, slept better than on any of the previous nights. I found him in a drowsy condition, and it was with difficulty to get him to answer questions. The glands were more swollen and hard; voice hoarse; laryngeal cough; croupy; respirations short, about 35 to minute. He had a swollen congested appearance about his face and neck; air was not entering freely into the lungs; at the basis were to be heard some moist râles. Temperature normal; pulse rapid, but of fairly good volume, about 100. He had passed but little urine during the night. The throat symptoms did not appear to be worse, but it was quite evident that the disease had travelled downwards to the larynx. I saw him again at 10 o'clock in consultation with Dr. Dyce Brown. He agreed with me that if the laryngeal symptoms increased it would be advisable to perform tracheotomy, but in the meantime he would advise *bromine* every half hour in alternation with the *mer. cyanide*, and to have a linseed meal poultice applied over the larynx.

June 5th, 3 p.m.—I found him still drowsy. Respirations 40 to minute; pulse rapid, and not so strong as in the morning; voice hoarse and weak; croupy upon taking an inspiration; face more congested, and the submaxillary glands still swollen and hard. The abdominal muscles were tense, and at each inspiration were drawn up towards the diaphragm at the epigastric region (abdominal retraction). The entrance of air into the lungs was more shallow than at my previous visit, and the râles had increased. He had passed water once involuntarily, and he was with difficulty roused to speak. He, however, continued to take nourishment in liquid form without difficulty when given to him. Temp. normal.

With these grave symptoms confronting me, I decided at once to have tracheotomy performed. The operation was done by Mr. Stonham, of Westminster Hospital, at 5.30. The patient was carefully got under the full

influence of *methylin*, and the operation successfully performed in a few minutes.

The introduction of the tracheotomy tube at once relieved the abdominal retraction, and the congested swollen condition of the face also quickly subsided. At 9 p.m. he had quite regained his consciousness, and he was fairly comfortable. Respirations 18; pulse 120; temp. 99.2. The room was kept at a uniform temperature, about 70 F. No steam or tent of any kind was used during the subsequent treatment. He continued to progress favourably each day after the operation. Pieces of membrane were from time to time brought up through the tube, together with a considerable amount of mucus. The throat symptoms gave no trouble after the operation, but the nostrils continued still to be blocked up with muco-purulent discharge, necessitating frequent syringing with the *boric acid* lotion. A steam spray, containing a solution of *sulphate of quinine*, was used to the tonsils exclusively, more as a preventive measure than otherwise, as they were quite free from any diphtheritic membrane. He took liquid nourishment in the shape of Valentine's meat juice and milk *ad lib*. He passed water once involuntarily after the operation, and for several days albumen continued to be found in the urine, and did not finally disappear until nearly a week. On the fourth day the temperature rose from normal to 100.3; pulse 124; respirations 30. This was accounted for by the formation of a few drops of offensive pus irritating the trachea, as after its removal these symptoms subsided. He continued to improve steadily, and on the sixth day after the operation the tube was removed entirely. It was found he could breathe fairly well through the larynx. His voice also gradually regained its strength, although at first he could only speak in a whisper.

He freely partook of milk and egg, beef-tea, and meat jelly. After the removal of the tube the wound slowly healed by granulations. The principal medicine given was *china*. About twelve days after the operation diphtheritic membrane again commenced to form upon one of the tonsils. Temperature rose to 100.4; pulse 116; respirations 20. He took *mer. cyanide* at once, and used the steam spray to the throat. The next day

the patches had quite disappeared, and he had no further relapse.

On the 21st he was removed to another neighbourhood.

He subsequently went to the seaside, and with the exception of a slight symptom of strabismus, he has had no further complication.

V. H., aged five years.

June 1st.—He complained of his throat paining him, accompanied with a tingling sensation. I found his tongue thickly coated. He felt poorly, languid pains in his limbs. Temperature 100; pulse 110. The right tonsil was swollen, inflamed and covered with similar patches as described in the brother's case. Pharynx red; considerable mucous discharge from the nose; edges of nostrils swollen and red. To take *aconite* and *mer. corr.* in alternation.

June 2nd.—He had a restless night; tongue still coated; the patches extended to left tonsil; cervical glands slightly knotted and tender to the touch. No pain upon swallowing solid food, but he preferred liquids. He wishes to remain in bed. Temperature 101. To gargle with solution *potas. permang.* and *boric acid*; lotion to be frequently syringed up the nostrils. Urine normal. To take *mer. iod.* every two hours during day, *aconite* at night.

June 3rd.—Much the same. To have sulphur vapour inhalation three times during the day. Temperature 100.

June 4th.—Morning visit.—Temperature 99. A uniform patch on each tonsil; tongue still thickly coated. He had had a restless night. Urine passed in small quantities, becoming thick upon standing. Continue *mer. biniod.* Evening visit.—Temperature normal; sleeping quietly.

June 5th.—He had had a fair night; tonsils still swollen and covered with a yellowish-coloured membrane; cervical glands enlarged and tender. Tongue thickly coated; anorexia; pulse weak, 120. To take *mer. cyanide.* Urine contained a trace of albumen.

June 6th.—He had had a restless and painful night. The voice I found at my morning visit was hoarse and feeble, his breathing not so good. He took nourishment in liquid form fairly well, but refused all solids. He was drowsy, and altogether not so well. Continue *mer*

cyanide. Mid-day, still drowsy. He had taken but little nourishment since my last visit. The breathing was short, the abdominal muscles had commenced to retract, skin dry; pulse rapid, 130, and weak. Tonsils still swollen and covered with a diphtheretic membrane; voice hoarse, but not in any way croupy.

June 6th.—Cervical glands swollen and tender, but not hard, and his face not swollen or congested. Albumen in urine.

9.30 p.m.—Abdominal retraction still continued, but not more marked than at last visit. Lungs acting fairly well; no congestion. To have hot sponges and fomentations to throat. To take *aconite* every hour or two during night, and in the morning to have a glycerine injection. The skin was dry; temperature 99; tongue thickly coated.

June 7th, 9.30 a.m.—He had perspired freely during the night, and although during the early part he had been restless and wandering, towards the morning he had slept quietly. The glycerine acted freely upon the bowels, and from the character of the evacuation it was very evident that some of his symptoms arose from intestinal and liver trouble.

He already looked better; the breathing had improved, he was more lively, and his complexion, previously slightly yellow, including the conjunctiva, was now more clear; he took his food better. To have the steam spray to his throat, and take *mer. vir.* 1 gr. iij. and *nux vom.* in alternation.

5.30 p.m.—Bowels had been moved several times during the day; tongue inclined to clean at the tip; patches of membrane upon tonsils disappearing; the nasal passages still blocked with muco-purulent discharge. To continue *boric acid* lotion and to have an abdominal pack at bed time. Urine albuminous.

June 8th.—He had had, I found, a fairly good night; the tongue was still cleaning and all the other symptoms improving. The diphtheritic membrane gradually disappeared, but left the voice weak, he only being able to speak in a whisper. The albumen in the urine passed away as he regained his strength, and the glandular swelling in the neck and sub-maxillary region became gradually smaller. He continued to make a slow but steady progress. He still took *mer. vir.* and *nux vom.*

On the 19th he commenced a course of the Flitwick water, which he continued for some weeks.

On the 21st of June he, with his brother and sister, left for another neighbourhood.

He continued to speak in a whisper until the 25th, when the tonsils again became swollen, inflamed and covered with membrane. The voice had returned at first hoarse, but it soon regained its usual strength and distinctness.

This attack of ulceration, supposed to be from a chill, lasted a few days, but under treatment, including the application of a solution of *argent. nit.* and the steam spray to the throat, finally disappeared.

C. H., a little girl aged eight years. Her symptoms commenced much less acutely than either of the preceding cases, and from the first ran a much less severe course.

On June 2nd I found her tonsils inflamed, and accompanied with small patches; a catarrhal condition of the pharynx and nasal passages; the temperature rose to 100; the skin was dry; she complained of pains in her limbs and back, general malaise; soreness and tingling in the throat; food was taken as usual; tongue coated. To take *mer. corr.*, *aconite* during night.

June 3rd.—The small patches seen on the previous day had coalesced, forming an uniform patch; the voice was thick but not hoarse; the glands of the neck slightly swollen; she had slept fairly well, and the skin had acted freely. To gargle with *pot. permg.* solution and take *mer. cyanide*.

June 4th.—She had not slept so well as on the previous night; tongue coated thickly, especially at the base; constant discharge from the nostrils; edges of nostrils sore; tonsils still covered, and a quantity of mucus at the back of the pharynx. To take *merc. cyanide* and use the *boric* lotion for the nose as an injection.

June 4th.—Evening visit.—Temperature 99; breathing normal; sleeping quietly, but owing to the obstruction in the nasal passages, mouth was open, and the breathing was noisy. To continue the same medicine.

The tonsils continued covered, the glands of the neck enlarged and tender for several days, during which time she steadily took the *mer. cyanide* and applied the *boric* lotion as an injection for the nasal passage, the

steam spray being used for the tonsils and throat. By the 10th of June she had much improved, the nostrils being much more free from discharge, and the tonsils and pharynx in a more healthy state. She continued to improve without any relapse or complication. The urine was normal during the whole of the attack.

The voice, beyond a slight hoarseness, had not been affected. She commenced Flitwick water at the same time as her brothers; *china* was the medicine she took after leaving off the *mer. cyanide* and local treatment.

This case, I consider, did not proceed beyond the catarrhal stage, and did not assume the croupous or true diphtheritic condition.

She was in a better state of health, and consequently able to throw the disease off sooner than either of her brothers. She took her nourishment well, and she did not lose strength to any great extent.

Since leaving London she has quite regained her usual health, and she has not had any sequelæ.

M. H., aged 29 years, mother of the preceding cases.

June 21st.—She commenced to feel pains in her limbs and pricking sensation in the throat; the voice was hoarse and she had pain upon swallowing; the tonsils were enlarged and inflamed, patches of a similar character to those previously described formed on the left tonsil, afterwards extending to the right. Temperature 101. To take *aconite* and *mer. corr.* in alternation.

June 22nd.—Patches still small and separated; pains in her limbs less; she had a restless night, but the skin was acting well. Temperature 100; pulse rapid and weak; still unable to swallow solids; glands of neck slightly swollen and tender. To gargle with *pot. permang.* solution, and to take *mer. cyanide*; *bell.* at night.

June 23rd.—Patches I found less, but still to be seen upon each tonsil. Applied *sol. argent. nit.* to throat. Voice thick upon speaking; sleeping better; taking beef tea, milk freely, and port wine twice a day.

June 24th.—Throat symptoms much better; no discharge or soreness of nostrils as in the other cases. Continue medicine.

The symptoms yielded in a few days to the treatment, the tonsils becoming quite free of any membrane, and the glandular swellings subsided. *China* was the medicine taken during her convalescence. She also took

Flitwick water for some time with benefit, as she was decidedly anæmic.

Remarks.—Cases of diphtheria have frequently been reported in the homœopathic journals, illustrating the treatment of this disease by the mercurials with very satisfactory results. I think the preceding cases will do something towards strengthening this fact.

In describing the symptoms I have taken the division made by Oertel as being to my mind the most satisfactory at present we have, viz., into catarrhal and croupous diphtheria.

The first and most severe of these cases, M. H., had evidently passed through the initiatory febrile stage before I saw him. Had he been treated on the same lines as the other cases from the first, possibly the operation of tracheotomy might have been avoided. As it was, the symptoms did not yield to treatment, but extended down into the larynx. That the timely operation saved his life there cannot be any doubt.

I think the abdominal retraction towards the diaphragm at the epigastric region is a very important symptom, and one that should be closely watched for, and when it is found to be marked, *cæteris paribus*, tracheotomy should not be delayed.

Respecting the selection of the medicines, *merr. corr.* seems to be indicated most in the catarrhal stage, *mer. iod.* and *cyanide* when the patches have assumed the croupous form. *Aconite* was helpful in certain conditions in causing a free action of the skin, and by lowering arterial tension.

With regard to the cause of this attack, it was presumably drains. Several cases have occurred during the past few months in the neighbourhood.

An official investigation is being made, but at present nothing in the way of a definite cause has been ascertained.*

K. R., aged nine years, a florid well developed girl, but subject to inflammation of the tonsils upon catching the slightest cold.

* It has since occurred to me that this attack might have originated from decayed vegetable and other matter in a dust-bin, at the back of the house in the garden, and here the children constantly played.

November 3rd.—I found patches of white thick deposit upon left tonsils. She complained of pain upon swallowing, and I found slight swelling of the sub-maxillary gland on the left side. She had had a restless night and the voice was rather hoarse, she had for some few days previously been poorly and out of sorts. Temperature 99. To take *aconite*, and *mer. corr.* in alternation.

November 4th.—The right tonsil was now covered with similar patches. The other symptoms much the same. *Mer. iod.* every two hours.

November 5th.—She had a restless night, glands of the neck were considerably swollen below the jaw and behind the ears. The parotids were so swollen that at first sight it looked like a case of mumps. The tongue was coated thick creamy, tonsils and uvula were covered with a yellow rough coating like biscuit powder. The uvula was long and pendulous filling up the cavity between the tonsils. To take *rhus. tox.* and *mer. cyanide* in alternation every hour.

November 6th.—A painful and restless night with wandering. The glands at 9 a.m. were hard and tender to the touch; the swelling now extended down to the collar bones; she could swallow only a small quantity of liquid at a time, and that frequently came back through the nose; the breath was very offensive; the pulse was weak and rapid; no albumen to be found in the urine. She had *belladonna* in alternation with *mer. cyanide*.

During the day the swelling and œdema about the neck became worse. She was restless, tossing and turning about in bed; the voice became laryngeal in character; the breathing short. Dr. Blackley saw her during the day with me; he advised inhalation of *ōromoform*, but in spite of all remedies she became more and more comatose during the day, and convulsions ended the scene about 10.30 p.m. The principal medicine taken during the last few hours was *apis*.

E. L., age seven years. A pale, delicate, strumous boy. I saw him during the early part of November. He complained of weakness and loss of appetite; the throat was slightly inflamed.

November 13th.—I found him with a troublesome *dŕnoco*; the uvula was relaxed and tonsils inflamed; the

left submaxillary gland slightly enlarged and tender to the touch; temperature normal. To take *acid nitric*.

November 14th.—Upon my morning visit I found patches of diphtheritic membrane on each tonsil, whitish grey in colour. I applied *acid mur.* and *glycerine*, and to take *mer. corr.* Temperature 100.

At my evening visit the tonsils were still coated, and one looked blackish in the centre, and the breath was very offensive. *Mer. cyanide* every two hours.

November 15th.—Upon my morning visit a patch of diphtheritic membrane was seen forming at the posterior portion of the pharynx. Tongue thickly coated and white. Urine contained excess of phosphates, but no albumen.

November 16th.—The uvula was found to be enlarged, œdematous, especially towards the tip. He could swallow well and take his nourishment, but would occasionally return some through the nostrils. The glands on both sides were swollen and tender upon deep pressure. Pulse 115 to 120. Urine free from albumen, with excess of phosphates. Dr. Kidd saw him with me, and advised *boro-glycerine* to be applied to the throat. To take *pot. chlor.* gr. iij. every three hours, together with port wine, &c.

At 10 p.m. his pulse was 120. Temperature 101. The application gave much pain and distress. Breathing normal.

November 17th.—He had, I found, slept at intervals, and taken nourishment well during the night. The glands were more swollen, and the breath very offensive. At 6 p.m. his breathing was short, pulse rapid and weak. At 10.30 the voice had assumed the laryngeal sound. The swelling of the glands had extended down to the collar bones; he was very restless, but he still took nourishment, and the lungs were normal. At 11.30 he was seen by Dr. Dyce Brown. He advised tracheotomy. The operation was performed later on by Mr. Millican. He nearly expired upon the operating table, but fortunately rallied, and lived until the 19th. The operation at once relieved the breathing and the laryngeal symptoms, but he died from cardiac asthenia 28 hours after the operation.

M. S., age nine years, a delicate lad, very subject to attacks of bronchitis and pulmonary congestion.

November 8th.—I visited him for hoarseness. The tonsils and uvula I found inflamed, and the next day he was convalescent, but on the 11th I was again sent for and found the tonsils ulcerated, small white patches upon the tonsils, separated from each other. Temperature 101; pulse 120. Also some moist râles at the base of the lungs. *Aconite, mer. corr.* in alternation.

November 12th.—Both tonsils covered a uniform patch of a yellow wash-leather coloured membrane. The tonsils were swollen and the whole pharynx inflamed. I applied *glycerine* and *tinc. ferri. sesq.*, and gave *mer. cyanide*. In the evening the temperature was 101, and other symptoms much as in the morning.

November 13th.—He had slept at intervals; upon the whole was going on well. He continued to improve until the 16th, when, after a restless night, accompanied with some delirium, I found that although the original patches had not increased, his voice had become croupy and laryngeal, the breathing also was more difficult and he was weak and feeble.

During the day his symptoms became worse. The tongue coated with a white thick fur; pulse feeble, and about 120; breathing shallow and laboured; the glands of the neck were swollen and somewhat tender, but not to any great extent; the breathing had the characteristic laryngeal sound. During the day he inhaled *bromoform* and took *apis* every two hours. Towards evening his chest symptoms became more severe. His lips were bluish, and the finger tips of a dusky hue; the respiratory murmur at the base of the lungs was very feeble, and at each sub-clavicular region tubular breathing was well marked, accompanied with a few moist râles. He took his nourishment fairly well, dosing at intervals, but his voice was very feeble, and he was much exhausted. Dr. Blackley saw him with me about 9.30 p.m. He advised the continuation of the *bromoform*, and to give *antim. tart.* and *bromine* in alternation instead of *apis*. The urine was still free from albumen, and contained excess of phosphates.

November 17th.—At my morning visit I found he had coughed considerably during the night, expectorating yellow phlegm, with pieces of membrane mixed in it. During the day he brought up a considerable quantity of this expectorative, and as he did so the breath seemed

improved, and the laryngeal symptoms subsided. The voice continued weak and squeaky. He slowly improved in these respects, but on the 19th of December he developed pneumonia of the base of the left lung. He still continued the *antim. tart.*, substituting *phosp.* for the *bromine*. The pneumonia passed into the stage of resolution, and he has since made a slow recovery, the only sequela he had being a loss of adjustment from some paralysis of the ciliary muscle, for which I gave him *gelsem.* He has now in every respect recovered his usual health.

For the following case I am indebted to my assistant, Mr. Sanders.

Violet W—, aged fifteen years.

Past History.—Patient has for the past ten years been suffering with her throat whenever she has taken the slightest cold, which has been of frequent occurrence.

Symptoms.—Sudden onset with slight chills, accompanied by soreness of throat, with redness of both tonsils of an abnormal degree. Pyrexia was not present in any great measure, the temperature not having been higher than 101° Fah. with any of the several attacks. Both tonsils with the upper part of the pharynx were dotted with several white spots of varying size of a follicular nature, which did not give any secretion and did not coalesce—they were of a roundish shape, being more or less irregular. There has been slight deafness on both sides until the last twelve months.

Treatment.—*Aconite* and *belladonna* generally gave speedy relief, together with a local application of equal parts of *tr. ferri. perchlor.* and *glycerine* two or three times a day.

Duration of Attacks.—Generally lasted four or five days, when the patient was well enough to get up, but on several occasions the throat remained somewhat relaxed for a week or ten days.

The Last Attack.—Was called to see patient on December 3rd, 1888. On both tonsils and upper part of pharynx were several irregularly shaped whitish-gray patches, of a larger size than those seen on previous occasions. From one large patch on the left tonsil was growing a membranous exudation of an inch in length and a $\frac{1}{4}$ in. in thickness. On the second day after the application of *iron* and *glycerine* in equal parts, the

growth easily came away, with but slight bleeding of the part, which left a somewhat deep excavation—there was a smaller growth from the opposite tonsil. The temperature was 101.5 Fah.

Treatment.—Gave *aconite* and *apis* in alternation. The urine was unfortunately not examined for albumen.

Remarks.—The last attack was no doubt one of diphtheria, which lasted four or five days, the patient leaving her bed on the fifth day, and had quite recovered on the tenth day.

NOTES ON UTERINE HÆMORRHAGE.

By A. M. CASH, M.D.

CASES of hæmorrhage from the female genital organs occur frequently in practice, and are as a general rule successfully treated by homœopathy. The general practitioner has not, it would seem, a very favourable opinion of the action of medicines in these cases. Matthews Duncan speaks in his *Diseases of Women* not very encouragingly. He says *ergot* stands first; after it *sulphuric acid* in large doses. Of *gallic* and *tannic acids* he speaks as not being sure that they have any effect at all. Duncan says of *ergot* that we must not expect it to act thoroughly till some days of its use have elapsed. This may be so in the ordinary allopathic dosage, but I suspect that few of us using its homœopathic analogue *secale* would expect to wait so long for a favourable issue. We have all again and again seen this drug in the 2nd and 3rd dil. rapidly check an alarming hæmorrhage from the womb, and when it is indicated, hours, and not days, will suffice to declare a favourable result. *Secale* is only one of many other remedies which we can have recourse to. *Sabina*, *bell.*, *ipêcac.*, *calc. c.*, *puls.*, *chin.*, *hamamelis*, *viburnum op.*, *trillium pendulum*, *actæa rac.*, *crocus*, *platinum*, &c., are all potent in their sphere. In fact, I believe the homœopathic practitioner will so frequently succeed in curing cases of menorrhagia and metrorrhagia that come to him by these and other medicines, that the chances are he may be tempted to trust to them too much, and neglect such physical examination as would help him to make a more complete diagnosis and such

other methods of treatment as may advantageously be employed at the same time.

In the subject under discussion, hæmorrhage is only a symptom—it is not the disease itself. Nevertheless it is the chief thing, and if we can cure it we shall probably only do so by curing the disease—that is, the state or condition upon which it depends. Now, if small doses of a homœopathically-acting medicine will do this, we can wish for nothing better. It is our *beau idéal* of homœopathic treatment to cure the disease by treating the symptoms or totality of symptoms to which the disease gives rise; but in practice we do not always find this possible. Hæmorrhages, apparently very successfully treated at first, have often an unfortunate tendency to recur, and my experience is that, when we meet with these recurrent cases, it is wise not to delay making a physical examination, which then often gives precision to the treatment by clearing up the cause. For instance, three cases now under my care complained of hæmorrhage. The loss was very different in character in each case. One had it very slightly; with her it was not a prominent symptom. In the second case it was profuse, but only at the menses. The third had it so freely and irregularly that it was impossible to know whether, and if so, when the flow was accompanied by true ovulation at all. Now, all these women suffered from the same cause. Each one had a sore varying from an erosion to a decided loss of substance or ulceration of the cervix uteri.

Sepia, *calc. carb.*, *ac. nitric*, &c., were the remedies used, but in each conjoined with internal treatment—*hydrastis*, *hamamelis*, and *calendula* injections, and topical applications from time to time of these and occasionally stronger agents, such as *ac. carbolic pur.* and *lunar caustic*.

These substances I have just named, viz., *hydrastis*, *hamamelis*, and *calendula*, are most valuable in gynecological practice, and are as a rule very much better than the severe caustics commonly in vogue, whose use should be restricted to turning unhealthy into healthy sores, which are then better treated by the former. I say, then, examine early if in the least doubt. Make a vaginal examination first with the finger, then insert a speculum, of which I prefer a Fergusson. This will gene-

rally be sufficient to clear up the case. If not, pass the uterine sound, carefully ascertaining that no pregnancy exists. Some years ago a case of hæmorrhage, apparently clearly due to the menopause, came under my care. I treated her medicinally, as no examination seemed called for. She was better at first, but soon relapsed. I went away for my holiday, leaving her under the care of a medical friend. He declared no medicine did her good but *sabina*, which he thought was very successful; but the hæmorrhage continued freely at the catamenia, with almost every other climacteric trouble. I examined her on my return, and found a polypus protruding from the os uteri. This I removed, and the hæmorrhage, which considered as due to her age might have persisted for months, sank at once to insignificant proportions.

Again, a lady, weeks after the birth of a child, got recurrent attacks of bleeding, weakness, back-ache, and pain. She sent for me, and I at first thought that sub-involution accounted for her symptoms. Another doctor had confined her. The blood persisting, I examined and found an extensive fresh tear through the cervix. This caused me to place more dependence on copious *hamamelis* and *calendula* injections than upon *secale* or *sabina*, &c., internally, and shortly she began to gain ground and hold it.

But I have no wish to seem to underrate the value of internal remedies. In many cases they are all we have to depend upon, and it is surprising what these small doses will accomplish. With some considerable doubt as to their probable efficacy in the case, I recently took charge of a large fibroid tumour of the womb. The lady, over 50, was blanched with the drain which was kept up by the great myomatous mass which protruded quite up into the right iliac fossa. I put her on *china* 2x and *secale* 3x alternately every three hours, and did little else except strictly to enjoin rest in bed during the early days of each "period." But in four months the change for the better was marked enough. The "periods" have been but half the length of what they had got to before commencing the treatment, and the healthier complexion and ability for walking, &c., testify to the gratifying improvement in the general health.

A vicious pathological circle is kept up in certain cases of *sub-involution* that we meet with. A weakly

woman of feeble muscular fibre fails to get proper atrophy of the womb after confinement. The organ remains large, heavy and congested. The lochia remains coloured too long, and eventually apparently run into the menses, which last too profuse and with every degree of irregularity. An anæmic condition of the system is induced. Then the poor and watery blood, with its diminished coagulating power, in its turn helps to keep the hæmorrhage going. So the hæmorrhage causes the anæmia, and the anæmia keeps up the hæmorrhage till the unfortunate patient is reduced to a pitiable condition. Now *iron*, which should be the remedy for this state of things, is unfortunately often not well borne. I found in such a case lately that 5 grains of 1st trit. *ferris et quin. citr.* seemed (as *iron* in any form had always done before) to induce diarrhœa. In another case possibly a co-existing constipation is further increased.

Then recently in a case of chronic sub-involution, occurring in a lady of great delicacy of fibre with persistent profuse hæmorrhage, I saw the *muriate of hydrastis* in 5 grain doses of 1st trit., as recently recommended from America, effect decided improvement, bracing up the nerves and delaying the menses. In another case, *cimicifuga* has been equally useful both for the main trouble and its various secondary consequences.

Cases of *missed abortion* are often very insidious, and we may easily mistake them for and treat them as instances of so-called functional metrorrhagia. An examination is all important here for the sake of one's own reputation and for the patient's safety. Fortunately, the indicated homœopathic remedy, such as *sabina*, *secale*, *trillium* or *viburnum*, often wonderfully succeeds in stimulating the uterus to the necessary contraction and expulsion, but we ought to know with what we have to do, and in no class of case can we so completely gain the patient's confidence as in this, when she sees that we fully comprehend her condition, which, by the way, she has frequently a perfect knowledge of herself, but has abstained from communicating to us. Frequently, as I have treated these cases, I have in almost all instances had the satisfaction, after making my diagnosis, of standing by and seeing the chosen remedy safely accomplish for me all I wanted without operative (which means for the patient dangerous) interference. And how superior

this is to the clumsy and hazardous, though occasionally necessary efforts of the operator, all must acknowledge who have ever had themselves to extract a retained putrid ovum probably with symptoms of commencing septicæmia setting in.

The hæmorrhages of *cancer* of the uterus are generally easily distinguished; the peculiar fœtor of the discharge and the sensation to the examining finger being too obvious to be mistaken. Injections of Morris & Little's (of Doncaster) *soluble phenyle*—a non-poisonous preparation—is a wonderful comfort here both to the poor patient and her friends. I have seen of internal remedies *secale*, *hamamelis* and *crocus* effect considerable decrease in the hæmorrhage. As a general rule, in all hæmorrhages I prefer the use of hot to cold injections in acute cases and when pain accompanies, as in the debilitated. They have a much more reviving and stimulating effect, and by this means will check bleeding when cold water will fail.

Severe cases of simple functional climacteric metrorrhagia are met with. They should be subjected to examination if possible, for other causes may co-exist as in the polypus case related. Failing this they should be treated on the usual principles and by the remedies above named for uterine hæmorrhage.

CLINICAL JOTTINGS.

BY DR. MORRISSON.

Indications for Quassine.

DYSPEPSIA, with muscular constriction across the upper or middle third of the chest anteriorly, with or without pains and dyspnœa; tongue thickly coated with a grayish fur; loss of appetite; thirst; and especially in convalescence from acute disease.

Arnica Erysipelas.

I have recently had three cases of pustular erysipelas, running into acute eczema, from the external application of *arnica*; two being from the use of *oil of arnica*, and where the skin was unbroken.

The first of the latter was that of the Rev. J. P. G. The oil was applied to one foot only, but the erysipelas

invaded the face, scalp, ears, arms, hands, feet, legs, thighs, and scrotum, and required long and careful management, and the eczema following was only finally subdued by hydropathic treatment.

St. Saviour's Road, Brixton Hill,
December 9th.

ERRORS OF REFRACTION AND THE USE AND ABUSE OF SPECTACLES.*

By W. H. BIGLER, M. D.,

ALTHOUGH I cannot hope to present anything new in the following paper, I yet offer it, feeling that the importance of this branch of ophthalmological science cannot be over estimated, especially since it seems to be regarded by the general profession as the readiest to acquire and the easiest to practise. Almost every physician feels that all that he needs to do is to get a set of test lenses, and to proceed to examine the eyes of all his headache and neurotic patients and to prescribe glasses. But to test the refraction and to prescribe glasses is something different from curing the symptoms resulting from errors of refraction. Just as it is considered more scientific, more skilful, and more satisfactory to relieve strabismus by exercise and training than by tenotomy, and that, too, by men against whom the charge of incompetence and timidity cannot be brought, so it seems a great triumph of art, by remedies so to alter existing conditions that the muscles of the eyes can be used without further discomfort and pain, than by a mechanical contrivance to relieve them of all necessity of exertion. The joy of a child over a new toy is equalled only by the enthusiasm with which the medical profession hails new remedies, new operations, new theories. We all know the waves of enthusiasm that have rolled over the medical world, as one remedy after the other, one operation after the other, has been heralded abroad. This easily excited enthusiasm has not been confined to any one portion of the medical field; it is not only in the line of antipyrine

* Read before the Homoeopathic Medical Society of the State of Pennsylvania, September 18, 1888.

and Battey's operation, which have threatened to destroy all normal as well as abnormal heat, that we recognise this tendency to be carried away by one idea, but even in ophthalmology there have not been wanting signs of the same. The investigations of Donders into the nature and relief of asthenopia have offered such a fascinating theory to the oculist, and the verifications of its truth have been so frequent, that he has been tempted to trace almost every ailment to an error of refraction or muscular insufficiency. A wave of enthusiasm was started which swept over the land, delighting the opticians and deluging the people with spectacles, and going to an oculist is regarded by the laity as tantamount to being compelled to wear glasses.

The purpose of the following paper is to again draw attention to some points, the consideration of which is overlooked in determining what course to pursue in the relief of asthenopic symptoms.

We will concern ourselves solely with the so-called accommodative asthenopia, since it would lead us too far to consider muscular asthenopia, and, indeed, it would be unnecessary, since the general principles of treatment which we hope to arrive at will apply equally to it.

In order logically to arrive at my point, I will be obliged to run rapidly over the well-known nature of refraction and refractive errors.

By the refraction of the eye is meant the power possessed by the dioptric system of the eye, by virtue of its anatomical structure, of focussing parallel rays of light, normally on the layer of rods and cones, abnormally in front of or behind this layer.

In a normally constructed eye the relation between its refracting media and its own antero-posterior diameter is such that parallel luminous rays passing into the eye are, without effort, brought to a focus, hence forming a distinct image upon the layer of rods and cones of the retina. In reality all rays in nature are divergent, but those coming from a considerable distance, say ten feet, include so infinitely small an angle that they may be regarded as virtually parallel. Such a normally constructed eye has been called emmetropic.

When from any cause the antero-posterior diameter is shorter than the focal length of the refracting media,

parallel rays have not come to a focus on reaching the retina, and hence do not give a clear image, the eye being in a state of rest. This condition has been called one of hyperopia, or hypermetropia, or far-sight.

When, on the other hand, the antero-posterior diameter is too long in relation to the focal distance, the rays of light coming to a focus before reaching the retina, and therefore casting upon it only diffused rays and therefore an indistinct image, we have myopia or near-sight. Should the curvature of the cornea or lens be such that the focal distance is not the same for all meridians, we have what is called astigmatism, either hypermetropic, myopic, or mixed according as the refraction is hypermetropic or myopic, or hypermetropic in one meridian and myopic in another.

It is evident, that in order that a hypermetropic eye may have distinct vision of a distant object, and much more so of an object near at hand, either its own diameter must be lengthened or its focus shortened. The emmetropic eye must undergo a similar change in order to see objects inside of our supposed far point. The myope is helpless to see distant objects clearly; his eye is too long, and he can neither shorten it nor lengthen its focal distance. The nearer the object approaches his eye, the more divergent do the emanating rays become, and the nearer to the retina is the conjugate focus pushed, until at his so-called far-point, it reaches the layer of rods and cones and he has distinct vision.

The lengthening and shortening of the eye-ball by voluntary effort being manifestly impossible, the increase or decrease of the focal distance, by the strengthening or weakening of the bi-convex lens of the eye remains the only means by which clear images of near objects can be obtained by the emmetrope, and of any object, near or distant, by the hyperope, while it cannot help the myope.

This increase in the convexity of the lens is brought about in some manner by the action of the ciliary muscle, its contraction being stimulated by the attempt of the eye to obtain clear vision. This exertion of the accommodative power, as it is called, is, therefore, always dependent upon a muscular effort, and is aroused by a nervous stimulus. It is impossible to put forth this effort without consciously directing it to some object.

Its relaxation is the natural state of rest. Pain or discomfort resulting from the exercise of this ciliary muscle is called accommodative asthenopia. From these facts certain theoretical deductions can be drawn which are of practical importance. From the fact that the art of accommodation is voluntary and depends upon a visual vision received, and a conscious effort to make this more distinct we may infer:—

1. That where the visual impressions are weak or very indistinct, the effort to improve will be proportionately weak. This we will find borne out by our experience. We will find the greatest errors of refraction existing with but insignificant complaint of asthenopia, and relief sought not for discomfort but for indistinct vision.

We find this peculiarly the case in amblyopia and astigmatism, where an astigmatism of 0.25 D. or 0.50 D. will cause more nervous distress than will an astigmatism measured by whole diopters. A probable explanation of this would be that vision in the former case is so nearly distinct that the eyes are constantly urged to clear it up entirely, thus producing asthenopic symptoms, whereas, where the vision is very abnormal the patient either does not know any better condition, or has learned the futility of any effort to correct it.

2. When there is general irritability of the nervous system, asthenopia is very frequent, irrespective of the character or degree of the error of refraction. Anything, therefore, that tends to increase or foster this irritability will tend also thereby to produce symptoms of asthenopia. Thus we can understand how affections apparently far removed from the eye should so often become the evidently proximate cause of symptoms in them. (Uterine disease, nasal affections, hæmorrhoids, liver disease, dyspepsia, &c.)

3. We have here a vicious circle in which, while the irritability of the nervous system tends to intensify the symptoms liable to result from defects of refraction, these in their turn aggravate the neurotic inclination and its phenomena, often to such a degree that they are overlooked in the apparent paramount importance of these latter. This we see confirmed in the cases of seeming brain disease (chorea, epilepsy, &c.), in which no improvement could be obtained until some chance, perhaps, has led to decided amelioration, in some in-

stances, even cure, by the discovery and correction of errors of refraction found to exist. Very frequently the small amount of error discovered would tempt us almost to doubt its influence, were it not proved by the result obtained and explained by the consideration advanced above.

4. Accommodation taking place by the action of a muscle, it is logical to infer that in considering cases of asthenopia, we should be ready to recognise their similarity to affections of muscular tissue elsewhere in the system. Thus, leaving out of view the self-evident conditions of paresis and spasm, we will meet with over-fatigue—an insufficiency depending upon a temporary condition—and a state of muscular irritability where even habitual exertion becomes a source of discomfort and pain.

5. Even where the proper tests discover errors of refraction as the ultimate cause of asthenopic symptoms, careful examination will in many cases lead to the finding of other proximate causes of these, which are of the greatest possible importance in determining our line of treatment. Further, that there is in each individual a "personal equation" which must be taken into account, if discoverable.

From the above considerations we may arrive at the following general principles of treatment:—

We must disabuse our minds of the idea that because we find in our examination an error of refraction, that therefore of necessity the symptoms arising must be relieved by glasses. We must endeavour to find out whether the symptoms are not dependent upon some condition which is itself only temporary, and the relief of which will enable the eyes to perform their wonted work without other assistance. This does not necessarily imply that during the period of treatment nothing should be done for the relief of the unpleasant symptoms connected with the use of the eyes. But the means of relief must be employed with the intention of making them temporary like the cause that calls for them. We know that the use of glasses, by relieving the eyes of a certain amount of exertion, just to that extent renders them incapable of making that exertion. By prescribing glasses chosen according to the actual amount of ametropia present and not with

a due consideration of the concomitant symptoms and circumstances, we convert a temporary evil into a permanent one, even if we relieve the symptoms and delight the patient.

Again, ordering glasses for constant use when no inconvenience is experienced in distant vision, merely because the total error of refraction discovered would seem to call for it, is in my opinion an abuse of spectacles. The discovery of refractive errors by the use of test lenses, or by retinoscopy, or by the ophthalmoscope, is a beautiful exhibition of special skill, but after that to arrive at a knowledge of the immediate cause of the asthenopia, and to be able to decide upon the proper course of treatment, and to be able not to prescribe glasses—this requires a far greater skill—therein lies the true art of specialism founded upon the science of general medicine.

Philadelphia, Pa., U.S.A.

CONCOMITANT SYMPTOMS.

BY M. W. VAN DENBURG, A.M., M.D.

It has not been my good fortune to meet for many a day with so pleasing an item as one in Dr. Cooper's paper on the *lobelias* in the December number of the *Homœopathic Review*. I refer to his quotation of Dr. Malan's report concerning Hahnemann while in Paris; how he sent his pupil back to get the *concomitant* symptoms (p. 722).

One of the most unfortunate things among many others in the Hahnemannian arrangement of symptoms, is the loss—the utter destruction—of this invaluable characteristic of drug action. To the present generation it seems unaccountable that one who valued concomitants so highly as did Hahnemann, should have so completely annihilated them in his pathogenetic record. This may have come about from several causes.

From his habit of writing each symptom separately, in a sentence by itself (*Organon*, sect. 85 et seq., also 189), and the consequent necessity of casting the whole pathogenesy in a tabulated statement, upon some general plan.

Had the concomitant symptoms been more carefully expressed in writing his first statements, they would

surely have found a clearer expression in the arrangement that followed.

It is impossible for us to make up the great loss sustained in the unrecorded experience of so careful and accurate observer as was Hahnemann, in regard to concomitance in disease symptoms. Many of these are found in chronic diseases; but many more must have been left without a history save in the education of his immediate pupils.

Equally great, and of more practical value, is the loss of these concomitant symptoms in the *Materia Medica*. Hahnemann's wide experience in drug proving, the enthusiasm of his followers at the dawn of the new school, made every phase of drug-proving a success. Concomitance could not have been overlooked, but its value was disregarded. There are hints of it scattered through every part of the *Materia Medica Pura*, but they are mere hints. So much is it observed by the method of arrangement, that whoever wishes to obtain a clue to a clear understanding of this relationship, may consider himself fortunate if he be able to find it after the most patient study, and careful research.

It is also probable that the omission arose from the peculiar views Hahnemann held as to drug-powers, views not equally shared by all his followers. *Organon*, sects. 116—118, shows that he regarded every symptom evinced by every prover as a legitimate part of the drug effects, as a part of the properties of that drug; no matter if the symptom was manifested by only one out of many provers, or appeared only once in a given prover, still it was a property of that drug. Section 281 would lead us to expect that this rare symptom would prove just as effectual in a case of sickness, as any other symptom in the pathogenesis. "In view of the infallible proofs of experience," many an intelligent practitioner must demur to this statement.

It is a fact that every drug proving is based upon two factors; the individuality of the prover, and the individuality of the drug. If the drug remains a constant quantity, the individual provers' idiosyncrasies at least do not. Those symptoms can best be trusted which arise most frequently in all provers. For these show a strong probability of equality in the individual factors.

Now concomitant symptoms form as legitimate a part of the pathogenesis of a drug, as they do of a natural disease. If we are to prescribe for the "totality of the symptoms" of a disease, it must be by a "totality of the symptoms" of a drug.

Hahnemann speaks of constructing a drug-sickness from the recorded symptoms, like those of the natural sickness of the patient. (*Organon*, sect. 152).

It would be an error just as culpable, and no less a check to *certain success*, to omit concomitant symptoms in the drug as in the natural sickness. To take into account concomitant symptoms is as much a part of the "totality" in either case as to take account of any other leading phase.

The great and pressing need, among many very important ones, for a complete reconstruction of our *Materia Medica* is the restoration, in an available form, of the concomitant symptoms in drug pathogenesis. The "day-books" are too bulky, too expensive, too rare.

The cyclopædias are, like the unabridged dictionaries, a terror to the student. Too often they lie unused from their very cumbersomeness.

If the "small book" had concomitant symptoms plainly set forth for each drug treated, it would have one merit at least, that of being a *truthful* drug sketch, even though in outline only. It would be a "skeleton of a totality," that would be worth remembering, and always available.

Fort Edward, N.Y.,
December 11, 1888.

REVIEWS.

Headache and its Materia Medica. By B. F. UNDERWOOD, M.D.
New York: A. L. Chatterton & Co. 1889.

ANY book which will assist a medical man in finding a medicine capable of curing some forms of headache must be welcome. In the one before us, the author has collected together, within a comparatively small compass, the prominent headache symptoms of some of our best proved medicines, and has done so in a readable and, moreover, workable manner.

After briefly classifying headaches on the basis of their fundamental causes, he proceeds to present a study of the symptomatology of the more important medicines provocative

of headache. Having done so, a summary is given of the medicines producing pains resembling those present in the several classes of headache he has described. He then carries his analysis further and gives a very fair repertory of the pains, concomitant symptoms, and the conditions under which the several medicines he has dwelt upon excite pain.

It is a useful book, and one likely to be of much service to the practitioner anxious to cure a difficult and obstinate case of, oftentimes, one of the most puzzling disorders commonly met with.

Visiting List and Prescription Record. Otis Clapp.

We fully commented on this useful physician's companion last year. There is little to add to and nothing to alter in our remarks then made. The book may be briefly described as a visiting list, case book, cash book, and day book in one portable volume. It measures 4 in. by $6\frac{1}{2}$ in. by $\frac{1}{2}$ in., and is bound in a substantial calf cover with flap. It would be better if the paper were a little thinner, and would present a more pleasing appearance if the conspicuous monogram, &c., in large gilt letters were omitted.

The Homoeopathic Physician's Visiting List and Pocket Repertory.
By R. FAULKNER, M.D. Boericke & Tafel, New York.

In addition to the advantage of an ordinary visiting list, this book contains a concise index or repertory to the *Materia Medica*. From time to time useful suggestions cannot fail to be obtained from this source, although it does not claim to be complete. Being bound in with the visiting list as a pocket book, it can be consulted without attracting attention, and thus without bringing upon the careful and industrious physician the reproach of ignorance, which many patients unacquainted with the homoeopathic method are sometimes in haste to throw upon him.

The book is handsomely bound in morocco, and is very neat in appearance. Our own pockets are not sufficiently capacious to carry about a book of this size (8 in. by $4\frac{1}{4}$ in. by $\frac{1}{2}$ in.), but probably those who once use it will always use it.

Calendar for 1889. FLETCHER AND Co., Gas Engineers,
Warrington.

This calendar is got up after the fashion of a tailor's bundle of patterns. One of the leaves is to be torn off daily, whereupon the correct date and an advertisement of some of Fletcher's

manufactures greet one's vision. The calendar is unattractive, and has little to recommend it. This is, however, very far from being true of the gas apparatus advertised. Mr. Fletcher has made a long series of careful scientific experiments to ascertain the exact proportions of air and coal gas required to yield the highest degree of heat. We have some practical experience with gas apparatus, and of Fletcher's amongst the rest. We know of none so simple and so economical of gas for the same yield of warmth as these. For cooking and general heating purposes, whether for large or small apartments, and for almost every kind of laboratory work, they are probably the most efficient in the market. All material used is of the best, and where elegance of design is required it will not be found lacking. We should like Mr. Fletcher himself to know that his appliances run risk of being brought into discredit by incompetent workmen recommended by his firm in London for fixing.

MEETINGS.

REPORT OF THE HAHNEMANN HOSPITAL, PARIS.

GENERAL meeting held April 27th, 1888; Dr. Chanceler, President, in the chair. The report embraces a period of twenty-one months, from April, 1886, to December, 1887. The general meeting was not held at the usual time in 1887, on account of the death of Madame Thérèse Léon Simon, the first lady patroness of the hospital, and always a devoted supporter of the institution.

The most interesting feature in connection with this particular report is that it formally announces the fact that the Hahnemann Hospital at Paris (founded 1870) has been recognised by the State as an "institution of public utility." The official decree is printed with the report, and is dated August 9th, 1886. By this date, therefore, it is no news to those directly interested in the hospital. To us, however, it is a piece of very gratifying information.

During the period embraced by the report, 183 in-patients were under treatment, of whom 108 were suffering from acute diseases. In the out-patient department, 2,412 new patients were admitted, 26,415 consultations given.

Friends and patients of the hospital will mourn the loss of Dr. Masson d'Ardres, whose place at the hospital is taken by Dr. Charroppin.

The financial condition of the hospital is satisfactory, although latterly there has been a diminution of receipts from the paying beds.

Altogether we congratulate the president, secretary, and supporters, and officials generally, on the flourishing condition of the charity. It cannot fail to do good work under such able management, and we trust it will soon need to enlarge its borders.

The report of this meeting in April appeared only in the October number of the *Bibliothèque Homœopathique*, whence we extract the above details.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting of the above society was held at the Hahnemann Hospital, on Thursday the 3rd January. Dr. Mahony, the Vice-President, occupied the chair.

A paper on "Pruritus" was read by Dr. J. D. Hayward, in which the causes, varieties and treatment of this distressing affection were fully discussed. The writer expressed himself of opinion that local palliatives are frequently essential while the simillimum is sought. He mentioned a number of drugs suitable for internal administration, and also described a number of useful formulæ for producing local relief.

Dr. Hayward's paper was much appreciated by the members present, and the subject was fully discussed.

NOTABILIA.

TOLERANCE AND INTOLERANCE IN MEDICINE: CODES OF ETHICS.

The Medical and Surgical Reporter—an influential medical journal published at Philadelphia—recently gave the following abstract of a paper read by Dr. H. J. Bowditch, of Boston, before the American Academy of Medicine on the subject of Medical Ethics:—

"What code of ethics should the Academy adopt? The author took the ground that tolerance and intolerance were two great moral forces in the world at large, and that in the line of the resultant of these two powers, the world had been and would be for ever carried forward. History showed how these forces at times had actually changed places, and made vice appear to be virtue. Hence they must be used cautiously and understandingly. Turning to medicine, he found that intolerance had almost invariably been ready to oppose any new idea. Ambroise Paré, Jenner, etherization and Morton, thoracentesis by Wyman's method, were brought forward as

examples of the truth of the above statement. Tolerance had, however, always come to the rescue.

"The author next referred to the American Medical Association and to the great interest in it in its early days, and spoke of the gradually developing tyranny of its 'Code.' He called attention to the action of the American Medical Association last year, preparatory to voting that no signature to Codes should be required hereafter. The expulsion of the New York State Society was spoken of. In this connection he referred to homœopathy and eclecticism, and expressed freely his disgust at the tyranny exhibited at the time of the expulsion of the homœopaths from the Massachusetts Medical Society. He gave his testimony from personal knowledge of some members of these two sects, as to the integrity and intelligence of some homœopaths. He advanced the opinion that the Academy will not recover its just position until it rescinded the vote adopting the code of ethics. He asserted that the only true code, viz., 'that of the gentleman,' was the golden rule of 'doing unto others as you would have them do to you.'

"He concluded with the following words: 'Gentlemen of the Academy! If all of us would make that Divine rule the guide of our professional relations, tolerance and intolerance would join hands in peace; and this Academy, if it could induce all physicians to act upon it, would have accomplished one of its highest missions. God grant that this body may, with each year of its growth, by the work of its individual members, and by its own joint labours, tend to bring the whole profession of America up to higher grades of thought, of sentiment and of action, so that we may, at length, really become what we have hitherto, but with unconscious falsehood, claimed to be, a truly liberal profession.'"

LONDON HOMŒOPATHIC HOSPITAL:

THE registers of the Hospital for the nine months ending December 31st, show a marked advance in activity even over the corresponding period of the year 1887 which was an exceptionally active year. The In-Patients have numbered 548, as against 521 in 1887, and 512 in 1886. The Out-Patients have numbered 6,957 against 6,429 in 1887 and 6,492 in 1886. The percentage of "cured" and "much improved" continues as high as usual, and the diseases have comprised typhoid fever, pneumonia, rheumatic fever, post-scarlatinal nephritis, meningitis, pseudo-hypertrophic paralysis, acute nephritis, cerebral gumma, erysipelas, gastric ulcer, diabetes, pleurisy, hemiplegia, paraplegia, diphtheria and

pyæmia. The usual average of nurses engaged in out-nursing duty has been maintained, and the number out in the latter part of 1888 has been 26. These figures show that the activity and usefulness of the Hospital is constantly on the increase, and that when the necessary balance between the income and expenditure has been restored, its future will be one of much hopefulness and utility.

PROPOSED INTERNATIONAL HOMŒOPATHIC CONGRESS, PARIS.

We append a translation of the circular letter issued by our Paris confrères respecting the Congress they have resolved to convene on the occasion of their next International Exhibition. The secretary remarks that such congresses have always produced "d'heureux résultats." All those who have had the pleasure of being members of these gatherings will agree with Dr. Marc Jousset. Not only the actual instruction in professional matters, but still more the opportunity afforded for friendly intercourse between those who would not otherwise meet, and the encouragement given to many who learn that, although isolated, they are not alone, will always render these Congresses popular. We wish that this one may exceed the most sanguine expectations of the Executive.

"Paris, December 20th, 1888.

"Dear Sir and Colleague,—When ten years ago an International Exhibition was held in Paris the various learned societies deemed it a suitable occasion for meeting in congress. The Soc. Méd. Homœopathique de France, not behind the rest, met in conference on the 13th August, 1878, in the Trocadéro Palace, where, by permission of the Government, members from all parts of France and from foreign countries assembled.

"You are aware that another exhibition is in preparation, and a scientific enterprise is on foot, similar to the one just referred to. Homœopathy must not lag behind; the two societies of Paris have therefore resolved to convoke a general meeting for the latter half of August, 1889. The Soc. Méd. Hom. de France and the Soc. Hahnemannienne Fédérative have nominated representatives conjointly to prepare this Congress. In the name of these two Societies we ask your support now and your presence at the time.

"Since the year 1835, in which the Société Gallicane held its general meeting at Paris, many Congresses have assembled and with the happiest results. We expect the same success to follow the one now proposed. Have we not the same

object as our predecessors? To bring about more intimate relations such as it is fitting should exist between men who, although scattered all over the world, are devoted to a common cause, who are striving for the development and triumph of truth in medicine, men subjected to the same difficulties and fighting the same battles—this is our object.

“The following are some of the problems which we propose for consideration, viz.:—The solution, by means of the exchange of practical suggestions, of the questions which are the subject of much controversy amongst us; to determine the principles admitted by all, which form the basis upon which homœopathy rests; unitedly to consider the best modes of propagating the truth which we defend, and to lay the foundation of a complete and regular system of instruction therein.

“Having thus sketched the prominent features of the congress of 1889, the first duty of the commission is to solicit your support; the second is to request you to let us know as soon as possible what are the questions you deem most profitable for discussion, in order that a general programme may be drawn up beforehand.

“We should also be glad to receive (by the 1st of June at the latest) either the papers to be read or the general conclusions arrived at by their authors, that they may be printed beforehand to facilitate their discussion.

“We hope, Dear Sir and Colleague, that you will favourably receive the project we have the honour to lay before you, and that you will give it your support. Subsequent circulars will be issued giving all details, as well as the exact date and meeting place of the Congress.

“With sincere expressions of regard,

“The members of the Executive Committee,

“Dr. Léon Simon,

Dr. Marc Jousset,

President.

Secretary.

“MM. Compagnon, Guérin-Ménéville, Love,
Vincent, Léon Simon.”

Papers and communications to be addressed to the Secretary, Dr. Marc Jousset, 241, Boulevard St. Germain.

JAMBUL IN DIABETES.

Jambul (*Syzygium jambolona*) is a drug which has been before the profession as a remedy for diabetes for over a year. “The jhambul is a small evergreen tree, indigenous to the humid regions of India, especially to the Malayan Peninsula.” (*Therapeutic Gazette*, 1887, p. 890.) Both bark and seeds are used, but the seeds appear to be possessed of more active

properties than the bark. Dr. Morse (*Maryland Medical Journal*, October, 1887) used doses of 5 grains of bark and seeds 3 times a-day. He avers that jambul increases "the vaso-motor and reflex functions of the spinal cord, producing a general rise in blood pressure, especially in the renal arteries." "In diabetes it is said to lessen the specific gravity and quantity of the urine, and to diminish the amount of sugar, while the abnormal thirst and other unpleasant symptoms of the disease are overcome." The most recent recorded experience is that of Mr. George Mahomed, of Bournemouth, who narrates an instructive case in a recent issue of the *Practitioner* (December, 1888, vol. ii., p. 416): Mr. X. Z., about 60 years of age, had suffered from syphilis and brain troubles. He had had diabetes 9 months when he applied for advice. During this period he had suffered from nervousness and confusion of ideas. He says he loses consciousness, and "talks of things he should not mention." Appetite good; not much thirst; appearance robust; walks a good deal; has pruritus ani. The urine was of the sp. gr. 1020, and contained a considerable amount of sugar. He received 2 grs. of *jambul* three times a-day in *perles*. At the end of a week the sugar had entirely disappeared, but re-appeared when the drug was discontinued, again to vanish when the remedy was resumed. The patient thought that the drug caused depression. He continued 2 grs. twice a-day for some time. Mr. Mahomed's most recent note says the patient believes himself quite cured of his diabetes, and that he now passes less water than he has done for a year or two. No sugar present.

On the other hand, unsuccessful cases are recorded, accompanied in some instances with decided and significant aggravation of the general symptoms, and with increase in the quantity of urine and of sugar therein.

A woman with diabetes was treated in hospital as follows, being "dieted" the whole time:—

For nine days she took *quinine* and *iron*. The daily average of urine was 98 ozs., and the average specific gravity was 1041.5.

For ten days she took *opium*. Average amount 91.3 ozs., with specific gravity 1040.

For eleven days she took *jambul*; at first 2½ grs., and then 5 grs. three times a-day. Average amount 138.3 ozs.; specific gravity 1041.5. Sugar was always present; quantity not stated.—*British Medical Journal*, vol. i., 1888, p. 1,112. A similar instance is recorded at page 901 of the same volume, in which details of the increase of all the symptoms are given.

Mr. E. H. Fenwick reports a diminution of sugar and urine, and a rapid healing of sloughing ulcers in diabetes. Under Dr. Robt. Saundby's care five patients were submitted to this treatment (5 grs. three or four times a-day). There were eight distinct trials in the five cases, five being followed by an increase and three by a decrease of sugar. Its disuse was followed in four cases by a decrease, and in two cases by an increase.—*Annual of Univ. Med. Sci.*, 1888, vol. i., p. 470.

In doses sufficiently small to cause no aggravation, the drug has been used with advantage at the London Homœopathic Hospital, and it undoubtedly deserves a trial.

EXPERIMENTS WITH SUB-NITRATE OF BISMUTH.

DRS. DALCHÉ and Villejean have been conducting a series of experiments upon dogs to demonstrate the symptoms of acute and chronic poisoning with *bismuth*. They employed subcutaneous injections as the readiest means of introducing the drug into the system.

Their summary of acute poisoning is as follows:—A bluish-brown or black shining line appears at the edge of the gums, and patches of a similar colour on the inner surface of the cheeks and on the under surface of the tongue. In very acute cases gangrene develops, albuminaria, enteritis with bloody dysenteric stools, and hepatic congestion with increased secretion of bile were also induced.

In the more chronic cases, after repeated injections of small doses from $\frac{1}{4}$ to $\frac{1}{2}$ gramme, the following conditions developed: Ulceration of the inner surface of cheek, slight at first and like a mere scratch, gradually developing a brownish border and appearing also on the tongue. The ulceration was always most marked at the line of contact of teeth and cheek or lips, the exact shape of a tooth being sometimes marked out. Sometimes small local sloughs occurred, and in one case gangrene occurred and the cheek was perforated. The whole mouth was inflamed and the gums were red and tender and easily bled.

In addition to the stomatitis, in one case a paralytic condition was induced; at first the left hind leg became gradually weaker and weaker, and would not support the weight of the animal, and undoubted atrophy of the thigh accompanied this. The sensibility was difficult to estimate. Then the left fore leg was affected and finally the right hinder extremity. Thus the whole of the hind quarters were paralysed, and paraplegia and left hemiplegia were together present. Slight movement was present throughout, but only in the muscles of the thigh and shoulder. The tendon

reflexes were present and the pupils remained active. At the autopsy of this case no nerve lesions were found, but the spinal cord was not examined. Stomach full of bile; large intestine inflamed; kidneys and liver congested. In the kidneys albuminuria in life was associated with glomerulitis discovered at the autopsy.—*Bull. Gén. de Thérap.*, Tome cxv., p. 404.

THE RELATION OF DRUGS TO THE SECRETION OF BILE.

As is well known there is no therapeutic question in relation to which so much doubt and disagreement prevails as that relating to the action of drugs on the biliary secretion, or, as is commonly said, on the liver. (*The American Journal of the Medical Sciences.*) Observers have so contradicted each other that one hardly knows where to look for truth. Perhaps the experiments of Rutherford have been most generally accepted. Recently Provost and Binet have published the results of most exhaustive inquiries into the subject, controlling and testing the results of all previous experimentation, particularly that of Rutherford. The experiments are given in exact detail, of much interest from a physiological point of view, and those interested may refer to the original articles (*Rev. Med. de la Suisse Rom.*, May, June and July, 1888). The method employed was to establish a permanent fistula from the gall-bladder, the track of which was opened from time to time for the experiments. The authors lay stress upon this, as they claim for the method advantages over the *canula* in the estimation both of the normal flow and that under medication. In confirmation of the statement of Röhmman, the infliction of biliary fistula has been consistent with the preservation of good health in the animals, if only fat is withdrawn from the diet.

Bile itself, Provost and Binet find to be the most powerful cholagogue, whether given in the natural state or in the form of a dry extract. If this be true, and it is only confirmatory of what many other observers have asserted, a good deal of doubt is thrown upon the conclusions of Rutherford, since he, believing the ingestion of bile to have no influence over the secretion of bile, actually used it as a vehicle for many of the drugs with which he was experimenting. Bile is also toxic in sufficient doses, subcutaneously, and will produce death, with symptoms of collapse. The intestine higher up is found, post-mortem, full of bile; lower down, full of a diarrhoeic matter, often bloody; sometimes the urine is bloody.

The following substances [Group 1] these observers have found to increase the flow of bile, viz., urea (in a single instance, accompanying severe gastro-intestinal trouble); oil of *turpentine* and *terpine* [On the supposed action of *ol. terebinthin.* on the biliary secretion is based the treatment of biliary lithiasis after the method of Durande. The present observers find that *turpentine* and its derivatives produce a "notable" increase in the secretion.] *Chlorate of potassium*, which also has long possessed reputation as a cholagogue, increased the flow by once or twice the normal. Further, *benzoate* and *salicylate of sodium* (two or three times the normal), *salol*, *euonymin* and *muscarin* (subcut.)

Group II. Substances producing only a slight or doubtful and inconstant increase are: *alkaline salts*, *Carlsbad salts*, *propylamine*, *antipyrin*, *aloes*, *cathartic acid* and *rhubarb*, *hydrastis canadensis*, *ipecac.* and *boldo*. Thus *cathartics* and the *alkaline salts*, which Rutherford considered cholagogue in non-cathartic doses, these observers found lacking in any such power.

Group III. Substances diminishing the secretion; *iodide of potassium*, *calomel*, *iron* and *copper*, *atropine* and *strychnine*. In regard to *calomel*, the writers have not been able to confirm Rutherford, who believed that what cholagogic action *calomel* had was owing to the transformation into corrosive sublimate. The last named substance given by itself produced no increase.

Then follows another group of substances which are without action. In regard to the elimination of drugs through the bile, the conclusions of the observers are that it is unimportant, the quantities being quite small. It is interesting to note that they found ox bile present in the bile of a dog which had taken it. There is no constancy between the elimination of a substance in the bile and the effect of the same on the activity of secretion. The subject appears to have been particularly well studied, and the paper and its conclusions deserve attention.—*Dietetic Gazette*, December, 1888.

A GOOD FOOD FOR INVALIDS,

Children, and all persons whose digestion is delicate, is that prepared by Neave, and it combines a further recommendation in its cheapness. Not that expense should be too closely studied where the welfare of our olive branches is in question; but economy naturally exults at the combination of goodness and cheapness. It is found a pleasant food by those who take it, and is decidedly nutritious and wholesome.

THE CONCORDANCE REPERTORY.

THE prospectus of the *Concordance Repertory* is probably now in the hands of most of our readers. This gigantic work comes, as is so often the case with any extensive and enterprising work in connection with homoeopathy, from America. It is arranged and will be published by Dr. Wm. Gentry, of Kansas City, and as far as we can judge of it, by a few short specimens, it could hardly be better arranged. Of course the absolute value of any repertory depends upon the reliability of the sources from which it is compiled. We have the author's word for it, that "only well proven and reliable symptoms are given." It will, of course, include clinical symptoms, and we think that, where possible, a typographical difference or some sign should indicate this. We cannot do without these clinical symptoms, but we ought to know exactly the nature and reliability of the weapon we are using. The *Cyclopadia of Drug Pathogenesis* and its *Index* will furnish us with full and reliable information, easy of access, of the pathogenetic power of drugs from every side but the clinical. The *Concordance Repertory* will thus be a useful complement to that work. The *Concordance Repertory* will give us the conditions of every symptom, but not its concomitants—herein lies the superiority of the *Cyclopadia* over every other work yet published. But for facility of reference no existing work can equal the *Concordance Repertory*. The crucial test is the use of it in practice. No one can make this for another. We shall at once order the first volume in order to apply this test. Example is better than precept.

For the benefit of those who have not taken in how valuable a work this will be, we append an extract from the prospectus.

"The *Concordance Repertory* is arranged like an index or a dictionary. In compiling, the author has observed the following rule: 'Give the word conveying the central thought or object of the sentence, also the verbs and essential adjectives.' For instance, take this symptom: '*Violent distension after eating.*' Distension being the word expressing the central thought, reference is made to the letter 'D' in the *Concordance*, and under the heading 'Dis.' the word 'Distension' is instantly found in black letters on the side of the page, and the desired symptom follows in the text. The same sentence may be found under 'E,' in 'Eat,' and following 'Eating,' in the margin.

"'Pressing on the umbilicus causes pain in the anus.' This symptom may be found in 'P,' under 'Pre.' and 'Pai. ;' in 'U,' and in 'A.' 'Apprehension when ready to go to church or opera bringing on diarrhoea.' This sentence may be found in 'A,' 'C,' 'O,' and 'D.'"

MR. TATE AND UNIVERSITY COLLEGE,
LIVERPOOL.

MR. HENRY TATE, the munificent donor of the Hahnemann Hospital, Liverpool, has given another proof to the town of his liberality and liberal-mindedness by making a donation of £16,000 for the completion of the library block of the University College. His name is to be associated with the library and a bust of Mr. Tate is to be placed in it.—*Brit. Med. Jour.*, Nov. 17, 1888, page 1,181.

COCAINE POISONING.

THIS case may be read in connection with Dr. Wilde's article on the same subject, which appeared in the January number. A. M., æt. 29, suffering from stricture of urethra and perinæal fistula. The patient was placed on the operating table for the performance of internal urethrotomy; one drachm of a 20 per cent. solution of *cocaine mur.* was introduced into urethra by a long nozzled syringe. The instrument had scarcely been taken out when the man made a foolish remark, the muscle of his face began to twitch, eyes staring, pupils dilated, frothing at mouth, face much congested, respiration interfered with, and ending in violent epileptiform convulsions, lasting some seconds. These convulsions were continued with increasing violence, several minutes at a time, the whole muscular system taking part in the spasm. Action of heart not much interfered with, and appeared to be so only secondarily. Respiratory muscles seemed first to fail, and then the heart's action became irregular and slow. Respiration gradually more and more interfered with, surface deeply cyanosed, pulse slower, and in twenty minutes the man was dead.

Post mortem.—Lungs much congested. Heart normal; right side empty, left side filled with currant jelly clots. Abdomen: Liver much congested; spleen, stellate cicatrices on surface; kidneys congested and scarred (syphilitic). No urethral lesion. Brain much congested; membranes thickened for 2 square inches around longitudinal sinus and adherent to brain.—*Med. News*, (Philad.), July 21, 1888, p. 70.

ANTISEPTICS IN MIDWIFERY, ETC.

AND much that is unnecessary and not a little that is dangerous, the net outcome of all the thought and all the discussion on this subject is clearly a great saving of human life. There will not be wanting those who state that the gain is due to the increased care and cleanliness involved in carrying out

any particular system or course of antiseptics. There are many bold unbelievers who aver that this alone explains the success of Listerism. Be this as it may, the introduction of the use of antiseptics in midwifery practice has resulted in a great reduction of the mortality in lying-in institutions. The following figures speak for themselves. In the Copenhagen Hospital the mortality fell from one in nineteen to one in eighty-seven; and in St. Petersburg, while puerperal fever was rife in the neighbourhood of the hospital founded by the Grand Duchess Catherine, in the hospital itself not one death occurred in three years—in each case careful antiseptic treatment being adopted. (*Lancet*, Dec. 1st, 1888, p. 1,067). In connection with this subject a point of great practical importance has lately been made by one or two writers who have pointed out the baneful influence of personal septic conditions in operators, accoucheurs, and nurses.

Discharges, regarded as trivial or overlooked altogether, have proved themselves virulently septic by inducing puerperal fever or septicæmia after operations. By way of illustration we quote the following case: "My friend had engaged a qualified assistant, and being called away, the assistant was sent to an important midwifery engagement some distance off, and all went well until the end of the third day after delivery. Puerperal fever set in with a rapidly fatal termination. I was asked to examine the assistant, and I found that he suffered from tertiary syphilis, disease of the nasal septum with a most offensive discharge and foul breath."* Otorrhœa and carious teeth have proved similarly disastrous. A word to the wise is sufficient.

SEWER GAS.

The presence of sewer gas in a room may be detected as follows:—Saturate unglazed paper with a solution of one troy ounce of pure acetate of lead in eight fluid ounces of rain water; let it partially dry, then expose in the room suspected of containing sewer gas. The presence of this gas in any considerable quantity soon blackens the test paper.—*Burgoyne's Monthly Journal of Pharmacy*.

A NEW HYPNOTIC.

It is claimed by those who are most conversant with *sulfonal*, discovered recently by Professor E. Bauman, of the University of Freiburg, that it is destined to fill a most important place among the few well-trying drugs for the direct relief of pain

* Hewetson. *Lancet*, vol. ii., 1888, p. 1,015.

and insomnia, without any of the objectionable features which may attend, in greater or less degree, all other known hypnotics and narcotics. The drug is without smell or taste, and easily dissolved in 100 parts of water, and according to the report of Professor Rast, of Freiburg, who has carefully studied its physiological action and clinical use in several hundred cases, in which he has given it both to the sick and well, it has no injurious secondary effects, and may be taken with impunity in proper doses to produce sleep. The testimony of many distinguished observers all concur in the most favourable mention of the drug in nervous sleeplessness due to neurosis or psychosis, and in insomnia accompanying acute febrile diseases, such as typhoid fever. In the sleeplessness of the insane, especially in melancholia, Dr. Cramer found the action of the drug very quieting, and followed by no unpleasant results. We have tested *sulfonal* in fifteen or twenty cases, and in every one with the most happy results. A lady, who had long suffered from nervous insomnia, obtained from fifteen grains seven hours of quiet sleep. The drug was continued every night for a week, when the trouble which had tormented her for months disappeared. Another lady in very much the same condition, tried for several nights ten-drop doses of *passiflora* without any effect. The first dose of twenty grains of *sulfonal* was followed in a half-hour by a drowsy feeling, and in an hour's time by a quiet natural sleep, which lasted eight hours, with no unpleasant after-effects. A lady suffering from severe cardiac trouble, from which she died, was very much soothed in her last days by the rest and sleep obtained by twenty-grain doses of *sulfonal*. A gentleman in the last stage of paralysis agitans, when the suffering from cramps and neuralgic pains had been for a long time so great that only temporary relief could be obtained from the most powerful narcotics and hypnotics, whose after effects were seen in a greatly disturbed mind, found rest and sleep from thirty grains of *sulfonal* repeated twice a day.

Dr. Rosin, of All Saints' Hospital, Breslau, found *sulfonal*, in the 274 cases over which his observations extended, not only produced refreshing sleep, but that it also quieted in a very marked degree the irritating and harrassing cough of acute bronchitis, pneumonia and phthisis.—*The New York Medical Times*, November, 1888.

SACCHARIN.

VERY various are the opinions which have been expressed as to the wholesomeness of this singularly derived product as a substitute for sugar. Dr. Pavy, whose large experience in

the treatment of diabetes lends considerable weight to his opinion on dietetics, published the following as the result of his observations on this substance, in the course of a letter to the *Lancet* of November 3rd, 1888.

“Sugar employed with our food not only serves to render it agreeable to the palate, thereby promoting its being taken with zest, but contributes in itself under conditions of health as an alimentary article. Saccharin fulfils the first purpose, but is not of a nature to possess any virtue in relation to the second. It cannot, therefore, take the position of a representative of sugar, and, I need hardly say, should not be used to give a fictitious sweetness in lieu of sugar. It stands upon its own ground, however, regarded purely as a sweetening agent, and I know of nothing to preclude its use with perfect safety from harm by those whom circumstances may render it advisable to employ it in place of sugar. To the diabetic it must undoubtedly be looked upon as a great acquisition. To the unduly stout it may also be regarded as fitted to render similar service. There are others also who, for reasons well founded or not, desire to avoid sugar, and to these it affords the means of giving effect to their wish without having to sacrifice any thing as regards sense of taste. It is a striking attribute that it should have the power of affecting our nerves of taste in what may be appropriately designated the transcendent manner it does. In other respects, no special effects are exerted by it. It is nowhere authoritatively contended that it possesses any irritant or directly injurious properties. Vague dyspeptic troubles are spoken of without any proof or reliable evidence that such are occasioned by it. The most specific charge against it is that it may interfere with digestion through the antiseptic power with which it is endowed. The answer to this is that it becomes quickly absorbed from the digestive system, to be eliminated from the body in an unchanged state, and thus does not remain within the sphere of capacity for operating in the manner alleged. Moreover, if the circumstances stood otherwise, the quantity required to be employed for flavouring purposes is so minute that little room is afforded for any material action to be exerted in the direction named.”

On the other hand the *British Medical Journal* of the same date informs us that :—“A report by a medical commission appointed by the Minister of Commerce to examine into the properties and effects of saccharin as a food, expresses the opinion that materials which are antiseptic or capable of fermentation should not be introduced into food. It should be borne in mind, the report continues, that a substance is only a food on condition of its being able to undergo in the

economy all the series of changes which render it assimilable. Not only is saccharin not a food, but by its antiseptic properties it renders entirely unalterable the substances with which it may be mixed. To substitute saccharin for sugar, therefore, is to suppress an article of food in order to replace it by an inert body ; it is to check or retard the physiological actions which produce the change into sugar of the amylaceous materials ; it is, in short, to expose the organism to a double deficit. The delay effected in the change of the fibrin of the albumen is not clearly shown. Hence the Commission concludes that saccharin should not be introduced into food ; that it is not a food and cannot replace sugar ; that its use, or that of its preparations, seriously disturbs the digestive functions and increases the affections known under the name of dyspepsia, and that it should be prohibited as an article of food. It is said that the Portuguese Government has prohibited the introduction of saccharin into that country."

Again in the same journal a month later we read :— The largely increasing use of saccharin, not only in the treatment of disease, but as an ordinary substitute for sugar, renders it important that all evidence adduced as to its action on the human frame should be noted and recorded. Bearing this in mind we, in the *Journal* of November 3rd, gave a short *résumé* of the conclusions arrived at by a French Medical Commission appointed to enquire into the subject. On another page of to-day's *Journal* will be found a letter from Dr. Fahlberg, the discoverer of saccharin, in which he altogether denies the correctness of the views held by the Commission, and in which he further stated that the "highest authorities in the world" deny that saccharin exercises any harmful influence upon the system. The main ground upon which the Commission based its conclusions was that saccharin is not a food, that it has considerable antiseptic powers, and that it therefore retards or checks the digestive functions. It must be admitted that saccharin is in no sense a food ; but the results of some experiments by Drs. Stevenson and Wooldridge, recently published, tend to show that saccharin is innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary. As a result of actual experiment, they have determined that saccharin, when present in any practicable quantity, has no retarding influence on the peptic digestion of fibrin, although the presence of 0.25 per cent. slows the process decidedly, and 1 per cent. greatly retards it. They further found that "the diastatic solution of starch" was not hindered by the presence of as much as 2 per cent. of saccharin.

The authors do not seem to have performed any experi-

ments with pancreatic ferment, but, not satisfied with those on the extra-corporeal action of saccharin on peptic digestion, they made comparative and concurrent experiments on two dogs, and found that the swallowing by one of them of one gramme of saccharin with a single meat meal did not in the least interfere with the gastric digestive process. Altogether we consider that, up to the present time, the balance of evidence is in favour of the supposition that saccharin is generally innocuous. But it must be remembered that saccharin is comparatively new as a therapeutic agent, and it is quite possible that in some conditions of disease a patient may not be able to tolerate it. If such be the fact, in process of time these cases will be duly recorded and classified and thus experience will inform us as to when the use of saccharin is contra-indicated.

CACTUS, A NEW REMEDY.

By November, 1888, *Cactus grandiflora* (a plant of Central America, we are informed) reached the *Bulletin Gén. de Thérapeutique* as a new remedy for heart disease. The drug is recommended by one M. Orrando Jones (?) as a cardiac stimulant, especially indicated in cases of extreme weakness of the heart. This beautiful plant and valuable remedy has experienced a slow and tedious journey from Italy to Paris—having visited and blessed many other countries *en route*. *Cactus* was, we believe, introduced by Dr. Rubini, of Naples, some twenty-four years ago. Probably, were the learned editors of the *Bulletin* to consult their colleagues at the Hahnemann Hospital in Paris, they might learn a little more about *cactus* and its "novel" application to heart disease. But these "new discoveries" are so many and so frequent as scarcely to excite a smile or a frown.

THE SIGNIFICANCE OF TRACES OF SUGAR IN THE URINE.

VARIOUS observers have for many years held that sugar is a natural ingredient of the urine (Bence Jones, Brücke, Brodecker, Gubler, Pavy), while as many equally reliable ones have failed to satisfy themselves of its presence. (Lehman: *Physiological Chemistry*. Phila., 1855, vol. 1, p. 257; Kulz, Malay, Seegen, Gorup-Besanez). Thus has arisen a controversy which I think, however, is now about concluded. Those who maintain the affirmative of this question have either been obliged to employ large quantities of urine, concentrate it by evaporation, and bring to bear profound chemical knowledge in order to demonstrate a trace of sugar, or they have depended upon the reducing properties which normal

urine possesses when treated with some of the standard tests for glucose. Now, normal urine which will respond to the reduction tests will not undergo the alcoholic fermentation in the presence of yeast. And it is generally acknowledged by those who consider sugar to be a normal constituent, that urine contains something else capable of reducing cupric oxides. Uric acid has long been known to possess this property, and Dr. Pavy (*Med. Chir. Soc. Trans.*, vol. 68, p. 222) expresses his side of the question when he says that the reducing action (on cupric oxide) which normal urine exerts is due, one-fourth to uric acid and three-fourths to the small amount of sugar naturally present in the urine. He further adds that it is doubtful if there is any other body worthy of consideration which has any reducing effect. Our own experiments on this point have convinced us that after removal of the uric acid from normal urine by lead acetate, the urine still contains something capable of reducing cupric oxide and picric acid, yet inactive to the yeast test, even when concentrated by evaporation; and our conclusion was that this something is not sugar. Therefore our belief has been, and still is, that the urine from a person who is free from disease or functional disorder, and who has not recently ingested an excess of starchy or saccharine food, will be found to be free from sugar.

This view has been recently verified by the researches of Mr. George S. Johnson, M.R.C.S., F.C.S., etc. (*Proc. Royal Soc.*, vol. 42).

The conclusions of this observer are that "cupric oxide will be reduced by the normal urine in quantities equivalent to the reduction effected by 0.48 to 0.51 grains of glucose per 1 fluid ounce. The total reduction effected by normal urine is accounted for by the uric acid and kreatinin which it contains." And Dr. George Johnson, basing his faith upon his son's researches, says (*Brit. Med. Jour.*, Jan. 8, 1887) that it is conclusively proven—

- 1st. That not a trace of sugar is to be found in normal urine.
- 2nd. That as uric acid has no reducing action on picric acid, the chief, if not the sole, constituent of normal urine which reduces picric acid in the presence of potash is kreatinin.

We are perfectly satisfied as to the correctness of these experiments, and feel justified in believing that the verdict must stand: Normal urine contains no sugar.

Hence the presence of sugar in the urine in any amount must have some significance, and it behoves us to familiarise ourselves with all possible conditions with which it is associated, in order to determine its import.

To begin with, we would have the distinction between

glycosuria and diabetes mellitus constantly borne in mind. Too many writers confound the terms. We may have glycosuria without the diabetic element, as we may have diabetes without the glycosuric feature. Without going into the complicated and unsettled pathology of glycosuria, with or without diabetes, we will state that our understanding and belief is that diabetes mellitus is the result of a central lesion of the nervous system, while glycosuria is caused by direct irritation of the hepatic vessels by toxic constituents of the blood.—(Pavy, Harvey, Ralfe).

We believe that Prout (*Stomach and Renal Diseases*, Phila., 1843, p. 43) was the first to describe cases of glycosuria without diabetes, occurring in gout, dyspepsia, and in the aged. He also points out the fact that *a low specific gravity of the urine is no certain indication of the absence of sugar.*

Dr. Wm. Ord (*St. Thomas' Hosp. Report*, vol. xii., p. 1) in a paper on *Some Clinical Aspects of Glycosuria*, narrates a series of cases wherein the urine contained sugar in variable amounts, unassociated with the diabetic element. Many proved to be of a serious nature, and at times the presence of sugar was difficult to detect. His list, which excludes temporary glycosuria "from certain passing provocations," consists of twenty-two cases ranging from fifty to eighty-four years of age, and includes only two women. There were twenty cases of nervous disorders; gout, eight; errors of diet, over-eating and drinking, three; albuminuria, ten. There were two cases of syphilis in young persons, with variable amounts of sugar. The conditions found to exist and symptoms complained of were nervousness, excessive mental work, anxiety, insanity, apoplexy, locomotor ataxy, hypochondriasis, tinnitus, shingles, hysteria, headache, loss of memory, numbness in limbs, sciatica, and angina pectoris, two cases.

We have notes of twelve cases bearing upon this subject, of which the following are good examples.

1. L. W., age 35, upholsterer. Has felt ill for a year. Lost flesh. Is depressed and indisposed to work. Has occipital headache. Bowels regular. Appetite fair. Does not drink to excess. Looks pale and tired. Has backache. Voids the normal amount of urine. Drinks very little water. No cause for these symptoms could be discovered by physical examination, until we came to the urine. Sp. gr., 1020. No deposit. Careful manipulation detected decided trace of sugar. Ordered mineral acids and *calomel*, and to avoid sweets and starches. At the expiration of three weeks the sugar permanently disappeared and the patient ceased to complain.

This was a case of faulty tissue metabolism, and he could not tolerate sugar.

H., broker in Wall Street. Single; æt. 40; 150 lbs.; height 6½ inches. High liver. Drinks to excess. Well until recently, when his head began to trouble him. Could not apply himself to business. Insomnia. Pain in occiput. Restless and apprehensive. Does not void an excess of urine. Urine, dark amber. Sp. gr. 1015. No albumen. Sugar, a trace. He was advised a regular life, abstinence in eating and drinking, vacation in the mountains. A month afterwards he was feeling slightly better, but albumen and renal epithelium had appeared in the urine. This case has gradually gone on to chronic Bright's.

Now enough has been said to indicate the points which we wish to make prominent regarding the significance of small amounts of sugar in the urine. Of course we do not mean those instances familiar to us all as being insignificant which are associated with what Dr. Ord calls "passing causes," and constituting temporary glycosuria. Such conditions are easily produced by the rapid absorption of an excess of starchy or saccharine food, slight nervous derangements, physical exercise, &c. We speak of cases where a trace of sugar is either constantly or intermittently found in a given urine, unassociated with the diabetic element, and associated or not with ascertainable bodily ills.

Of course we do not consider it proved that every case of even long standing glycosuria indicates an incurable derangement. For we have seen how often it is a part of the general disorders which we call gout, dyspepsia, neurasthemia, &c. Yet we do hold that we should bear in mind its equally frequent connection with serious and fatal affections of the brain, the kidneys and the heart. As it is not true that every case of albuminuria means Bright's disease, so traces of sugar in the urine do not indicate diabetes mellitus. Yet, as the discovery of a trace of albumen in the urine means look out! so the finding of a small quantity of sugar indicates danger. The thought often occurs to us whether the heavy mortality, which life companies often experience among those whose applications present the cleanest record of personal health and family history, may not, in part at least, be due to the failure of the examining physician to appreciate the significance of the subject which we are discussing, or to be able to apply the proper tests to discover it.

When it is desired to detect minute proportions of sugar with Fehling's solution, the urine should be filtered through animal charcoal (a paste being made) by which decoloration is effected and the Fehling should be deprived of its intense blue colour by dilution, about one half, with distilled water, with these conditions small degrees of reduction become

visible. After boiling, which should be only for a moment, it is important to set the test-tubes aside for an hour, and then scrutinise the bottom of it for any granules of red copper oxide which may not have been seen in suspension, but which have now settled down.

The conclusions which we would submit are the following:—1. Normal urine contains no sugar. 2. The reducing power of normal urine upon cupric oxide and picric acid is due to uric acid $\frac{1}{4}$ and kreatinin $\frac{3}{4}$. Both these bodies are removed by adding to the unconcentrated urine one-twentieth its volume of a cold saturated solution of *sodic acetate*, and then quarter its volume of a cold saturated solution of *mercuric chloride*, after the manner described by Johnson. 3. Any reduction of either *cupric oxide* or *picric acid* after this manipulation is due to the presence of sugar. 4. Sugar may persist in traces unaccompanied by the diabetic element. 5. Diabetes may be warded off by recognition of the first appearance of sugar as a persistent ingredient in the urine. 6. This subject is of importance to life assurance companies, in view of the facts above stated.—Dr. Fowler, *Dietetic Gazette*, N.Y., December, 1888.

PYROGEN.

THE *Chemical News* of January 4th contains an article on "Ptomaines and their Genesis in Relation to the Sepsin of Panum," by Mr. John M. Wyborn (of the firm of E. Gould and Son). A paper will be read by him before the British Homeopathic Society, at their next meeting on the 7th inst., entitled *What is Pyrogen, or the Sepsin of Beef?*

TETANUS AN INFECTIOUS MALADY.

DR. RENÉ COLIN has written a thesis on this subject, and holds similar views to Professor Verneuil. His conclusions are as follows:—1. Tetanus is an infectious disease, transmissible from animal to animal, from animals to man, from man to animals, and from man to man. 2. The medium of transmission is the horse. 3. It may be transmitted directly or indirectly; in the latter case the soil plays a conspicuous part in the ætiology of the disease, but it must itself be previously impregnated with tetanic germs, furnished directly or indirectly by the horse. 4. Though the microbe of tetanus is not yet isolated, the disease is believed to be due to a micro-organism; the difficulties of obtaining a pure culture are great and hitherto insurmountable. 5. Cold, and especially damp cold, stands in the relation of an auxiliary and predisposing cause.—*Bull. Gén. de Thérap.*, cxv., p. 566.

SULPHIDE OF CALCIUM IN ELEPHANTIASIS.

“Now that the *filaria sanguinis hominis*, that curious parasite, with its intermediate host, the mosquito, has been shown to be the exciting cause of many cases of elephantiasis, of the scrotum at least, it would seem as if it might be possible to find some parasiticide which would put the exciting cause of elephantiasis to the bad.”

This Dr. Thomasez, of Ceylon, believes himself to have discovered. He prescribes, for an adult, one grain of *calcium sulphide* night and morning after meals, continued for a month; he then increases the dose to gr. iss. and gr. ij. until a cure is effected. He has noticed no “unusual symptoms” to follow these doses. Inunctions and bandaging were used where practicable. Seventeen cases seen in public practice were treated in this way. Seven, under six months standing, were completely cured in from $1\frac{1}{2}$ to 2 months. Cases of longer standing were improved only. Twelve more cases seen in private practice from the day of the initial fever all recovered. In one or two cases relapses took place, which were promptly quelled by a brief course of the *sulphide*.—*The Satellite*, Philad., Nov., 1888.

TREATMENT OF WARTS BY ARSENIC.

PULLIN cured warts occurring under the finger-nails, in the case of a child four years of age, by giving one minim of Fowler's solution (thrice daily) for ten days. He says he has cured numbers of other cases in the same way.—*The Satellite*, November, 1888.

PHONOGRAPHS FOR PHYSICIANS.

COLONEL GOURAUD gave last week an exceedingly interesting lecture on Edison's new phonograph at the Society of Arts. This marvellous instrument, in its perfected form, will have a multitude of uses in every-day life, and will be available for physicians and lecturers in a variety of ways. Thus a lecturer, who was preparing his notes, or a practitioner, who was writing a book, cannot always have a clerk or a shorthand writer at his heels night and day to take down the paragraphs as he composes them, and thus is compelled, both in this respect and in conducting a heavy correspondence, to go through the drudgery of an immense amount of writing, mechanical labour which is very exhausting, and might well be spared. It will, in the future, be not only possible, but easy for him to speak into the phonograph as he composes his sentences from the notes before him, or as they occur to his mind, and they can then be written off by an amanuensis.

In the same way verbatim reports can be received by him from patients. The uses of the new phonograph will, indeed, probably be indefinitely multiplied by individual ingenuity, and by the unfailing fertility of resources of the great inventor. They are now being made in the United States in great quantities, and it will probably not be very long before they are introduced for practical use.—*Brit. Med. Jour.*, December 8th, 1888.

CORRESPONDENCE.

DR. BURNETT ON HAHNEMANN'S SYCOSIS.

To the Editors of the "Monthly Homœopathic Review."

SIRs,—Dr. Burnett's writings are invariably so amusing and instructive that they are eagerly read by all who desire to be amused and instructed. His article on gonorrhœa which ought to have been but was not read at the Congress of last year, is published for the delight of his numerous admirers in your January number. Had it been read at Birmingham as intended I would have been saved the trouble of writing to you now, as I could have answered *viva voce* certain objections he makes to some things I have said or omitted to say. Dr. Burnett's language is so complimentary to me—much beyond my merits—the *amari aliquid* of censure is so sugared over with flattery that it may to some seem like ingratitude in me to criticise his, in many respects, admirable paper. However, as it is not myself but rather the cause, or at least my work in connection with the cause, that is attacked, I can take up the defence in an almost impersonal manner.

It may be, and no doubt is, correct to say that Hahnemann uses the term "miasm" in the sense of "virus," and that that is not the meaning we are wont to attach to the word in this country, though, as Dr. Burnett admits, the Greek—whence it is taken—allows of that meaning. If in our translations we have rendered it by the same word, the context wherever it occurs fully explains this unusual meaning of it, which, I imagine, is equally unusual in German medical writings. I may be wrong in this, but I do not remember to have met with the word in the Hahnemannic meaning in German medical works. But Hahnemann, who was a first-rate classical scholar, had a perfect right to use the word in a sense that did no violence to its Greek origin, if there was no other word in the language that so exactly expressed his meaning, which I think is the case. I wonder why Dr. Burnett when he was in his philological critical mood, did not rather object to Hahnemann's use of the word "sycosis,"

which in the sense Hahnemann attaches to it is utterly unknown to modern and—for aught I know—to ancient medical writers.

Dr. Burnett complains that I (in my *Lectures* I suppose he means) “devote too little attention to the doctrine of sycosis,” but as he shows that I devote just as much attention to it as Hahnemann himself does, I do not feel overwhelmed at his allusion to my *lâche* in this respect. As Sydney Smith excused Jeffery for slighting the North Pole by saying that he had even heard his lordship speak disrespectfully of the Equator, so my apologist for having devoted so little attention to *sycosis*, might plead that he had even known me to speak with scanty respect of *psora* itself.

I observe that Dr. Burnett has now made the acquaintance of Dr. Wolf, of whom he “knew nothing” in 1884; indeed, he then seemed almost to doubt the existence of Dr. Wolf—to regard him as a sort of medical Mrs. Harris invented by his critic for the purpose of “belittling, *à tout prix*,” Dr. Burnett’s work—that, in fact, his reviewer had, like the boy in the fable, been crying “wolf” when there was no such creature, or at least none with such formidable attributes. But as Dr. Burnett now mentions Wolf as an authority, or, at least, a writer on sycosis, I infer that he is convinced of Wolf’s reality; but I doubt if he has read Wolf’s remarkable work, for he would there have found sycosis treated with the greatest possible attention. Wolf exalts sycosis into a factor of disease of more baleful potency than psora itself; indeed, he alleges sycosis to be “doubly potentised psora,” and to be identical with smallpox, by which and by its pale artificial imitation vaccinia nearly the whole human race—with the exception, let us hope, of the non-vaccinating town of Leicester—is radically contaminated with the sycosic virus, the source of some of the most terrible maladies that afflict humanity, to which the diseases Dr. Burnett has himself described as caused by vaccination, under the name of “vaccinosis,” are a mere flea-bite. For Wolf, smallpox, vaccinia and sycosis are all *Tripperseuche*, *i.e.*, various forms of the gonorrhœal virus. Fortunately, according to Wolf, all the diseases caused by this potent virus are curable by a single dose of *thuja* in the 80th, 800th, or 1,000th dilution, so mankind is not left to perish under the dreadful contamination of sycosis.

Dr. Burnett is perfectly right in his criticism of the passage in Dr. A. Drysdale’s translation of Ameke, where sycosis is defined as “the phenomena connected with gonorrhœa.” The “the” there does not exist in the original, and the passage in the translation might be understood to imply that

sycosis included all the phenomena connected with gonorrhœa, whereas Ameke evidently intended to say that sycosis meant some phenomena connected with gonorrhœa. No doubt, as editor of the work, I am to blame for not noticing and erasing the superfluous definite article which alters the meaning of the passage. Had I been the critic in place of the editor of Ameke's work, I would have objected *in toto* to his definition of sycosis as not being that of Hahnemann, who distinctly says that sycosis is not always attended by urethral blennorrhœa, and he conveys the idea that the urethral discharge when it does occur along with sycosis, is rather caused by the latter than *vice versa*. It appears to me, indeed, that Hahnemann, under the name of "sycosis," confounds two entirely different diseases, which modern pathology has distinctly separated, viz., condylomata, which may be caused by impure connection or by mere want of cleanliness, and what are called "mucous tubercles," which are invariably of syphilitic origin. What he calls "the secondary affections of sycosis" correspond exactly to these syphilitic mucous tubercles.

Dr. Burnett is inaccurate in saying that shortening of the flexor tendons is the only after-effect of the fig-wart disease mentioned by Hahnemann, as he will see on re-perusal of Hahnemann's chapter on sycosis, so that I am perfectly justified in speaking of "those after-effects Hahnemann alludes to."

If Dr. Burnett were a mere bibliophile I could understand his partiality for first editions, but as he comes forward as an exponent of Hahnemann's views, I should have thought he would have preferred to consult the latest edition of the *Chronic Diseases* in order to see what were the very last teachings of the master. Had he done so he would have found that Hahnemann finally recommended for the cure of sycosis *Thuja* in the 30th dilution, and if necessary to repeat it, then in the 24th, 18th, 12th and 6th dilutions, and *Nitric acid* in the 6th dilution only. Then for the treatment of ordinary gonorrhœa he advises "one drop of fresh *parsley* juice, when its employment is indicated by frequent urging to urinate, or a small dose of *hemp* juice, of *cantharides* or of *cupiva balsam*, according to the varying character and the other symptoms, but always in the higher and highest degree of development of power (potentization)." All this is a considerable alteration of his original instructions in the first edition, and we should hardly expect it to have been unknown, or at all events unnoticed by such a stickler for the *verba magistri* as Dr. Burnett is.

One word, before concluding, on the much disputed question whether the Hahnemannic formula, *similia similibus*

curentur, is a law of nature or a therapeutic rule. Dr. Burnett rather obscures the question when he alleges that the contention is whether "the idea of similars is a law or a rule"; but I presume he means by "law" a law of nature, and by "rule" a therapeutic rule, which is of course the real subject of contention. He espouses the former idea, and is severe upon the ignorance of the maintainers of the latter of the use of the subjunctive mood. He will not admit that *curentur* is used by Hahnemann in the imperative sense, and he sneers at "the poor grammar of the disputers." We had thought that every school-boy who had gone through the Latin grammar was aware that the subjunctive mood is constantly used in the imperative sense, as in "*veniat regnum tuum*," "*fiat voluntas tua*," "*cedant arma togæ*," and many other familiar phrases. But let us consult Hahnemann's writings to see what he really meant. In the 1st edition of the *Organon* he says: "The true way of curing [Heilweg] to which in this book I give the guidance is: To effect a mild, rapid and permanent cure, choose in every case of disease a medicine which can for itself produce an affection similar (*ὁμοιον παθος*) to that sought to be cured (*similia similibus curentur*)!" In the 2nd edition he tells us "the true Heilweg rests on the proposition [Satz]: To effect," &c., in the same terms precisely except that he introduces "safe" after "rapid." In the 3rd edition he says: "The true, correct, best curing is to be found in the proposition [Satz] *similia similibus curentur*: To effect," &c., as before. In the 4th edition the paragraph is precisely the same as in the 3rd. In the 5th edition, after telling us that the only rule of curing conformable to nature [*naturgemässes Heilgesetz*] is *similia similibus curentur*, he says: "The true, correct, best curing is to be found in the proposition [Satz]: To effect," &c., as before. It is evident throughout that the words "To effect," &c., are intended as an explanatory translation or expanded paraphrase of the formula *similia similibus curentur*, and they are obviously and undeniably a therapeutic rule couched in the imperative mood. In the 3rd and 4th editions, to the formula *s. s. c.*, the term "Satz" is applied, which means a proposition, thesis or formula, but certainly not "a law of nature." In the 5th edition *s. s. c.* is certainly called a "*naturgemässes Heilgesetz*," but this term taken in conjunction with the usual paraphrase can only mean a therapeutic rule, or a rule for curing disease conformable to nature. Dr. Burnett says with more force than elegance: "Those who contend for 'rule' had better scuttle out of their position as quietly as they can, lest someone, one of these fine days, take the

trouble to pour out a vial of wholesome ridicule upon their 'rule.' Well, then, this "someone" will have to begin by pouring out his vial of ridicule on the Founder of Homœopathy himself, for I think I have conclusively shown that his idea of *similia similibus curentur* was that it is a therapeutic rule stated imperatively to be translated in our vernacular "let likes be treated by likes."

Your obedient Servant,

R. E. DUDGEON.

January, 1889.

SULPHUR IN AGUE.

To the Editors of the "Monthly Homœopathic Review.

GENTLEMEN,—I will ask you to give insertion to the following, which is a copy of a letter received from an officer in a Sepoy regiment just returned from India :—

"West Kensington,

21st December, 1888.

"Dear Dr. Cooper,—I dare say you remember when I was in England some years ago advising me to use *sulphur* (ϕ pilules R.T.C.) for fever in India.

"I have been in India again for the last three years, and have had several opportunities of testing the *sulphur*. Formerly I had fever (aguish R.T.C.) pretty frequently. Since I have used the *sulphur* I have been entirely free. Whenever I feel the slightest indication of an attack of fever now (which is very rare of late) I take *sulphur* and continue it for a day or two at intervals of about four hours; two pilules to the dose.

"I have given it to Europeans and natives with equally good results. Men (Sepoys) in my regiment to whom I have given it often come to me afterwards when they feel the symptoms in preference to going to the regimental hospital to be treated, for they say that the *sulphur* knocks the fever out of them.

"My servants I always treat myself with good results.

"By 'fever' I mean the ordinary intermittent fever, accompanied with ague.

"I think you will like to hear this.

"Yours sincerely,

"_____"

The above letter in every way establishes the assertions I made some twenty years ago regarding *sulphur*, namely, that it appears to possess the property of eradicating the morbid principle that keeps up aguish symptoms. Facts would justify my now using—and having then used for that matter—much stronger language in its favour.

I am, Sirs,

Very truly yours,

ROBERT T. COOPER, M.D.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Will you allow us to state for the benefit of your readers that the *New Repertory*, by Dr. E. J. Lee, will be published as a monthly supplement to the *Homœopathic Physician*. This splendid Repertory will, we believe, be the best ever published, being a Repertory to the works of Hahnemann, Bönninghausen, Jahr, Hering, Lippe, &c.

Yours truly,

ALFRED HEATH & Co.,

114, Ebury Street,
January 22nd, 1889.

London Agents.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as EARLY AS POSSIBLE.

Dr. J. MURRAY MOORE has joined his father, Dr. MOORE, of Liverpool, in practice. His address is that of his father, 51, Canning Street.

Dr. POPE has removed from Tunbridge Wells to 19, Watergate, Grantham.

Communications, &c., have been received from Mr. WYBORN (London); Dr. DRYSDALE, Dr. J. D. HAYWARD, Dr. MURRAY MOORE (Liverpool); Dr. VAN DENBURG (New York); Mr. ALFRED HEATH (London).

BOOKS RECEIVED.

Hahnemann: The Father of Scientific Medicine. By Mahendra L'al Sircar, M.D., Calcutta.—*Traité d'Homo-homœopathie.* Docteur Conan. Baillièrre. Paris. 1888.—*Homœopathic League Tracts.* No. 21. British Homœopathic Hospitals. J. Bale & Sons, London, 87 and 89, Great Titchfield Street, W.—*The Homœopathic World.* London. January.—*Burgoyne's Monthly Journal of Pharmacy.* London. January.—*The Chemist and Druggist.* London. January.—*The Hospital Gazette.* London. January.—*The Dietetic Gazette.* London. December, 1888.—*Chemical News.* London. January.—*Medical Record.* New York. December and January.—*New York Medical Times.* January.—*The Chironian.* New York. December and January.—*Dietetic Journal.* New York. December, 1888.—*Medical Bulletin.* Philadelphia. November, 1888.—*Medical Era.* Chicago. December, 1888.—*Californian Homœopath.* December, 1888.—*The Hahnemannian Monthly.* Philadelphia. January.—*The New England Medical Gazette.* Boston. December, 1888.—*The Medical Advancer.* Ann Arbor. January.—*The Medical Counsellor.* Chicago. December, 1888.—*La Med. Hypodermique.* Sceaux. January.—*Bulletin de la Soc. Homœopathique de France.* Paris. January.—*Bibliothèque Homœopathique.* Paris. December, 1888.—*Revue Homœopathique.* Brussels. October, 1888.—*Allgemeine Homœopathische Zeitung.* Leipsic. January.—*Revista Omiopatica.* Rome. December, 1888.—*El Criterio.* Madrid. November, 1888.—*La Reforma Medica.* Mexico. October, 1888.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORB, Watergate House, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 181, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 69, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

WHAT IS PYROGEN, OR THE SEPSIN OF BEEF?*

BY JOHN M. WYBORN, F.C.S.

Pyrogen, *pyrexin*, or *sepsin* having been administered both subcutaneously and by the mouth with more or less success in the treatment of typhoid fever, its composition has become a matter of interest, more especially from the fact of its being a product of putrefaction.

That substances having the general reactions of the vegetable alkaloids, some of which are poisonous, may be extracted from the corpse is now well known.

Recently the odious task of preparing and investigating the chemical constitution of these so-called *ptomaines* and the *toxines* or poisonous bases resulting from cadaveric putrefaction has been actively pursued by Continental chemists. Baumann and Brieger, Bergmann, Coppola, De Coninck, Gautier and Etard, Guareschi, Nencki, E. and H. Salkowski, Selmi, Sonnenschein and many others have by their researches contributed largely towards the elucidation of the subject.

In 1865 Professor Panum, of Copenhagen, had demonstrated that albuminous substances yield by putrefaction a poisonous body soluble in water, insoluble in alcohol, and capable of withstanding a temperature of 100° (C).

* Read before the British Homœopathic Society, Feb. 7th, 1889.

Bergmann has since confirmed this, and described the compound called *sepsin*, generated by putrefaction.

Professor Burdon Sanderson speaks of a similar preparation (*Brit. Med. Journal*, Dec., 1877, p. 914). "It is obtained by first treating putrid infusion of muscle with strong alcohol at a boiling temperature, then getting rid of the alcohol by filtration and evaporation, and finally extracting it with water. Consequently it is the aqueous solution of the alcoholic precipitate. The bodies which are dissolved or suspended in it are therefore bodies which, insoluble in alcohol, are soluble in water. Hence, although it may, notwithstanding the boiling alcohol, contain some proteid matter, it contains no albumin. I can easily show you that *tyrosin* is present in it, by the beautiful colour it gives with Millon's reagent. No doubt it also contains other analogous products of the breaking up of proteid, but to us the fact of chief interest is that, although the quantity you see would leave but a trace of solid residue if evaporated, it contains *the septic poison*."*

Baumann and Brieger found that a *phenol*, formed during putrefaction of albumin, consisted chiefly of *paracresol* with traces of *orthocresol*. Brieger also found that horse-liver, mixed with twice its weight of water and some pancreas, after putrefaction for five to six days, the reaction being kept faintly alkaline, yielded a considerable amount of *indol*, its formation being promoted by keeping the mass at a temperature of 40° (C). Phenol was also formed abundantly at ordinary temperatures.

That phenol—"that substance which is generally regarded as antiseptic *par excellence*—is itself a product of putrefaction," is a remarkable fact to which probably the crowding out of existence of whole cultivations of bacteria is owing more than to any other cause.

More recently Brieger obtained *skatol* both from human excrement and by the fermentation of blood-albumin with a little pancreas and water. It crystallises in brilliant white plates and has a great resemblance to indol, from which it differs in being much less soluble in water and in other respects. When administered in large quantities it produces tetanus. Nencki also

* See also Professor B. Sanderson's paper from the *Thirteenth Annual Report of the Local Government Board*, published in the *Pharmaceutical Journal*, 1885.

obtained skatol by the putrefaction of muscle with pancreas for five months, and its formation was found to be subsequent to that of indol and phenol.

Tyrosin occurs during the earlier stages of putrefaction of albumin, but according to Baumann is decomposed, yielding *hydroparacoumaric acid*.

In 1879, E. and H. Salkowski obtained from macerations of blood and muscle fibrin from three to fourteen days old, both *phenylpropionic* and *phenylacetic acids*.

The early stages of the decomposition of muscle were attended by the formation of *succinic acid*, the maximum quantity observed being 1 per cent. of the dry substance, and it is probably preceded by that of *aspartic acid*.

The researches of Panum and Schweninger show that compounds having different physiological actions are produced at different stages of decay.

Sonnenschein and Zuelzer found in an anatomical maceration fluid an alkaloid which resembled atropine in its action; and poisonous sausages produced a similar effect. The existence of a product of decay which caused tetanic symptoms was also noticed.

The relation of some toxines to certain diseased conditions is apparent from the fact that Sonnenschein's alkaloid is found in the bodies of patients dying from typhus, and Villiers discovered an alkaloid in the intestines of patients who had died from cholera, which has characteristic reactions, and from tetanus cultivations a strong base was obtained.

A compound allied to an ethereal salt was detected in extract from dead bodies by Aebi and Schwarzenbach.

In an Italian criminal prosecution, F. Ciotto, who made the investigation of the corpse, gave as his opinion that "there was a body present which gave reactions corresponding with those of strychnine, and therefore probably was strychnine." F. Selmi, for the defence, pointed out several instances in which the reactions of the body present differed from those of strychnine, and considered the compound to be a ptomaine, with which opinion Husemann agrees.

Amthor has twice obtained a cadaveric alkaloid behaving like strychnine, its chief differences being its less poisonous properties and slightly modified reactions.

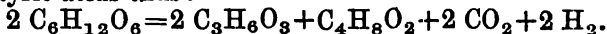
Gautier and Etard observed the different stages of putrefaction of the flesh of the ox, horse, and fish

exposed to the heat of summer in large oaken barrels or glass vessels.

At first the ox or horse-flesh had an acid reaction and no odour. After some days, even when protected from vibrios, the flesh emitted an acid odour; and a clear, almost colourless, syrupy liquid exuded from it, resembling a thick serum, and containing per litre 21—22 grams of albumin coagulable by heat, and a very small quantity of casein. This liquid appears to be formed by an incipient digestion of the flesh, due to a fermentation peculiar to itself. At the same time lactic and butyric fermentation set in under the influence of large bacilli with three or four joints, and bacteria and mobile granulations.

During the process gases were evolved, including, at different stages, carbonic anhydride, nitrogen, hydrogen, sulphuretted hydrogen, and phosphoretted hydrogen, but no trace of hydro-carbons was detected at any stage.

Carbonic anhydride and hydrogen are chiefly evolved at first, the two gases attaining almost equal proportions between the 6th and 11th days. This suggests the decomposition of some carbohydrate into lactic and butyric acids thus:—



Ordinary lactic acid, normal butyric acid and homologues, and some acids which reduce silver salts and form sparingly soluble zinc salts, are found in the liquid. This phenomenon precedes the true putrid fermentation, which begins towards the fourth or fifth day, with evolution of nitrogen, the large bacilli and bacteria disappearing at the same time, whilst very small bacilli take their place.

The albuminoid molecule is now attacked, carbonic anhydride and ammonia are evolved, and the reaction becomes alkaline; the proteid molecule is partially decomposed with evolution of nitrogen, sulphuretted hydrogen and phosphoretted hydrogen; but the greater portion forms *leucines* and *leuceines*, together with smaller quantities of phenol, skatol, indol, and according to these authors' researches, *carbylamine* and *ptomaines*.

The putrefactive action ceased simultaneously with the evolution of gas, the flesh preserving its colour and form, and appeared to have reached a non-putrescible state, even after all the products of the fermentation had

been separated, and it was again submitted to the action of air and water.

The experiments also show that the acid fermentation is not necessary to putrefaction and does not affect the albuminoid molecule, for in the case of fish the quantities of hydrogen evolved and butyric acid formed are very small, the latter being neutralised by the ammonia and methylamines which are accompanied by sulphuretted and phosphoretted hydrogen.

Gauter and Etard consider that the apparently complex phenomena of putrid fermentation may be explained by regarding putrefaction as a breaking up by hydration of the complex albuminoid molecule into the simple nuclei which enter into its composition, a view which the researches of Schützenberger and others tend to confirm, and it therefore follows that the aromatic derivatives and the bases formed during the fermentation pre-exist as nuclei in the albuminoid molecule.

Two bases were isolated by them, one having the formula of parvoline, $C_9H_{13}N$, the other corresponding closely with hydrocollidine, $C_8H_{13}N$.

From the above considerations, the occurrence of indol and of pyridic and hydropyridic bases amongst the products derived from albuminoids by putrefactive hydration these authors feel compelled to admit the existence of the homologous series C_5H_5N and C_5H_7N in the radicles of the proteid molecule.

Several ptomaines have been isolated by Dragendorff's process, and described by various investigators, which very probably did not exist ready formed in the putrid material, since Coppola has shown that the process of extraction itself is capable of producing them.

The investigations of Brieger during the last five years have led to a more accurate knowledge of the composition of these compounds. His method of extraction generally consisted in treating the substances operated upon with water and dilute hydrochloric acid, heating to near the boiling point, filtering hot, and evaporating; then treating the syrupy extract with alcohol, and from the alcoholic solution obtaining the platinochloride of the base. From decomposing flesh Brieger obtained *neuridine*, $C_5H_{14}N_2$, and *neurine*, $C_5H_{13}NO$. From decomposing fish a poisonous isomeride of ethylendiamine, possibly *ethylidenediamine*, $C_2H_4(NH_2)_2$, *muscarine*

(a base found in *agaricus muscarius*), $C_5H_{15}NO_3$, and the physiologically inactive *gadinine*, $C_8H_{17}NO_2$. From cultivations, in beef extract, of Rosenbach's microbe, a new base, *tetanine* $C_8H_{11}N$. Injected hypodermically in a comparatively large dose it produces symptoms of tetanus. Fully decomposed cheese yielded neuridine. Decomposing glue gave neuridine, dimethylamine, and a muscarine-like base, whilst the sepsin of yeast was found to contain dimethylamine only. As these compounds result from the action of bacteria on animal tissues, so Brieger showed that the same or analogous compounds were similarly formed in the human subject. In the earlier stages of decomposition, only *choline* was found. After three days neuridine appeared in increasing amounts, whilst choline disappeared gradually, being replaced by *trimethylamine*. After fourteen days neuridine had also disappeared. Later there most commonly appeared *cadaverine*, $C_5H_{16}N_2$, and *putrescine*, $C_4H_{12}N_2$. With cadaverine is also found a substance of the same composition called *saprine*, but differing considerably in its reactions. The bases choline, neuridine, cadaverine, putrescine, and saprine are physiologically indifferent; but after fourteen days' decomposition a new poisonous base, *mydalcine*, was obtained, which seems to be a diamine.

At much later stages of the putrefactive process other poisonous bases have been isolated, the consideration of which may be here ignored.

The bases obtained by Brieger are either liquids of definite boiling point, or solid crystalline substances. The salts show the general alkaloid reactions, so that as a group the ptomaines cannot be separated from the alkaloids.

According to Beckurt's the non-poisonous ptomaines readily give rise to poisonous compounds; thus cadaverine, which has been shown by Ladenburg to have all the chief properties of pentamethylenediamine, is converted by rapid distillation of the hydrochloride into the poisonous *piperidine*.

Gram obtained from meat in various conditions of putrefaction, an important quantity of these bases by treating it with amyl alcohol, but they were all perfectly inert. The hydrochloric acid derivatives, after heating on a water bath were also inert, but the lactic acid com.

pounds under similar treatment showed decidedly poisonous properties.

In this brief review of the results obtained by recent investigators, the chief products of the earlier stages of putrefaction are set forth, and the question arises, "What relationship, if any, does *pyrogen* bear to these products?" Since it has been freed by the process of preparation from all substances soluble in boiling alcohol it is evident that any of the above-named bodies soluble in that liquid cannot exist in it free and uncombined, and only those forming insoluble compounds can be present—therefore the acids (including *tyrosin*, which is sparingly soluble in alcohol), *phenols*, *indol*, *skatol*, *leucines*, *muscarine*, *neurine*, *tetanine*, and other bases, except in combination with some body which renders them insoluble in boiling alcohol must be excluded from consideration—so also must those be which are physiologically indifferent. The *pyrogen* which I have prepared according to the formula to be given hereafter, has the following properties:—

It consists of (1) a brownish red extract, rather heavy and freely soluble in water, which, after heating on the water bath, is only partially dissolved by a mixture of one part water and two parts glycerine the greater part of the reddish-brown portion (probably containing some hæmoglobin) being precipitated. (2) A pale greenish extract, very light and sparingly soluble in water, and (3) brilliant white crystalline plates.

Treated with sulphuric acid and potassium dichromate, it yields only a faint rose tint which quickly vanishes. It is coloured yellow by nitric acid after standing for several hours.

The filtered amber coloured solution in diluted glycerine is at first nearly neutral to test paper, but on exposure to the air it becomes acid and acquires an odour of stale pepsin.

When fresh it gives precipitates with tannic, picric, phosphotungstic and phosphomolybdic acids, that with the last named being sparingly soluble in ammonia.

With platinic and auric chlorides precipitates are obtainable, but I regret that the quantity at my disposal is insufficient to admit of an analysis being made.

With potassium ferrocyanide it gives a blue precipitate on the addition of ferric chloride, appearing after some time.

It also gives white precipitates with mercuric chloride and lead acetate, a yellow precipitate with potassium cadmium iodide, and a red precipitate with potassium bismuth iodide, and when boiled with potassium hydroxide an impure ammoniacal odour is observable.

Moist silver oxide digested with it is reduced to the metallic state.

With Nessler's reagent it yields a yellowish precipitate, insoluble in dilute hydrochloric acid, and with Millon's reagent a white precipitate. Argentic nitrate causes a white precipitate, insoluble in nitric acid, soluble in ammonia.

With acetic acid and potassium ferrocyanide a precipitate is obtained which is partially soluble in nitric and hydrochloric acids.

After keeping the solution one month, $5\frac{1}{2}$ to 6 minims (or less than $\frac{1}{18}$ grain of pyrogen) administered subcutaneously to a large mouse caused convulsions and death in about an hour, while $2\frac{1}{2}$ minims produced in others drowsiness, coldness of the body and twitchings, followed by complete recovery in a few hours.

From the above reactions and effects it would appear that while this compound possesses many of the characters of the peptones it also affords evidence of the presence within it of one or more of the poisonous cadaveric alkaloids (probably existing as hydrochlorides) and such alkaloids must either be insoluble in alcohol themselves or in combination with some body which renders them so.

The *pyrogen* was prepared according to Dr. Drysdale's No 2 process. One pound of lean beef, finely minced, was placed in a 7 lb. confectionery bottle, with two pounds of ordinary drinking water, and the mouth closed with the cork-lined stopper tied over with parchment paper.

The bottle was allowed to stand on a window sill, facing south, during sixteen days (from the 30th June, 1888) of dull, stormy weather with occasional sunshine. The contents were then strained through a linen cloth and yielded a clear red solution.

The strength of the alcohol previously used in the process having been variously stated at 90° and 98° , I thought it better to use absolute alcohol (sp. gr. 0.795), and the solution was at once mixed thoroughly with an

equal bulk of it, and set aside for fourteen hours in a lightly-covered glass beaker. The buff coloured precipitate which had formed was collected on a filter, transferred to another beaker, mixed thoroughly with 24 fluid ounces of boiling alcohol and boiled with constant stirring for five minutes. It was then filtered and washed with boiling alcohol and dried in a warm air chamber kept at a temperature below 90° F. for sixteen hours, when it appeared perfectly dry, shrivelled and blackish, and weighed 112 grains.

The product was triturated in a mortar with 10 parts of distilled water for an hour, then collected on a filter and washed twice. The filtrate and washings now evaporated in a water bath to dryness.

The residue weighed 4.7 grains—about 50 per cent. more than was obtained by Mr. Paterson.

A solution of one grain in each 100 minims of a mixture of one part water and two parts glycerine was effected in the manner directed, and part of the *pyrogen* was sealed up in a sterilized glass tube for future examination. The solution should be kept in full bottles hermetically sealed.

DISCUSSION.

The PRESIDENT, in opening the discussion, said it would be well to consider the clinical aspect of the medicine, as he did not suppose members would be competent to take up its chemistry.

Dr. HUGHES said he had been well satisfied with the action of homœopathic medicines in septic fevers, and he had no experience with pyrogen itself. He thanked Mr. Wyborn for his paper, which was very instructive.

Dr. GOLDSBROUGH read notes of a case in an elderly gentleman who was subject for twelve months to attacks of what he considered hepatic congestion, with fever, sweat, and afterwards jaundice. There was no pain except general pain over the body. He used to do well under *gels.* and *merc. sol.*, but the attacks got more severe as they recurred. At Ilfracombe he had a bad attack and was treated allopathically. Dr. Goldsbrough had him under his care subsequently, and he feared hepatic abscess. The fever under the ordinary remedies subsided, but again recurred and he did not rally well. He received one dose of pyrogen 6 one day and the same evening his temperature was 98.6°, but in the morning, instead of being normal as usual, it was 100°. He then received pyrogen every two hours, and the temperature was

down in the evening to 98.8, and next morning was below normal. No jaundice followed. He went to Matlock, and on his return consulted Dr. Goldsbrough for eczema. The patient was not gouty. He indulged moderately in alcohol and tobacco.

Dr. MURRAY had no personal experience with the remedy. He felt much indebted to Mr. Wyborn for bringing its chemical constitution before the society. He agreed with Dr. Hughes that we were not so badly off for remedies for septic fevers. He thought we were rather too eager to go after new remedies.

Dr. MOIR asked at what dilution it would be safe to use pyrogen as a stable substance, and how it would be influenced by the action of the stomach. He also asked if hypodermic injection would not be a better mode of administration.

Dr. WATSON had listened with profound attention, as a question of great interest in relation to surgery, to the account of his researches into the ptomaines of putrefaction, which Mr. Wyborn had laid before them. He was particularly struck by the power of producing tetanus which was claimed for one or two of them such as skatole, &c., mentioned by Professor Brieger, of Berlin, and hoped this discovery of pyrogen as containing them might indeed be found to be an additional weapon in our armoury against that terrible malady. He had recently, from relations in Ireland, heard of the sudden death of an officer of Dragoons who was thrown from his horse and received such injuries to his ankle that an operation was rendered necessary, after which tetanus supervened and proved fatal. Cases such as this render us eager to welcome any ray of new light as affording hope of better things. Before discussing it Dr. Watson would like to have had time to ponder over the various jewels of thought sparkling in this paper. He would like to have commented upon the truly remarkable part that bacteria played in the evolution of these ptomaines, and on the gradual increase in the proportion of carbon and hydrogen in some of the chemical combinations, as pointed out on the black-board in formulæ. He wished to express his appreciation of the care, the time, the infinite trouble it must have cost Mr. Wyborn to place this product of his researches so lucidly before them.

Dr. CLARK said Mr. Wyborn had done his part with this substance, and it remained for the members of the Society to do theirs—that is, to *prove* the drug. Until we had the actual symptoms caused on the healthy human being well in our possession, we could not prescribe it effectively. He had had some experience with the remedy, but his results were not altogether encouraging.

Dr. DUDGEON had received a supply of the substance some time ago from Dr. Drysdale, but he had not met with a case

in which to use it. He endorsed Dr. Clarke's opinion that the drug ought to be proved, and suggested that Dr. Clarke himself should undertake the work.

Dr. BLACKLEY said there were cases in which all the old remedies failed us, and it was just in septic conditions where this happened most frequently, as, for example, in malignant small-pox, black measles, &c. Here these ptomaines ought to help us. He agreed with Dr. Clarke that the substance ought to be proved. The resemblance of some of them to *ammonia* was interesting, as it was in malignant cases that *ammonia* was often of service.

Dr. CARFRAE remarked that he hoped Dr. Clarke's suggestion would take some practical form, and asked him to form a committee of provers.

Mr. WYBORN, in reply, thanked the meeting for the kind way in which his paper had been received. In answer to Dr. Moir, he said he saw no reason why decomposing agents should not act even more rapidly on the dilutions than on the concentrated substances. In that he was speaking as a chemist. In the "provings" of pyrogen all the symptoms had been produced by hypodermic injections. He therefore suggested it should be administered by hypodermic injection. The ptomaines seemed to be analogous to serpent poisons. These are not acids, as was once thought, but globulins and other proteids. These were almost inert when taken by the mouth.

Dr. GOLDSBROUGH, in view of Mr. Wyborn's statement, questioned if his specimens obtained some months ago would be safe to use now. He asked if we had not a proving of pyrogen in the symptoms of pyæmia.

Dr. DUDGEON, in proposing a vote of thanks to Mr. Wyborn, alluded to his statement that medicines in dilutions did not keep so well as in the strong tinctures. This was diametrically opposite to what Hahnemann taught.

Dr. BLACKLEY seconded the motion, which was carried by acclamation.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *HAMAMELIS VIRGINICA*.*

BY ALFRED C. POPE, M.D.

POPULARLY known as the witch-hazel, the *Hamamelis virginica* is a shrub rising some ten or twelve feet in height. It is found in almost all parts of the United

* Revised from a Lecture delivered at the London School of Homœopathy, Session 1882-3.

States of America, particularly in the wooded and swampy districts thereof. The bark, smooth, grey and spotted, contains the chief medicinal properties of the plant, and this, with the leaves, is the part used in medicine. It is necessary that the tincture should be prepared from fresh materials, and hence all prescribed in England is obtained from the pharmacutists of the United States.

Though only known among medical men during the last thirty years, the witch-hazel has a much more ancient history as a popular remedy among the North American Indians, through whom indeed its power to control hæmorrhages was made known to the early settlers. We next meet with it as what was called a "Botanic remedy"—a term applied to a number of popular medicines derived from the vegetable kingdom by a Dr. Thompson. Somewhat later it came into notoriety as a successful quack medicine, bearing the highly sensational and attractive title of "The Pain-Killer," known afterwards as Pond's Extract. Mr. Pond, its proprietor, was a resident in Philadelphia, and a patient of the late Dr. Constantine Hering, and to him he made a communication regarding the properties of the plant, which induced Hering to enquire more carefully into its virtues.

In 1851, Dr. Preston, of Rhode Island, made some experiments with it. They were few but striking, and demonstrated its influence upon the circulation very thoroughly. Dr. Burt, of Lyons, Iowa, a physician who has done a large amount of really heroic drug-proving, has also made an important contribution to our knowledge of the physiological action of *hamamelis*. Dr. Iszard, another American physician, Dr. Hughes, Dr. Compton Burnett, and Dr. Davidson have each furnished us with isolated observations of considerable significance, while others have made provings with various dilutions.

The more important and reliable of these experiments are given in full in the *Cyclopaedia of Drug Pathogenesis*, vol. ii., p. 630. In scheme form these provings, together with others made with high dilutions, are presented in Allen's *Cyclopaedia of Pure Materia Medica*, vol. iv.

The practical result of all these experiments is to show that *hamamelis* gives rise to extreme distension of the veins of all parts of the body, proceeding in some

instances to rupture and consequent hæmorrhage. Other uses of it are indeed suggested by some of them to which I will refer after having considered its relation to the disturbance it excites in the health of the veins.

In Dr. Preston's first experiments—which are recorded in *The Philadelphia Journal of Homœopathy*, January, 1853—he took 10 drops of the pure tincture between 9 and 10 a.m. He felt no alteration in health until the evening, when respiration became laboured, the lower part of the chest felt oppressively tight, and he became unable to take a full and deep inspiration. When he attempted to assume a recumbent posture he could only breathe with the greatest difficulty. He had a sense of crowding fulness in the head and neck, and the feeling of suffocation was so great that lying down was rendered impossible, and he was obliged to pass the night in a rocking chair, his neck being free from all covering. All these symptoms had subsided by early morning. Dr. Preston remarks that it is not a little singular that, fifteen years before, he had suffered from a precisely similar series of symptoms as the result of running until he was exhausted. A week after this experiment he took a teaspoonful of the tincture, when the same symptoms recurred only with greater severity, and endured for 48 hours, in spite of efforts to check them with *camphor* and other medicines. On this occasion riding and walking were very painful. A similar experiment ten days afterwards gave rise to precisely similar symptoms.

Here we have intense pulmonary congestion carried just within the occurrence of hæmorrhage.

In the first volume of *The Monthly Homœopathic Review*, Dr. Thomas, of Llandudno, records a case of poisoning by Pond's Extract which gave rise to alarming hæmorrhage from the lungs.

In another experiment which Dr. Preston made upon himself he took a drop of the third decimal dilution one evening and, as he says, "thought no more about it. He spent the night at a midwifery case. The following morning, about twelve hours after taking the medicine, his nose began to bleed and continued to do so for an hour, when he smelt some *camphor* and so checked it. At the same time, he felt a tightness over the bridge of the nose, a considerable crowding pressure in the

forehead between the eyes with a benumbed sensation over the whole *os frontis*. He adds, that never previously had he known what it was to have a "bloody nose." To a young man studying in his office he gave a similar dose of *hamamelis*, and a profuse attack of epistaxis followed.

In another set of provings, such as may be termed more or less accidental, Dr. Preston showed the power of *hamamelis* to produce uterine hæmorrhage. He was consulted by a lady on account of some slight dyspeptic ailment, whose uterine health at the time was perfect, and in whom menstruation had occurred a fortnight previously. He gave her the third decimal of *hamamelis*, desiring her to take one drop three times a day. After doing so for two days, profuse uterine hæmorrhage occurred, and she lost fully a quart of bright red blood. On ceasing to take the medicine the hæmorrhage also ceased. Four days later she presented herself for more medicine, and again Dr. Preston gave her *hamamelis* 3x. Within twenty-four hours the hæmorrhage returned. Being satisfied with the result he did not think it necessary to make any further scientific claims upon this patient, the more so as another and apparently quite irresistible opportunity for further enquiry presented itself at the same time in the person of a lady, 24 years, who, says Dr. Preston, "was sick only in imagination." Possibly, he thought that a real ailment might be useful, so he gave her the same dose of *hamamelis*, and in twenty-four hours he had the satisfaction of being called to prescribe for an active uterine hæmorrhage, which, he adds, "alarmed her very much," but ceased a few hours after discontinuing the "remedy."

We have in these experiments and observations quite sufficient reason for assuming that *hamamelis* excites sudden determination of blood to the lungs, the nose, and the uterus, and that in each such determination of blood may result in hæmorrhage. Dr. Preston's observation that his chest symptoms closely resembled those he had once experienced from over-running is useful, as it gives us a clue to the kind of pulmonary hæmorrhage in which we may expect to find *hamamelis* useful, and as a matter of experience, do find it useful, viz. : in cases where hæmoptysis or epistaxis are traceable to excessive exertion, such as running or rowing—cases by no means

rare in these days of athleticism, especially in men who enter a competition in a half-trained state, or who are physically incapable of enduring the strain of adequate training. In cases of pulmonary hæmorrhage, from suddenly occurring congestion, in some cases of phthisis it is also of service. Many such cases arise from the putting forth of an effort which, though trivial in a healthy person, would, in the case of a pulmonary invalid, be far beyond his power. Here *hamamelis* is very valuable.

In uterine hæmorrhage, *hamamelis*, in some cases, ought to be remedial, and it is so. Dr. Dyce Brown (*Monthly Homœopathic Review*, vol. xiv., p. 473) drew attention to this use of it, and illustrated his remarks by the recital of apposite cases, which clearly show the kind of uterine hæmorrhage in which it may be more advantageously employed than any other. These are cases (1st) of miscarriage which, originating in a fall or injury, are especially noticeable for the slightness of the pain as compared with the amount of discharge; (2nd) Cases where the characteristic pains having been subdued under the influence of medicines exciting similar pains in health—such as *secale* or *sabina*—the hæmorrhage continues. In these last *hamamelis* is very promptly remedial. That it is so Dr. Herbert Nankivell, in the January number of the succeeding volume, shows by the report of an instructive case.

In menorrhagia also, when the hæmorrhage is profuse and painless, or nearly so, this medicine is clearly indicated and has proved very useful.

Then again in cases of sub-involution, where the uterus remains large and congested and relieves its burden from time to time by more or less copious and proportionately debilitating hæmorrhage, *hamamelis* is one of the most useful medicines that can be prescribed.

In Dr. Burt's proving, as in one or two others, the most prominent symptom was pain in the testicles, and this of a somewhat severe type. It was associated, too, with a degree of sexual excitement, and frequently accompanied by seminal emissions.

Seeing that the chief effect of *hamamelis* is to produce venous distension, one is inclined, at first sight, to trace this pain to a varicosis of the vessels of the cord, to what used to be termed circocele, and it is probable

enough that such a condition is the starting point of the pain. Still, we must remember that, though instances could be quoted in which the pain of varicocele was intense, such cases are few compared with the number of those where the subjective symptoms are comparatively unimportant. It is then, likely enough, that they suggest a neuralgia of the testicle—perhaps one of the most painful of disorders—one which is often promptly cured by *colocynth*. Certainly *hamamelis* ought to be given in a simple case of varicocele, especially where of traumatic origin, and perseveringly given too before any operative procedure is advised. In others, where there is a constitutional tendency to varicosis, or this has been engendered by syphilis, medicines of a different class will be found more successful. Dr. Burnett records cases of this order where the *phosphate of iron* and *fluoric acid* exercised a most beneficial influence. There are few, if any, cases of disease in which a surgical operation is justifiable until the resources of medicine have been fully and patiently tested. In pointing out the special indications for the selection of *hamamelis* in cases of varicocele in preference to other medicines, Dr. Farrington says, "The great characteristic of this drug, and that which makes its choice certain, is soreness of the affected part. It is a soreness which is not exactly the bruised feeling of *arnica*; it is not the sensitive soreness of *lachesis*, nor the stinging soreness of *apis*; but it is that sore feeling which belongs to venous congestion."

Dr. Burt's proving has also suggested *hamamelis* as a remedy in gonorrhoeal orchitis, and a very useful piece of generalisation it has proved. It is mostly useful when the characteristic soreness is constantly present, and the swollen testicle is extremely painful to the touch.

Dr. Ludlam has extended the use of *hamamelis* from orchitis to ovaritis, and has found it very serviceable in sub-acute attacks incidental to pregnancy and menstruation. (*Lectures on Diseases of Women*, p. 138). Again (p. 141), he writes:—

"In acute ovaritis, when the pain is more circumscribed and very severe, arising, probably, as M Velpeau suggests is the case in orchitis, from strangulation of the organ by its envelope, great relief may be afforded by the external use of the *hamamelis virginica*. I prefer," he says, "Halsey's fluid

extract of this drug, which may be mixed with hot water in the proportion of one part to three, and applied locally by means of cloths or flannels that have been dipped therein. In case the swollen and sensitive organ is prolapsed along the wall of the vagina, a weaker solution of the *hamamelis* containing glycerine may be used as a vaginal injection, or applied by means of cotton wool or charpie saturated with the same and introduced into the vagina. This application is sometimes remarkably efficacious. It may also be injected into the rectum."

Though the following application of *hamamelis* is purely empirical—no similar symptoms, so far as I am aware, having arisen from it in health—yet, as the condition to be cured is not only physically painful but a source of the greatest mental distress and a good deal of domestic misery, we cannot afford to pass over so distinct a statement as that made by Dr. Wallace McGeorge, regarding the use of it in vaginismus, in *The Hahnemannian Monthly* for August, 1875. He writes:—

"Useful in profuse and persistent leucorrhœa with great sensitiveness of the parts; great rawness and soreness of the vagina during an embrace; itching of the vulva with vaginismus. This remedy I invariably use" he continues "in the lower potencies for this class of complaints, and have known marked and instant relief to follow injections of the tincture (about 1 drop to twenty of water) in these terrible cases of vaginismus."

He then gives the particulars of one very distressing case in which two or three applications of the injection he names "removed this terrible sensitiveness." He also adds, what is quite as well worth remembering, that "in the same proportions it acts beautifully, and equally speedily, on sore and tender nipples, one application being sufficient to give relief."

To another, and more common development of varicosis, we have slight but sufficient evidence that *hamamelis* is homœopathic, while the clinical experience which it has developed abundantly confirms its value. I refer to varicosis of the lower limbs.

Dr. Burnett mentions a case in which he had ordered a compress saturated with a few drops of the tincture of *hamamelis* in water, to be applied to a crushed knee, where the patient, to improve upon his prescription, applied the pure tincture directly to the injured part; the result being that the swelling in the knee was con-

siderably increased, and that one vein swelled, stood out, and was intensely painful to the touch. The whole signs of irritation disappearing twenty-four hours after ceasing to apply the tincture.

In a case reported by Dr. Davidson (*M. Hom. Review*, vol. iii., p. 447), where the 6th dilution was given to relieve hæmorrhoids, severe and peculiar pricking pains followed the course of the superficial veins of the arms. Again, six months afterwards, the same patient took the same medicine, and again similar pains occurred in the veins of both arms.

These indications are very slight, they simply show the affinity for venous tissue which this drug possesses, they do not enable us to predicate the cases in which *hamamelis* is to be preferred to *pulsatilla* or some other medicine. Here clinical observation must be drawn upon, as well as our study of the general action of the drug in other parts of the body.

The cases of varicosis in which *hamamelis* gives the most prompt relief are those where the veins are particularly large, tender to the touch, and generally sore; and where the varicosis is associated with aching in the limb and in the larger joints. Frequently have I in such cases seen curative results follow which I had entertained but small hopes of witnessing. A useful method of using *hamamelis* in varicosis of the lower limbs is the application of compresses wet with the tincture or Pond's Extract underneath an elastic stocking, and giving at the same time one or more drops of the third dilution thrice daily.

There is no evidence, that I am aware of, of *hamamelis* having directly caused the existence of piles, and only in one instance, and that recorded by a gentleman proving with a high dilution, were any symptoms distantly suggestive of them experienced. But piles constitute, secondarily at any rate if not primarily, a clear varicosis. In piles referable to an existing disturbance of the functions of the liver, it is not of much use. On the other hand, where, without portal congestion—as often happens in cases of some duration—piles increase rapidly and considerably in size, become sore and tender, and especially when they bleed, *hamamelis* is particularly useful. Give it internally, three times a day, but at the same time apply it directly to the part, and not only apply it, but as Dr. Burnett suggests, keep it applied

during the night. For this purpose saturate a piece of linen with a lotion of *hamamelis* (ʒss. to ʒj.), place it over the venous tumours, and insert it within the bowel on getting into bed.

Where you meet with hæmorrhage from internal piles, you will find that the injection of a solution of *hamamelis* will check it perhaps more promptly than anything else. For this purpose the glycerine enema syringe answers exceedingly well.

In cases of simple distension of the hæmorrhoidal veins from pressure—cases which are exquisitely painful—*hamamelis* is of the greatest value, as the following very striking illustration recorded by Dr. Preston (*North American Journal of Homœopathy*, vol. vi., p. 87) will show.

The patient was a middle-aged lady who had had six children, and had suffered from varicose veins of the lower extremities up to the groins during the whole of each pregnancy. "With her last child she applied to me," says Dr. Preston, "as soon as she found herself *enceinte*. The veins of the lower extremities had already begun to dilate and to prevent sleep by the crampy pains with which they were affected, particularly at night. After using *hamamelis* and bandaging the legs, she experienced no further trouble from the distension or pain, and by occasionally taking the remedy, kept herself in as comfortable a condition as her situation would allow. At all events, she said, she had never before known what it was to see a well day during pregnancy. She remained quite well until the week previous to her accouchement, when she had an attack of piles, as she said, and suffered considerably, but not enough to call in medical aid. In November, 1855, she was confined, after an unusually tedious but natural labour, and got to bed very comfortably. Three days after I was summoned in great haste and found her lying on her stomach and abdomen, unable to move without excruciating pain, and with three large hæmorrhoidal tumours occupying the anus. The tumours seemed about two inches in diameter, as they were rolled up with the skin and cellular tissue, and were of a dark livid hue, full of distended and bleeding veins, and the whole mass looked nearly as large as the head of a child and was evidently strangulated by the contraction of the

sphincter ani. All attempts to return the hæmorrhoidal tumours within the rectum were out of the question, as the slightest touch caused intolerable pain, and even the weight of the clothes could not be borne, nor could she endure the approach of the nates, but kept them apart with her hands. I applied linen clothes saturated with *hamamelis* and also gave it internally, diluted six drops to half a tumblerful of water, and a tablespoonful was taken every hour. This was all the medicine she took or applied, and in twenty-four hours I found her lying comfortably in her usual position, entirely relieved of all pain, and with all traces of the hæmorrhoidal tumours removed, and the anus looking perfectly natural."

A few of the symptoms evoked by *hamamelis* in the persons of Dr. Preston and one or two other provers—such as bruised feelings in the arms and back, stiffness in the elbow joint, aching limbs, pain in riding or walking—have suggested it as possibly useful in mechanical injuries. In some instances his conclusions have been clinically proved to be correct. One illustration of this is recorded by the late Dr. Newton, of Cambridge (*Monthly Homœopathic Review*, vol. xv., p. 477).

"Some time since a sweetmeat manufacturer rushed in to see me immediately after a drop of boiling sugar had flown into his eye. The agony he suffered was distressing to witness. He rolled on the carpet in uncontrollable anguish. I mixed half a drachm of *hamamelis* with an ounce of water, and put a few drops into the eye. This relieved the pain in a short time, and I sent him home with instructions to apply the collyrium every hour until quite easy. The next morning he called and, though the conjunctiva was much congested, he was free from pain. The eye was well in three days. My patient told me that he had on two former occasions met with a similar accident, but did not recover from either of them under three weeks."

Dr. Newton adds that he has often derived benefit from the use of this drug in traumatic ophthalmia.

So also, Dr. Norton, of the New York Homœopathic Ophthalmic Hospital, esteems it highly in similar cases. He writes (*Ophthalmic therapeutics*, 2nd ed., p. 91):—

"The action of *hamamelis* in injuries of the eyeball is very similar to that of *arnica* and *calendula*, although it seems to be of more service than either of the above in hastening the absorption of intraocular hæmorrhages. Illustrative of this point is a case which came under my observation this day. A

coloured boy was brought to my clinique two days ago on account of an injury to the left eye received two days previously. The cornea was abraded, there was some blood in the anterior chamber, and the vitreous was so dark from hæmorrhage into it that the fundus could not be illuminated. There was only perception of light. *Hamamelis* v. 3 was given internally, and the tincture, ten drops to the ounce, used externally. To-day (after two days) his vision is $\frac{2}{8}$, and only slight haziness of the media remains.

“Traumatic iritis with hæmorrhage into the iris and traumatic iritis with great pain at night and hæmorrhage into the interior of the eye have been speedily relieved by this drug.”

In phlegmasia dolens, *hamamelis* is useful after the acute symptoms have subsided; when the femoral vein remains large simply from a loss of its contractile power from over-distension and somewhat tender. In the early stage of this so-called phlebitis *belladonna* and *corrosive sublimate* are indicated.

As an illustration of the successful use of *hamamelis* suggested by its well known power to control sudden and severe hæmorrhage, I may refer to a case reported by Dr. Gibbs Blake (*Monthly Homœopathic Review*, vol. xiii., p. 465), one where hæmorrhage from the bowels occurred on the seventh day of a rheumatic fever. On this day Dr. Blake received an urgent message to visit his patient, who was stated to be suffering from diarrhœa.

“On arrival,” he says, “I found him very faint, his face exceedingly pale and anxious. Whilst I was in the house he passed another stool, which consisted of about a pint of very dark coagulated blood; and three similar ones had been passed between 2 a.m. and 8 a.m. The first of these contained a considerable admixture of fecal matter, but the later ones consisted of scarcely anything else but coagulated blood, and all were very dark coloured. No enlargement nor tenderness of the liver; much flatus; bowels distended; no heart disease.

“Gave *hamamelis* 1st dec. a drop every quarter of an hour, and small bits of ice.”

Six hours later he was better. There had been no stool during that time. Sickness, which for three days had been a troublesome symptom, and all rheumatic pain had disappeared, and he was cheerful and talkative, with less pallor of the face, and the pulse 120. He had one stool during the night, and one at 2 p.m. on the next day—both all blood. His pulse being 120, full and bounding, he now got *aconite* 3 in frequent doses. The bleeding did not recur, and his convalescence was rapid.

Among the conditions of disordered health occasioned by *hamamelis* is one that has not, so far as I am aware, attracted much if any attention, and yet it is one that occurred so frequently in several provers, and persisted so thoroughly, that it ought to be turned to good account—I refer to the sore throat it produces. In Dr. Burt's record of his experiments we notice, "pressing sensation in the pharynx." Then in two days—having in the interval taken several half-ounce doses of tincture—"dull pressivé distress in the pharynx and roughness of the fauces." Again, "All day had a feeling as if something had lodged in the fauces, causing constant inclination to swallow; dryness of the fauces." Again, "throat very dry all night, with a feeling as if something large had lodged there; compelled to swallow every few minutes, which caused dull pains in the tonsils; much pain on swallowing food this morning, and the fauces are very much congested and tonsils slightly swollen." These and similar symptoms recurred frequently throughout the whole of Dr. Burt's ten days' proving. Dr. Iszard, after taking two ounces in three doses during one day, complains of rawness in the throat and fauces as he does again during his eight days' experiments. His son, thirteen years of age, to whom he gave three drachms, also complained of rawness of the fauces; his daughter, aged eleven years, to whom he gave a drachm, had the same symptom. Another prover—W. M. James—who took two drachms on going to bed, awoke at 7.30 a.m. with hoarseness, as from a cold; at 10 a.m. throat became slightly sore, causing pain on swallowing, continuing until bedtime. The next morning the soreness was increased, also the dryness, to which was added great thirst. Another prover, a student, had a very sore throat, in consequence of his experiments, "every inhalation seems to dry it up."

These symptoms reflect a sore throat, often of a tedious character, met with in persons of a phlegmatic constitution. The fauces look livid, rather than bright; there is some swelling of the mucous surface, which includes the tonsils; the soreness, moreover, is described as rawness, and extends deeply downwards, and is associated with some, though not much, difficulty in swallowing. To such cases *hamamelis* is clearly homœo-

pathic, and I doubt not it would prove promptly curative in them, though I cannot say that I have ever put this generalisation to the test.

Of the symptoms associated with the several conditions I have dwelt upon, the most prominent is headache. The most characteristic description of this headache is that given by Dr. Hughes in a case reported by him in the thirteenth volume of the *British Journal of Homœopathy*, and republished in *The Cyclopædia of Drug Pathogenesis*. "The first dose of *hamamelis* was followed by flushing of the face, with most distressing throbbing, aching and sense of fulness in the head. These symptoms gradually subsided. The second dose of *hamamelis*, however, was immediately followed by the same symptoms as at first, head feeling as if it would burst."

Aching pain in the loins, with similar pains in all the larger joints, very much resembling rheumatism, were also frequently experienced during a proving; while mental and physical depression and great languor were equally constant, and profuse urination very frequent.

Hamamelis has been found effective in various doses. Some have used drop doses of the pure tincture, and others have had equally good results from the third decimal and third centesimal. It would seem that some persons are very susceptible to the influence of this drug when homœopathically indicated, and therefore it is wise to be watchful when prescribing it in larger quantities than the third centesimal.

Grantham, February 2nd, 1889.

PRURITUS.*

By J. D. HAYWARD, M.D., London.

PRURITUS, or itching, is a symptom of such every day occurrence and is frequently of so much distress to our patients, that I have no hesitation in directing your attention thereto, for a short time, this evening. Severe itching, for any lengthened period of time, is capable in itself of forming a serious feature of an illness and of causing suffering as hard to bear as is severe pain. The loss of rest and the mental distress caused by prolonged

* Read at the Liverpool Homœopathic Medico-Chirurgical Society.

pruritus is reported to have determined the fatal issue in ailments not otherwise likely to have proved mortal, to have aided in the production of insanity, and even, I believe, to have driven sufferers to suicide. But even in less serious cases, itching—which to many sounds a trivial trouble, a sort of crumpled rose-leaf—is responsible for a considerable amount of the misery in the world, among animals as well as in mankind. Indeed, those of us who have been subject to either itching, or the very similar sensation of tickling, for only short periods of time, can form but a slight opinion of what a scourge the long-continued sensation can become. It is a popular belief that people have been tickled to death or insanity, and it is stated to have been a cruel form of torture in past ages. Whether persons have ever been, accidentally or purposely, itched to death, I am unaware; but, if feasible, I imagine it would be an equally horrible martyrdom. Patients, who have had prolonged periods of itching, have expressed themselves very forcibly to me, and I have often heard them say they preferred pain for choice. Further, pruritus is often one of the most obstinate and intractable of complaints; it appears one of those little things a doctor ought to be able to stop right away, if he be good for anything, and so patients often regard it; but every physician of experience knows these little things are generally the most refractory; and if a discussion this evening will enable us more satisfactorily to treat these distressing cases it will have been anything but in vain.

Fortunately it will be quite unnecessary for me to attempt to describe the symptom; there may be happy individuals unacquainted with pain, but itching—like death—is the common lot.

It has been supposed that the sensation of itching is conveyed to the sensory centres by entirely different nerve fibres from those which convey ordinary tactile sensation; indeed some physiologists aver that there are separate nerve fibres for the transference of ordinary sensation, the sensations of pain, temperature, tickling, itching and others—each nerve fibre being capable of responding only to its own particular stimulus instead of—as in the telegraph—the conducting fibre being the same and the receiving organ differentiating the various influences transmitted. There are physiological and

pathological phenomena in support of these views, which, however, do not directly concern us at present.

Pruritus is included in the nomenclature of diseases of the College of Physicians, and, in many cases, for all the cause that we can find, it is practically *the* disease; but, of course, in the great majority of cases, it is merely a symptom, and naturally the discovery and removal of the cause is the most important duty. We will, therefore, consider the more common causes of pruritus.

And firstly *general pruritus* :—

1. Skin diseases. Various skin affections have itching as a prominent symptom. In eczema it is so common as to give its name to some of the varieties—as in baker's, washerwoman's, grocer's, and warehouseman's itch.

Scabies or the itch *par excellence*; phthiriasis or the various forms of lice disease; prurigo; tinea and other skin diseases have itching as a prominent factor.

2. Diabetes.
3. Gout; often with diabetes.
4. Pregnancy.
5. Tertiary syphilis.
6. Liver affections; especially with jaundice.
7. Ingestion of various drugs, especially *opium*.
8. Uræmia.
9. The menopause.
10. Dirt and irritants.

Any of these may be the remote or immediate cause of pruritus. I will only directly refer here to what may be called a pruritic diathesis—the patient being what is called gouty and liverish; with a dry skin, the urine containing excess of urates, uric acid or oxalates; the patient is often given to eating to excess, especially of meat, and to taking too much alcohol, with insufficient exercise; he is dyspeptic and liable to hæmorrhoids. This diathesis is often hereditary. The disease prurigo also deserves a word of notice. By it is meant a most intractable affection, occurring chiefly in old people, independently of dirt or pediculi, characterised by a tough muddy condition of the skin, upon which peculiar flat papules often occur, and scratches due to the general and distressing itching which is present, especially over the back and the extensor surfaces of the limbs.

In addition to these causes of general itching, which may also be the origin of local pruritus, there are various special local causes of the itching of various regions.

Pruritus Vulvæ may be due to

1. Parasites :—ascarides, acari, pediculi, tinea.
2. Pregnancy :—often with local trouble.
3. Diseases of the vulva :—inflammation, abscess, cancer, ulceration, &c.
4. Urinary disease or affection of the urinary organs.
5. Vaginitis :—simple, syphilitic or gonorrhœal.
6. Ovarian or pelvic disease.
7. Uterine disease of any kind.
8. Menstrual disorders.

Pruritus ani, pudendæ, scroti or of the *penis* or *mons veneris* may be due to

1. Parasites.
2. Rectal or anal disease :—fissure, fistula, piles, proctitis, abscess, cancer, ulcers, polypi, warts.
3. Urinary disorders, calculus, phimosis, &c.
4. Constipation.

Pruritus axillæ may be due to parasites or acid or decomposing perspiration.

Pruritus of the external auditory meatus may be due to slight eczema or to aural affections; but Hebra also describes a special affection under this term in which the itching is the only symptom. It is most common in middle age and in persons with a defective circulation, and is very subject to periodical exacerbations. Repeated painting with a strong solution of nitrate of silver until inflammatory reaction is set up, is recommended in this variety of the affection.

Pruritus nasi may arise from acne, nasal disease, catarrh, worms, intestinal trouble, dyspepsia, etc.

With regard to local pruritus, I wish to draw your attention to the fact that itching of the vulva is often in women the first prominent symptom of diabetes. Twice have I diagnosed this disease from this symptom, before any other was present except some debility and the sugar in the urine, after other medical men had treated the cases for prolonged periods without making any correct diagnosis. Another practical point is, that pediculi may be the cause of the pruritus in cases where you might deem it excluded. I have known itching of the external genitals treated in vain for a long time by the drug carefully

selected and by sedative lotions, where a delicacy in examining the parts has prevented the discovery of the cause. Pediculi pubis may be revealed in cases where the origin of the infection is undiscoverable, and their detection is the prelude to a prompt cure. Well do I remember a fortnight's misery I myself underwent when a hospital house-surgeon. My nights were a grief, but my days, when I did not dare to scratch on account of the look of the thing, were a torture. Pruritus sore, long time I bore, all lotions were in vain; and, as I knew myself to be a *virgo intacta*—or rather *vir intactus*—and imagined pediculi could only be contracted by direct infection, it was long before I discovered the cause to be these brutes, and resorted to *ung. hydrargyri*, the blue butter beloved of medical students, which promptly relieved the trouble. The only possible infection in this case could have been the water-closet, which was common to the staff and some of the officials of the hospital. I suppose a gravid female invaded me upon one of my visits to this shrine.

In cases where the cause of pruritus is discoverable and removable, such is the physician's most important duty—though even here it may be necessary to palliate the symptom during the removal of its cause. In many cases the cause may not be evident, and here the symptom itself must be attacked. All physicians are now recognising the expediency and necessity, in many cases, of directing treatment against the more prominent symptoms, and we find that such measures are often the most practical for the removal of the cause itself. Drugs selected by our therapeutic rule often cure the disorder, without consideration of the more remote cause thereof. I need not refer to the means to be taken to remove the various constitutional and local causes of pruritus; these have to do with general therapeutics. Where the cause is an external parasite—is simply and purely local in the skin and will produce its effect at any age and in any subject or constitution—the treatment is external and immediate, and I am very sceptical of drugs internally administered being of any benefit whatever. If the entire disorder is the pruritus and its parasitic origin, I hold internal treatment cannot replace local applications, and I do not believe it can much aid them. It is somewhat different in case of internal

parasites; here there is reason to believe there is a condition of constitution and mucous membrane favourable to their presence, and this predisposition may be treated medicinally, in addition to treatment directed to the expulsion of the parasites themselves. Where the cause is a skin disease, constitutional affection, or some bad habit, this must be seen to; where a local disease is present this must be treated.

As with other symptoms so with pruritus, it is commonly necessary to consider the concomitants, aggravations and circumstances of the case; regarding the patient as a collection of symptoms to be referred patiently to the *Materia Medica* for comparison with the drugs in closest relation to such group of symptoms. The pathogenesis of *opium*, *nux vomica*, *mercurius* and *sulphur* contain itching as a prominent experience. *Sulphur* is often specially indicated in pruritus ani; *collinsonia* or *thuja* in pruritus pudendi. *Aconite* is pointed to when the itching is acute and accompanied by tingling with feverishness, restlessness and distress; *rhus rad.* where the skin is dry and the itching worse in bed or from warmth; *arsenicum* where burning accompanies the itching and constitutional debility is marked. *Ignatia* is indicated where there is a pricking factor in the pruritus; *rumex*, worse in bed; *rhus. tox.*, the sensation deep in rectum; while some cases will seem to demand *aur.*, *petrol.*, *croton tig.*, *arg. nit.*, *mezer.*, *iod.*, *ledum*, *canth.* Pruritus ani may require *sulph.*, *acid nit.*, *ignat.*, and if worms be suspected, *cina.* or *teucrium*. Pruritus valvæ may suggest *sepia*, *apis*, *opium*, *ignat.*, *chlor. hyd.*, *borax*, *collins.*, *thuja*. Pruritus nasi: *ars.*, *sulphur*, *ka. bich.* or *sabadilla*.

Cases of local pruritus are, as Dr. Hughes admits, very rebellious even to homœopathic treatment. The true and earnest repertory prescriber will find no lack of material for his researches. In the repertory of the *Materia Medica Pura*, under chapter "Stools, Rectum and Anus," by Dr. Herbert Nankivell, I find, under pruritus ani alone, a column and a half of drugs, and you know what a large number this represents in cypher form; then follow 12 different varieties of pruritus ani, then 22 different conditions and 19 concomitants, each with their appropriate drugs. Here is pabulum for patient investigation; but, while we search, the patient

is scratching. Unfortunately even careful repertory prescribing is sometimes in vain. In such cases and where the cause cannot be rapidly removed, I believe it is perfectly justifiable, and indeed essential to treat the symptom directly by local palliatives. Leaving the symptom to continue while we search for the cause or the key-note is not without its own danger; an itching habit can be formed, and a symptom that has existed some time is more difficult to cure, and may survive the removal of its original cause; while in many cases, especially in the young, I am convinced that the habit of the practice of masturbation is acquired from itching of the genitals and their neighbourhood.

Often, as with other symptoms, the suppression of the manifestation for a while, breaks the habit so to speak, and gives the constitution or other treatment time and opportunity to cure; so that after deadening a sensation for a time we find on ceasing the application that the trouble has gone.

To take a lower view—patients will go where they can get speedy relief, and I am sure many are lost to our school by anxiety for peace while we are anxious for the *simillimum*.

Some cases resist all local or general treatment, but most may secure at least temporary comfort from applications containing preparations of some of the following:—*sulphur* in ointment or by fumigation; *tar* in some form; lotions containing *opium*, *morphia*, *hydrocyanic acid*, *lead*, *vinegar*, *borax*, *boracic acid*, *eau-de-cologne*, *chloral*, *camphor*, *cyanide of potassium*, *carbolic acid*, *iodine*, *belladonna*, *conium*, *quinine* or some salt of *mercury*. Moistening the itching parts with *menthol*, gr. ii. to x., in $\frac{3}{4}$ i. water, is often efficacious. In pruritus ani or vulvæ, *sulphate of quinine* rubbed up with a little lard often acts as a charm. At the menopause pruritus is often specially obstinate and distressing, causing great mental depression, and practically banishing the sufferer from society. The vulva, thighs, abdomen and axilla may be the seats of this variety, and *ceratrina*, both internally and externally, seems particularly suitable.

An ointment, containing *camphor*, *chloral hydrate* and *petroleum* is very highly recommended, and vaginal injections of very hot water.

In my personal experience frequent bathing with very hot water, in which a little borax or washing soda is dissolved, has proved beneficial, and in obstinate pruritus vulvæ an ointment of *cocaine* in *lanolin*, with injections of *alum* or *lotio nigra*, have given great relief. In the neurosal form of pruritus, especially during pregnancy or the menopause, a valuable lotion may be prepared by putting a teaspoonful of borax in a pint of hot water and adding five drops of *olei menth. pip.* and shaking well. This lotion well dabbed over the itching regions often affords ready and permanent relief. With all this wealth of external applications, rarely a month passes without piteous letters appearing in the medical papers from medical men asking for hints as to treatment of cases of pruritus, which they have been quite unable to relieve.

There seems to be an idiosyncrasy with regard to what external application will benefit the individual; just as with the best drug for internal use. In one case recently under treatment, where a cured anal ulcer left some proctitis, the itching of the anus only occurred on first going to bed at night, but was severe for some time after doing so; peppermint, cocaine and borax in lotions afforded but slight relief, while a strong solution of eau-de-cologne in water was of great use, and relieved the symptom until *acid nit.* cured the cause.

In a dispensary case of obstinate itching in an old cobbler, *rhus. tox.* internally and *lot. carbolic* externally afforded great relief and were urgently demanded by him during the numerous relapses with which he was troubled.

It is worthy of notice that where local pruritus is accompanied by eczema, it may not be sufficient to treat the eczema, because in a large proportion of these cases the pruritus is the cause of the eczema by the scratching it induces. Therefore, in cases of eczema vulvæ, a 10 per cent. solution of *cocaine* dabbed on occasionally, with *zinci oxidi* powder between the applications, by relieving the itching prevents the rubbing and scratching which kept up or even produced the eruption.

In these days, when tobacco is declared to be the cause of a large number of eye, heart and stomach diseases, it is interesting to find even a doubtful entry on

the credit side on the ledger. I therefore quote from vol. ii. of the *Practitioner*:—"A young married woman, suffering from the general pruritus of pregnancy, was rapidly cured by smoking a cigar every evening before going to bed." In connection with this it may be mentioned that infusion of tobacco is an ingredient in several favourite lotions for pruritus, and is directed to be made by infusing sixty grains of birds-eye in ʒ viii. boiling water for fifteen minutes.

Various combinations of drugs in lotions have had their day of reputation and fashion; it is to be noticed that a large proportion of them contain borax. "Vinolia," a favourite application at present, apparently contains oxide of zinc, borax and glycerine among its ingredients. Lanolin as a medium appears to be peculiarly suitable; and boracic lotions, with an ointment of cocaine or ichthyol in lanolin, between times, will perhaps be the most generally useful applications. In some cases it has seemed necessary to treat the nervous irritability directly, and *bromides of potassium* or *ammonium* have been recommended.

Among various dietetic directions it seems agreed that alcohol and coffee should be forbidden.

To us, as homœopaths, it should be interesting to note that the last fashion in drugs—*antipyrin*—often causes intolerable itching all over the body.

Small doses of *liquor arsenicalis* are recommended by some.

There is a very general exacerbation at night when warm, and, in women, at the catamenial periods.

A PENNY-A-WEEK FOR THE HOSPITALS.

By G. A. CROSS.

At last a systematic effort is to be made to deal with the deficits of the Metropolitan Hospitals, which collectively have a large annual debt, and an appeal is to be made, with singular appropriateness, to that class which has hitherto taken all and given nothing in respect of medical charities. The possibility of making a regular collection from the working classes has long been discussed. But to Mr. Algernon Coote belongs the credit of re-introducing

the matter in a practical form, and to the Council of the Hospital Saturday Fund must be awarded the honour of taking the scheme in hand with a determination to make it succeed. The proposal is, that an effort should be made to raise 500,000 pennies weekly or £100,000 a year in the metropolis. The idea is not a new one by any means. It was suggested to Mr. Coote by a lady who had seen a similar scheme succeed in Dundee. It has been found on enquiry that in many towns in Scotland and the North of England such a scheme is in operation and working admirably. The only question is that which the Council of the Hospital Saturday Fund are now facing resolutely. Is such a plan practicable in the metropolis? At first sight it would appear that a movement which succeeds in a provincial town must succeed *pro rata* in London. The carrying out of such a plan in the metropolis requires, however, a minute and vast organisation, and it remains to be seen whether it will not also entail an amount of expenditure which itself will defeat the endeavour. There is gold in great abundance in many parts of the world, where it would cost more than the worth of the gold to get it. To say that a weekly collection is a success in Dundee and in Sunderland, and therefore must be a success in London, is to jump prematurely to a conclusion.

To organise in London a scheme such as is proposed is a Herculean task. Still it is not the labour but the expenditure which is to be feared—an expenditure which may require a great many pennies to support. To organise a penny-a-week collection in Sunderland, where a working-men's penny-a-week collection produces nearly £8,000 yearly, is a very different matter from organising one in London. Sunderland has 116,000 inhabitants; London has over 5,000,000. The working classes in Sunderland live near together; in London they are scattered over a wide area. Sunderland has five hospitals and dispensaries; London has 162. This latter item might not count if the distribution were a mere matter of writing cheques, but when it is a matter of elaborate reduction and comparison of returns, the number of hospitals and dispensaries is an important element of expense. The same fact makes it, however, auspicious that the Hospital Saturday Fund Council have taken the scheme under their management. The

division of the accumulated pennies on the basis of their annual distribution will simplify matters in many ways. In fact, their existing admirable organisation, the great army of voluntary helpers they are able to call up every year for their one day's collection, makes the plan possible to them in a degree in which it could not be to any new organisation.

The remarks of some of the speakers at the Mansion House meeting, convened to inaugurate the movement, partook of that deliciously decisive character which is so entertaining to those who have made hospital affairs some sort of study. It is fortunate that when hospital managers are so sorely puzzled about some of the problems they have to solve, some one is always to be found who can step in fresh from the outside and in a few cutting phrases set the whole matter right. One speaker raised the audience to a great cheering pitch when he told them this thing "seemed to him so simple that there was nothing to criticise. But there was plenty to criticise in the present system of supporting hospitals, for it had a pauperising effect. The collection of money by balls, bazaars, and dinners was, to his mind, a spurious system of charity, and he believed the whole thing was rotten. He believed that the wage-earning classes of the metropolis would rise to the occasion as one man, and they would find no difficulty in carrying out such a scheme as was now proposed." This was reassuring, and far be it from us to suggest that the working man is not a generous, disinterested, pitiful soul who will willingly sacrifice some little enjoyment for the good of his fellows. Sir A. Blackwood seemed, however, more practical when he told how the *employés* of the General Post Office contributed something like £918 last year to the Saturday Fund as the result of a spasmodic contribution once a year, and not of a systematic weekly collection. "There were 14,000 houses in London," he said, "licensed for the consumption of alcoholic liquor. A hundred and twenty-five million pounds sterling was spent in 1887 by the population of the United Kingdom on drink, and this meant about 14 millions in the metropolis; or about £5 a head of those who spent money in drink, which would be 2s. a week. If the wage-earning classes could spend 24 pence a week in drink, surely they could give a penny to the hospitals, which

helped to remedy the diseases brought about by drink." The Lord Mayor was very sanguine, and, as reported, said that: "As the working men's collection in Sunderland produced no less than £2,842, and as London is thirty times as large as Sunderland, if they multiplied the amount received there by 30 they would find that it would come to about £85,000 a year, and if they added to that the receipts of the Sunday Fund, which were £40,000, and £10,000 received by the Saturday Fund, they would realise a total of £175,000, which was more than enough to support the whole of the London Hospitals over and above the endowments they possessed." Happy Lord Mayor! Has he never heard that the Metropolitan Hospitals and Dispensaries spend some £750,000 a year?

This admirable scheme is, however, in the hands of those who really understand the value of their work and its difficulties—the real want of the Metropolitan Hospitals—and the best means of reaching those sympathetic wage-earning classes, who are to rise as one man at the call of charity. A study of the experience of a Warrington factory manager will throw some light, both on their readiness and also on the real method of opening their hands. He says: "Every Saturday the hospital box is placed at the entrance of the works, and the men as they pass out drop into the box what they are disposed to give. A few years ago the published amounts given averaged about 3s. I was ashamed of their publicity when I knew that some improvident men were regularly seeking the aid of the Hospital and Dispensary, from accidents or otherwise. An opportunity occurred when I was able to tell the workmen what I thought of their voluntary contributions to the local hospital in return for the valuable aid rendered to many of them from time to time. In one week two men were injured; one lost a finger at his drawing-block, and the head of another was injured by a crane handle, both accidents the result of carelessness. Neither was in any benefit society, and the hospital was their only resource. Both men were in regular employment. I called all the workmen together one dinner-hour. I placed these facts before them and did not forget to mention their paltry contributions. I said that if ever two men were paupers in the proper sense of the term, these were. I advised

what I thought they ought to do. The consequence was, that at the same meeting, after I left them, they unanimously agreed that one half-penny per week should be deducted from their wages every pay-day. The annual contribution now is not far short of £16."

Whether 500,000 persons can be found who will regularly subscribe one penny weekly to support the Hospitals, remains to be proved. Whether every tenth resident in the metropolis will make even so small a sacrifice as a penny a week will in due course appear. Mr. Coote informs us that in one firm 250 men out of 300 are contributing a penny a week already. If this example can be followed generally, then the saying of Canon Fleming will come true, and it will be "seen that the charity of the democracy could beat the charity of the aristocracy." The only question is, will the working men carry out the scheme? Half-a-pint of beer less once in seven days would do it. Will they deny themselves that half-pint once a week? Sir A. Blackwood says that they spend 2s. per head per week in drinks; will they consent to spend 1s. 11d., and give the other penny to the hospitals? We hope that, under the powerful and able organisation of the Hospital Saturday Fund, they will. But as a better method we commend to the promoters the "plan of campaign" set out by the Warrington manager.

CAUSE AND EFFECT.

BOTH in nature and in history phenomena and events own a multiplicity of cause; the failure or absence of one of these causal elements may indefinitely disturb or delay their accomplishment. And in both these spheres there is no effect without a cause or causes; nowhere is there a return without a previous and corresponding outlay.

If an ear of corn is to be brought to perfection, the soil must have been first formed by the destruction through countless ages of the rocky floor of the globe; it must be prepared by plough and harrow, and by the grinding, pulverising effect of the frost; in our day and country it may need artificial supplies to fit it to build up nourishing grain. The sower must appropriately deposit the seed, the roller must pass over it; it must

receive the "gentle rain" from heaven and the life-giving rays of the sun. Shower and sunshine, cold and heat and wind (each again owning many causes) are amongst many necessary contributing agents to so commonplace a production as a field of corn. Are we to learn that the earth moves—Galileo must suffer. If the savage Islanders of the Southern Seas, whose chiefs launch their canoes on living human rollers, are to be rescued from cannibalism and superstition, the price to be paid is the heroic life and death of John Williams, and the martyrdom of Coleridge Patteson, whose distinguished career at Oxford (where he gained the fellowship of Merton) and whose unsurpassed philological attainments were devoted only to the furtherance of the welfare of his beloved though degraded brothers. Of the Dark Continent, Dean Swift wrote:—

Geographers, on Afric's maps
Put savage beasts to fill up gaps ;
And o'er inhabitable downs
Put elephants for want of towns.

One of the noblest members of our own profession has done more to fill the gaps and find or make the towns than any other single man. But it has not been in his comfortable study or with a well appointed ordnance survey staff. It was fitting that the "open sore of the world" should receive its most effectual dressing at the hands of a medical man. But the routes for the penetration of civilisation and for legitimate commerce to supplant the nefarious traffic in "human chattels" were opened only through the endurance of "the tsetse, the fever, the north wind and other African notabilia." Journeys through deep morasses and flooded rivers, and amidst incessant rains, encounters with unfriendly natives, isolation, bereavement, hunger, illness and death were the cost of bringing Christianity and civilisation to Africa, and of filling its maps with rivers, lakes, mountains and towns instead of with "savage beasts."

He needs no epitaph to guard a name
Which men shall prize while worthy work is known ;
He lived and died for good—be this his fame :
Let marble crumble : this is Living-stone."

Medical men—and we refer here especially to followers of Hahnemann—have done at least their share in fighting against the stream in defence of what they believed to be the truth. They have cheerfully given up

distinctions, emoluments and advantages; ostracism and petty persecution they have over and over again endured. The language recorded in our pages only recently, has been the language of many another:—"No amount of ostracism, persecution or cold-shoulderism will make us sacrifice one tenet or one principle because those principles are distasteful to a certain clique. No desire have I to become popular if that popularity is to be purchased by forsaking my faith in name or practice; no regard have I for going with the stream, and no fears of being deemed wanting in honesty of purpose, shall influence me in favour of that medical empiricism which is not only a stain upon the nineteenth century civilisation, but destructive to the best interests of humanity."* Manly self-denial such as this, repeated over and over again in the persons of numberless unobtrusive practitioners, has achieved the marvellous change which has come over the healing art during the present century. These men have left us of to-day a system which, faithfully adhered to, and judiciously developed, will do all that can be done—quickly, safely, pleasantly and permanently—to relieve suffering, and which will, ere long, have demonstrated its triumphant superiority over all others, alike to willing and unwilling observers.

In this sphere of labour, is the thought uppermost in the mind of every reader concerned, "What can I do to further the interests of so worthy a cause?" If not, why not?

The answer which we would suggest to this question will embrace but two points, and those, general principles and not details. They may be but two amongst many—for we have already pointed out that numerous causes contribute to one event. But they are two essential ones, without which, the success, already almost within our grasp, will mock us like a *will o' the wisp*.

No man is a hero by premeditation, and medicine is not a sphere in which one can hope to win laurels of glory by conspicuous deeds of daring and suffering. But there is a quiet heroism open to every one of us—that of manfully doing one's utmost and best, even in obscurity and isolation. Livingstone and Gordon only

did this in their sphere ; are we doing it in ours ? The finished beauty of the fabric on which we are all workers depends on how each one of us to-day does his share. Nelson said "England expects to-day that every man will do his duty." Now, and to you, reader, it is said, "humanity (if nought higher) expects that you will do your duty."

No system of truth need fear its opponents ; "the truth is great and it will prevail"—sooner or later. But it may have cause to fear its friends—falsely so-called sometimes. If its friends settle down into selfish ease, thinking all is safe before the heat of the day has passed, the cool of the evening will find them sitting disconsolate and remorseful—opportunities passed and victory lost. Shall we work for ourselves and our own little circle only, or for every member of the great commonwealth of earnest seekers after truth ? Shall we labour only for the bread which perisheth, or shall we seek, and unitedly seek, the greatest good to the greatest number ? "Union is strength." Let us be united.

If these causal factors are brought to bear our result is sure ; without adequate causes there are no compensating effects.

REVIEWS.

Tumours of the Breast, and their Treatment and Cure by Medicines. By J. COMPTON BURNETT, M.D. London : Jas. Epps & Co. 1888.

THIS little work contains the experience and opinions of a well-known author on a subject of transcendent importance. Tumours and their treatment form a subject which, from one point of view or another, is at present occupying the serious attention of the whole medical world. At a time when some forms of tumour are declared to be largely on the increase, almost any attempt at the elucidation of the problems involved must be welcome. At a time when the doctrine that micro-organisms are the cause of almost every disease under the sun, and when all the virtue of a drug is its germicide properties, at a time when the brilliant achievements of modern surgery threaten to produce want of faith in and the abandonment of the use of drug agents, a work recalling to our minds the value of constitutional medicines in cases commonly hopeless, should be hailed with the highest satisfaction. To do this is the object of the work before us. The writer has brought to bear upon the subject his acknowledged abilities, his careful

observation and varied learning, and he presents us with the results of his personal practical experience.

We will look a little more closely into this book. Dr. Burnett's object, in his own words, is "to prove that tumours can be cured by medicine," and he deals with tumours of the breast in particular. To this end he describes more or less in detail some twenty cases of "tumour" cured by medicine under his own care. By tumours, Dr. Burnett understands "all lumps and swellings whatsoever," etc. It is granted at once that the proposition is proved. And here Dr. Burnett must be congratulated on his success both in proving his case, and still more in curing his patients. He has been unusually fortunate in retaining their confidence during a long course of treatment, and we hope they were duly grateful for the reward their confidence met with.

We next ask if this avowed object of the author is the best and most useful aim in relation to his subject at the present time and under existing circumstances. It goes without saying that the writer intended the benefit of humanity and not his own glorification. This being so, we are obliged to answer in the negative. Respecting inflammatory swellings and innocent neoplasms the opinion of homœopathic practitioners is in a formed condition, and the burning question of the day relates not to these. Had the energies of the author been devoted to answering the eager enquiry, "What are we to do with malignant tumours?" every man amongst us would have listened earnestly to the reply. We want to know what to do and how to do it. This treatise tells us that tumours are curable (and that Dr. Burnett has cured some of them), but gives us little or no help as to how we may cure them—and herein lies its greatest deficiency. And we maintain that it is not the less a defect because the author acknowledges the omission and believes in "one thing at a time." It is no excuse to say that most of the indications are homœopathic and are to be found in the *Materia Medica*. To tell us this is but to recount a truism.

Except *cundurango*—a drug of Dr. Burnett's own proving and a new remedy to many—the medicines are most inadequately introduced to the reader. We are more than glad to have so powerful a remedy brought before us as *cundurango* has proved itself to be. But we do complain that the *indications* for the remedies are most insufficient. Here indications are more than usually necessary, for the drugs have seldom or never produced tumours, hence we have only subjective symptoms to go by. To know that in practice certain symptoms have proved useful guides to a drug in disease is the complement to the *Materia Medica* which the busy practitioner

requires, and to give this information forms one of the chief *raison d'être* of such books as the one we are reviewing. The *Materia Medica* is so vast and time is so short that we are entitled to helps of this kind, we are entitled to profit by one another's experience, and it is unfair to tell us to search the *Materia Medica* without also pointing out what has already been a guide to others.

Near the beginning of the book we are told that very little pathology will be given, and that the author's position is essentially clinical. We must be allowed to point out that one side of the clinical picture is almost systematically left out, viz., that of physical signs. One tumour the size of a small hen's egg is described as being very hard, sometimes painful and sometimes painless, and this is all. If it were adherent to the skin or deeper tissues, if the nipple were retracted or not, if well or ill defined, if the axillary glands were enlarged or not, &c.—in respect of all these material conditions we are left absolutely ignorant. In a greater or less degree this is so throughout the work. The case we have referred to, Dr. Burnett believed to be one of cancer, but we have no means of forming an independent judgment. We are sure that in all the cases related, Dr. Burnett's educated vision and erudite touch observed more than he has taken the trouble to record. It is beyond doubt that five well recorded cases, whose local and general symptoms rendered their nature obvious to the reader, if presented together with the physician's reason for giving each remedy, wherever possible, would have made incomparably more impressions on his medical *confrères* than his twenty or more loose and incomplete narrations. Nay, probably, two such cases would have done more to alleviate the sufferings of humanity than twenty or two hundred such as this book furnishes. In the larger work Dr. Burnett contemplates we hope our suggestions may meet with favourable consideration. Although we could not comment on Dr. Burnett's book without making these friendly, and we opine, important criticisms, yet we hope and believe it will do useful work. It is a record of good and patient work—of serious cases cured and of life prolonged indefinitely. It is written in the author's well-known energetic and positive style, which cannot fail to interest or amuse, where it does not irritate. We hope every one who reads this review (and many others), will read the book. We recommend it, not because it will very decidedly help them to cure tumours, still less that they may be induced to write one like it, but that its earnest pages may stimulate them to prove that "what man has done, man can do"—and more also.

MEETINGS.

THE HASTINGS HOMŒOPATHIC DISPENSARY.

ANNUAL MEETING.

THE annual meeting of this Institution was held at the Dispensary Rooms, Cambridge Road, on Saturday, January 19th, under the chairmanship of Mr C. Pemberton Carter, J.P. Amongst those present were :—Mr. Geo. Osborn, J.P. (hon. sec.), Mr. G. F. Griffin (hon. treasurer), Mr. J. E. Liddiard, Mr. Alexander R. Croucher, M.D., J.P., the Rev. C. R. Howell, the Rev. G. Alfred Foyster, Captain Beckett, R.N., Mr. C. Knox Shaw, M.R.C.S., and Mr. Frank Shaw, M.R.C.S. The reports having been duly presented, Mr. J. E. Liddiard, in moving their adoption, said he thought that, on the whole, the statements of the Secretary and Treasurer were extremely satisfactory. The Dispensary had evidently done a large amount of good work during the past year. It was satisfactory to find that, having reached the ninth annual report, the Institution was still really alive and vigorous, and doing so much good and substantial work. He gathered from the Treasurer's statement that the total amount expended during the past year was £295 19s. 6d., which showed a reduction on the previous year, when the expenditure came to £317 8s. 4d. Then, it would also be noticed, that the number of out-patients treated was not quite so large, there being last year, 474, and in the previous year 499, but he was pleased to find that this deficiency was made up by an increase in the number of home-visiting patients, which, the medical officers would tell them, entailed upon them a considerable amount of work, presuming that many of them were receiving attention and treatment for a considerable period. Last year there were 180 home-visiting patients, whilst, in the previous year, there were 105. The total number of patients in 1887 was 1,602, and last year, 1,605, showing an increase of three on the year's working, and a decided increase in the number of home-visiting patients. He was sorry to find that the subscriptions last year were not quite so large, but he was quite sure that the efforts connected with the working of the Institution needed only to be brought under the notice of the public generally to enlist the support which the Institution thoroughly deserved. He hoped that the alteration in the system of distributing the Hospital Sunday and Saturday Fund would help to raise the amount of their income, at all events, to some extent. The Rev. G. A. Foyster seconded the motion, which was adopted. The following committee was appointed :—Mr. Robert Baynes, Captain Beckett, R.N., Mr. C. Pemberton Carter, J.P., Dr. Croucher, J.P., the Rev. G. Alfred Foyster, the Rev. C. R. Howell, Mr. J. E. Liddiard, Mr. F. Richards,

J.P., Dr. Archibald Shaw, Mr. C. Knox Shaw, M.R.C.S., Mr. Frank Shaw, M.R.C.S., and Mr. Councillor Stanger. The Rev. C. R. Howell moved a vote of thanks to the medical officers, who, he said, had made the Institution what it was. Captain Beckett seconded the proposition, which was carried.—*Hastings Observer*, 26th January.

It is gratifying to find the hard work of the medical officers of this useful Institution meeting with public recognition. The home-visiting is at once an arduous and invaluable work, and one not always carried on by dispensaries. Amongst the poorer classes believers in homœopathy are liable to fare badly, for there is usually no homœopathic "parish doctor," and they may thus find themselves forced to fall back on a system in which they have no confidence. We are sure that this home-visiting will be productive of much good, and we wish the Dispensary a prosperous year.

LIVERPOOL HOMŒOPATHIC MEDICO- CHIRURGICAL SOCIETY.

THE usual monthly meeting of this Society was held in the Hahnemann Hospital on the 7th February.

A paper was read by Dr. Charles Hayward, entitled "The Ear and its Common Diseases." A short sketch of the anatomy of the ear, illustrated by carefully prepared specimens, was followed by a description of the diagnosis and treatment, medicinal and operative, of the more common morbid conditions. The instruments commonly called into use were handed round for inspection, and their special merits or defects considered. An interesting discussion followed the reading of the paper; the principal point of difference being with regard to the removal of enlarged tonsils. Dr. Charles Hayward, in advocating their removal when hearing was interfered with, quoted Sir Morell Mackenzie and Dr. Lenox Brown, whose testimony was strongly in favour of the operation.

NOTABILIA.

"THE REVIEW COLLECTIVE INVESTIGATION COMMISSION."

THIS Commission is issued with the object of furthering the progress of that department of scientific therapeutics denominated Homœopathy, by putting into a practical form some suggestions offered in abstract on another page. The work of the Commission will serve, first, to encourage every believer in the rule of similars to work in such a manner as shall render his labours beyond adverse criticism, and then will enable him to place those labours at the service of his fellow practitioners. The clinical test furnishes the only proof of the value of homœopathy. Clinical results alone can maintain our own confidence

unshaken, and alone can inspire confidence where it is lacking.

Therefore the Commission invites the interest and co-operation of all concerned in the work of collectively investigating the results of our system at the bedside. If EVERY ONE IN OUR RANKS will record on the plan to be suggested, and will report in due time, we shall have before us such an array of facts as cannot fail to instruct even the most experienced; and if these facts be utilised for general circulation, they will necessarily arrest the attention of every candid mind. To command attention our statements must carry on the face of them the marks of careful, accurate and recent observation. They must be couched in such form and language as shall be comprehensible to modern students of scientific truth.

These conditions acted up to, we wait the result with confidence.

What would be impossible to one or two workers, owing to our having no large aggregation of cases in hospitals, will become possible and easy by the division of labour and the co-operation proposed.

Three subjects are first brought forward for study—acute rheumatism, acute pneumonia (lobar), and enteric fever.

One schedule is appended for example's sake—that of acute rheumatism. In this and in the others the leading points of the disease are marked down for investigation, and especially such as may enable comparisons to be instituted between different series of cases. The treatment, in as much detail as possible, is to be recorded, and the *reasons* for the adoption of such treatment in full or in brief will be especially welcomed by the Commission.

One schedule of each disease will be sent to every known practitioner of homoeopathy, and it is hoped that everyone will contribute the results of his observations. It will be understood that those contributing will report the *whole* of their cases during the period indicated, whether successful or otherwise. By this means only can reliable statistics be collected. If workers have one case only to report it will be gladly received, and no number can be so large as to be otherwise than acceptable. Additional schedules will be forwarded to anyone requiring them, also temperature charts and outline diagrams of thorax, if desired, for graphic record.

Application to be made to—

Dr. J. ROBERSON DAY,

Netherhall Gardens, Hampstead, N.W.

To whom all reports are to be sent not later than Dec. 7th, 1889.

It should be stated that if this appeal be properly responded to, the collected results will be published for the benefit of contributors and others at the earliest possible date.

COMPLICATIONS.				SEQUELÆ.			
Endocarditis.		Pericarditis.	Pulmonary.	Other.	Chorea.	Permanent Articular Disease.	Embolism.
Evidences							
Date of Development ..							
Persistent or Transitory							
Remarks							
Treatment							

ODIUM MEDICUM REDIVIVUM.

A MAJORITY of the medical men residing in St. Leonards, Hastings, have availed themselves of the opportunity presented by the prospect of a Health Congress being held in their midst to render themselves at once ridiculous and obnoxious, and appear to have succeeded to their heart's content! Some people there are who never can resist a chance of this kind, and there appear to be at least seventeen specimens of this type in Hastings. As is well known, Mr. C. Knox Shaw is the Medical Officer of Health for the borough, and as is thoroughly recognised in the town, has proved himself to be a very efficient officer. Dr. W. B. Richardson and others, who are interested in promoting the development of sanitary science have arranged to hold a Congress at Hastings, whereat questions relating to this important department of knowledge will be discussed. On the eve of the assembly of the Congress a meeting was held of the members of the local Medico-Chirurgical Society, when, by a vote of seventeen to seven, it was resolved to hold aloof from the Congress altogether, the assigned reason for so doing being that Mr. C. Knox Shaw, the Medical Officer of Health for the borough, is a homœopath! Some of the more reasonable members of the Society protested that "the Congress had nothing to do with the question of allopathy *v.* homœopathy, and that there was no such thing as an allopathic drain pipe or a homœopathic drain pipe, or an allopathic water-closet or a homœopathic water closet!" Dr. Trollope and Mr. Ticehurst and the rest of the seventeen appear to have thought otherwise, and naturally resented the possibility of "a homœopathic water-closet" being introduced as an improvement on the allopathic one—whatever that may be! The discussion at a second meeting appears to have waxed rather hot, for Dr. Humphreys, a member of the Committee of the Society, at once tendered his resignation as such, and left the room as a protest against the stupidity and folly of his colleagues.

The members present seem all to have been more or less ashamed of their proceedings, for in the *St. Leonards Chronicle* of the following week is a letter from Dr. Humphreys, in which he protests against the proceedings of the Society, the discussions at which he says are "privileged," being recorded in the press. And why? Because the appearance of such notice "tends to rouse a feeling of resentment against the majority, and such a feeling is at all times lamentable." If the majority acted in accordance with the dictates of common sense, and as honourable men, there could be no feeling of resentment on the part of the public at their discussions or decisions. Nothing less than a consciousness that

they did not act with common sense or as honourable men could, therefore, have prompted this protest against publicity. They fear the light, as narrow-minded bigots ever have feared it. The true remedy, indeed, for bigotry and ignorance is light—more light. And it is perfectly clear that at least seventeen members of the Hastings Medico-Chirurgical Society require a great deal more light to enable them to take part in any medical discussions with advantage to others.

So far as we have been able to learn, the upshot of the matter is that the Mayor and others interested in attracting visitors to Hastings, finding that unless the medical men of the town generally supported the Congress, the meeting might prove more or less a failure in point of numbers, without having obtained any authority for so doing, said that Mr. Knox Shaw would take no prominent, and certainly no official part in the Congress proceedings—he would read no paper and take no part in the discussions—and on some such undertaking being given by the Mayor, we believe that the members of the allopathic sect in Hastings have withdrawn their opposition to the Congress. Upon this arrangement the *Hastings Observer* (February 9th) has the following remarks, which, we trust, Dr. Trollope & Co. will appreciate the force of:—

“The town generally will hear with satisfaction that the dispute which, a few days ago, seemed to seriously threaten the Health Congress, is at end. A ‘compromise’ has been effected which permits the allopaths to have things all their own way. Without the assistance of the ‘orthodox Æsculapians’ it was wholly impossible to bring the Conference to an issue commensurate with its own intrinsic importance and the position of the town. And the doctors themselves knew this. They were fully aware that it was a case of Hobson’s choice with us; that our head was in the lion’s mouth; and that they were practically the masters of the situation. They were ready to talk the matter over in a friendly spirit with us, only, of course, all the giving must be on our side and the taking on theirs. In no circumstances would they have anything to do with the homoeopathic Medical Officer of Health, and it was, therefore, a *sine qua non* that this gentleman should be surrendered as a martyr—thrown among the lions; pitched overboard as a Jonas; or induced to fling himself, another Curtius, into the fatal gulf. And this being agreed to, the crying child having got the marbles and all the playthings, and the naughty boy having been sent away, where he can annoy no one, peace once more reigns amongst us. Well, we have paid a good price for the settlement of the dispute—a price, I am afraid I must say, more

creditable to our appreciation of our material necessities than our sense of justice."

The Hastings' people would do well to remember that they may pay too dearly to sustain the "interests" of their town—a euphemism for the receipts of its hotel proprietors, lodging-house keepers and tradesmen. Never does a body of people pay more heavily to procure customers than when, with no other object in view, they sacrifice their own independence—as the Hastings people have done—or allow one of their municipal officers, and one, moreover, who has served them well for several years, to be subjected to insult—as the Mayor of the Borough has, for a consideration, made himself a party to Mr. Knox Shaw being subjected.

As to the allopathic sect, they have scored this time. The victory is, however, of the Pyrrhic order, and due solely to the moral weakness and greed of the municipal representatives of their borough.

THE INFLUENCE OF COLOUR ON THE MIND.

THE following interesting account of the results of some experiments as to the influence continuous exposure to different colours would have upon the insane, made at an asylum at Alessandria, in Italy, appeared in a recent number of *The Scientific American*:—

"It has long been known that a free exposure to sunlight or diffused daylight is very tranquillizing to the nerves, and the physicians at the Alessandria, acting upon this, have carried the test much further, and distinguished between the effects of different colours in the light. The rooms in the Asylum having the most windows were selected, the sashes of these were filled with glass of various colours, and the walls and woodwork were painted to match the glass. A patient suffering from melancholia, who refused to eat, was placed in one of the rooms, with walls and windows of a bright red. Three hours' exposure to this influence produced cheerfulness, and he asked for food. The significance of this seemed very important to the physicians, knowing that with the insane, whose malady begins with melancholia, the refusal of food is the earliest, the most common, as well as the most dangerous symptom, and is generally persisted in, until nourishment has to be administered by force; so that the removal of this fancy and the restoration of a healthy, spontaneous desire for food in a patient subject for only a few hours to an influence the reverse of heroic, is an important fact in the annals of medicine. Another melancholy patient, who always kept his hands over his mouth so as to shut out food and air, was placed in the red room, and soon began to improve, and the

next day had so far forgotten the hallucination that he ate with a hearty appetite. Still another patient, a violent maniac, was placed in a blue room, and became quiet in an hour; while a fourth was completely cured after passing a day in a violet-coloured room. This certainly gives a new and generally unexpected value to colours and the value of light through stained and tinted glass."

BUYING A PRACTICE.

To buy a practice, or a succession to a practice, is not always, as is well known, a proceeding free from subsequent cares and anxieties; and a writer in the *Concours Médical*—a medical journal which is the organ of an association of 3,000 medical men—gives an amusing, but of course slightly fabulous, account of the typical troubles which he incurred in purchasing a succession of a certain Nicolet. To buy a succession to a practice, he observes, is like marrying a widow, and the patients are always making comparisons with the dear defunct. On entering on his new career, he found that old Nicolet became quite a legendary character, whose innumerable excellencies were incessantly vaunted by way of disagreeable comparison with the supposed defects of the successor. If he had to treat a typhoid or gouty patient, and adopted an expectant policy, he was told: "Ah! ah! old Nicolet was a man of energy; he knew how to cut the disease short, and with him it was only an affair of a few days." If he declined to interfere actively, when he thought active treatment useless or dangerous, he was told that when the old man was afraid that the disease would become serious, he had no two ways of handling it. "The patient must be cured," he used to say "or the disease must give the reason why." "He did not fool about. He went straight to the point, and played double or quits." When his bills were sent in, he would be told: "Ah! Nicolet was not a mercenary man; he never bargained about his services. He made the rich pay, but never asked anything of poor people, and many a time he helped them out of his own pocket. "Nevertheless," they would add by way of encouragement, "he grew rich." If, when summoned to some chronic case, he took time to swallow a cup of tea or to tie a cravat, he would be told: "Whenever Nicolet was sent for he came at once; his carriage was harnessed night and day," and so on through a long column of complaints. "Nicolet," he would be told, "would sit down and take a meal with the poorest of his patients." When at last he ventured to observe that "Was not old Nicolet rather given to drinking?" the answer was O! yes, but when he had not been drinking, what a man he

was!" So that, neither in his defects nor in his merits could the unhappy successor hope to rival the defunct practitioner to whose practice he had incautiously succeeded. The story is amusingly told, and is not without a moral, which every-day experience frequently points.—*British Medical Journal, December 8th, 1888.*

BOENNINGHAUSEN'S TREATMENT OF CROUP.

OUR contemporary, *The Homœopathic Physician* (January, 1889), brings before its readers once more Boenninghausen's celebrated treatment of croup. The article is one by Dr. P. P. Wells, first published some 28 years ago, and recently revised and added to. The routine plan consists, as is well known, in the administration of the following powders (five in all, if required):—1 of *aconite*, 2 and 4 of *hepar.*, 3 and 5 of *spongia*, all in high dilution. It is represented as having proved curative in 300 cases without a failure, of which 290 were membranous croup. The powders were given at intervals of half an hour until relief ensued. "This is certainly a remarkable success—very remarkable, in comparison with the results of any other known treatment." It is recommended by the author on the ground of its simplicity, its safety, its promptness, and the completeness of the cure obtained—complete cure within two hours.

The following case is reported by Dr. Carrol Dunham:—The patient, *æt.* 18 months, had been ill 12 hours (taking *aconite* 12) before he was seen by Dr. Dunham. On entering the house, the hoarse ringing respiration was heard, although the patient was on the second story. He was found sitting up in his crib, with an expression of great anguish, breathing at the rate of 35 per minute, and with great labour. There was but little cough, occasionally an effort which resulted in a hoarse dry bark, but which was immediately suppressed, because it interfered with respiration. The hands were frequently applied convulsively to the larynx, but as a general thing the child was quiet, looking with pitiful appealing eyes to the bystanders, as if for aid. The skin was dry, except at the forehead; pulse hard, not full, 130. He has vomited once, bringing up a small piece of tough membrane. "Here was a case of membranous croup of great severity, which had been in full blast at least twelve hours before I was called to it, in which the purple-tinged face and the exhausted aspect of the child showed that the powers of life had already begun to fail under the imperfect decarbonisation of the blood. Dr. Dunham hesitated to trust to Boenninghausen's method in such a severe case, and

tried *bromine* 1 in water every 15 minutes. At the end of two hours the patient was weaker and the respirations more rapid—40 per minute. *Hepar s. trit.* 2 was then given for 2 hours, in alternation with the *bromine*. No improvement had yet taken place, and the disease appeared to be steadily advancing to a fatal termination. It had already advanced to a stage at which Trousseau, at the *Enfans Malades*, refuses to perform tracheotomy. At 5 p.m. Dr. Dunham determined to give a powder of *aconite* 200, followed at half-hour intervals by one of *hepar* 200 and *spongia* 200 alternately. At 7 o'clock the child was greatly relieved, respirations 30 per minute, less laboured, softer, cough more frequent and looser; a second series of powders were given at intervals of an hour. The child slept at 11 o'clock and at intervals during the night, and no more medicine was given. The child recovered rapidly without any sequelæ, and on the fifth day was as well as usual. This was unquestionably the most severe case of croup that I have ever seen recover."

Interesting as this long series of cases of severe illness is, most of our readers to-day would hesitate to regard the malady as true or membranous croup in any large proportion of the cases. The writer draws attention to the fact that in his experience the disease (croup) commonly "returns on the second and third nights with more or less severity." This of course at once suggests "spurious," "false," or "spasmodic croup." In membranous croup the morning remissions are only ill-marked as would be expected—often they are entirely absent; they are, on the other hand, a characteristic feature of spurious croup. Writers in the early part of the present century, and towards the close of the last, were acquainted with the distinction between these two affections, yet it is also true that some disputed there being two kinds of croup, and accounts including both varieties were frequently published without any distinction being made. Such has doubtless been the case with this series, and what would be otherwise incredible becomes easily understandable on the supposition that a large proportion of the cases referred to were "false," while a minority were probably cases of membranous croup. This supposition clothes the article with an appearance of genuineness which it wants on any other. This view detracts but little from the merit of the treatment, if any cases of true croup were so rapidly and completely subdued by it.

We cannot forbear remarking upon the foot-note appended to the article by the editors of the *Homeopathic Physician*. Accepting the whole series (or 290 out of 300) as true croup they yet complain of the *method* of treatment, objecting to the

predeterminate alternation and the stereotyped plan. One would have supposed that a method which saved 100 per cent. of cases of a disease usually having a mortality of from 50 to 80 per cent., would have been a sufficient justification of it, at least in that particular disease, even though it might not establish a universal principle.

The article we have commented upon furnishes a striking instance of the pressing need for fresh investigation of disease in the light of knowledge acquired during the last half or quarter of a century.

THE STUDY OF THE MATERIA MEDICA.

VARIOUS plans for studying the *Materia Medica* have been proposed. They have, however, one and all proceeded on the assumption that every symptom recorded as the result of taking a given drug is, as a matter of fact, a drug-effect. This state of child-like confidence in the capacity of every prover to be an accurate as well as a conscientious observer, has received many a rude shake during the last twenty or thirty years. There are still some, indeed, who are quite satisfied with the knowledge that a symptom is inserted in a proving, and just as satisfied with its authenticity as was the Yorkshireman with his authority for a certain statement, who, when questioned as to his reason for believing so-and-so, said, "Oi seed it i' t'pappers." He believed in the universal accuracy of newspaper editors just as fully as some of our brethren do in that of provers. Since, however, our time has been less occupied than once it was with polemical discussions, the period of rigid criticism of our drug-provings has set in and may now be said to be in full swing.

The last and most striking illustration of this critical spirit comes to us, appropriately enough, from the University of Boston. Dr. Conrad Wesselhoeft, the Professor of Pathology and Therapeutics, and Dr. Sutherland, the Lecturer on Anatomy, having been appointed a committee on *Materia Medica* by the Massachusetts Homœopathic Medical Society, have presented a report containing very valuable suggestions for a thorough re-examination of the pathogeneses of drugs, and have accompanied that report by three excellent illustrations of their method of proceeding, while they promise further instalments of the same during the year. The report and illustrative charts appear in *The New England Medical Gazette* for December of last year and January of this.

The practical question asked, and to be answered before a series of provings is accepted as a thoroughly reliable repre-

sensation of the pathogenesis of a drug, is this—How many of these separate provings produce similar symptoms in each prover? The greater the number of similar symptoms arising in several provers, the greater is the trustworthiness of those symptoms. They lay down this rule, “Certain causes acting under like conditions always produce the same effects; and, hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.” Commenting upon this they add, “A proving properly made—that is a carefully conducted test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment by different provers the result *varies*, it cannot be attributed to the drug taken.”

This is the basis of the whole scheme. It is carried out on the following plan:—

1. Read through the whole of a proving in *The Cyclopædia of Drug Pathogenesis*.

2. Copy, on narrow strips of paper less than three inches wide, the record of each prover there given.

3. In such a manner as to arrange the symptoms in order according to the parts of the body, head, throat, stomach, &c. This is for comparison.

4. Having done so, place the strips side by side so as to bring the parts to be compared in a line, and then pass judgment as to whether they agree in the different provings or not.

5. If we find that the head symptoms of provers A, B, C, D to agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression, for instance, if those who record head symptoms all differ while others record no such symptoms, the whole should be excluded, *i.e.*, designated as valueless, because uncertain.

Charts displaying the provings of *cactus*, *hyoscyamus* and *iodine*, prepared in this way, were exhibited at the meeting of the Society when the committee presented their report.

“The results obtained by each prover were placed in separate columns, so that the different provings occupy parallel columns. In these columns the convenient order of the parts of the body from the head downwards has been adopted, so that reading from left to right you may see at a glance the result obtained by each prover. You will see at a glance whether each prover had a fair number of effects, or whether all the effects embodied in the *Materia Medica* were claimed

by one prover only, while eight or nine others got no effects ; whether the efforts are pretty evenly distributed ; and, above all, whether the effects coincide with the different provers or whether they are widely different in sense and meaning."

This chart is prepared by pasting on to a sheet of black paper or linen a series of columns, each devoted to a proving. The columns are divided into the usual anatomical regions of the *Schema*. The longest proving occupies the first column. Then the symptoms of each proving relating, we will say, to the stomach, are cut out of each, and pasted on to the black sheet so as to be in parallel with the stomach symptoms in the first column.

Here we have the advantage not only of a *Schema*, but of a critical *Schema*—one which enables us to appraise the value of an alleged symptom.

These charts are published with the *Gazette* for December and January. For various reasons it is impossible for us to re-print them here, but we do most earnestly advise everyone who desires to study the *Materia Medica* thoroughly to procure these two numbers of the *Gazette*—Otis Clapp & Co., of Boston, are the publishers—and to go to work in preparing drug records upon the plan there described and illustrated. Its simplicity, and the facility with which it may be carried out, will be much more easily grasped by seeing a specimen than by any mere account of it which we can give.

By such a plan of study, a better view of the real character of a pathogenesis can be obtained than by any other hitherto proposed. Still it has one drawback, and this we fear is inevitable—it entirely obliterates that suggestive class of symptoms described by Dr. Drysdale as the "contingent." The effects which are more or less constant are the "absolute ;" those which occur in only very susceptible people are the contingent ; and as susceptible people are comparatively rare, these very suggestive contingent symptoms are also rare—symptoms which often enable us to successfully prefer one of two medicines, whose absolute effects are closely alike, to the other. Nevertheless the plan of Professor Wesselhoëft and Dr. Sutherland is one which better than any other enables us to obtain an accurate knowledge of the absolute effects of a drug. And it is with these that we ought all to be especially familiar. Will not someone prepare such a chart, with a commentary on its revelations, for the Congress in September ? There is ample time for such a paper to be got ready. Anyone who will undertake such a useful piece of work—useful to himself as well as to others—should send timely notice of his intention to the General Secretary, 29, Seymour Street, Portman Square, W.

THE RESULT OF A HIGHER EDUCATION.

SEEKING to ingratiate himself into the good graces of an old German farmer, a young doctor remarked that he had the advantage of both the homœopathic and the old school, having graduated in both. After listening attentively to the young medico for a few moments, the old German remarked: "Oh, dot vas noding. I had vonce a calf vot sucked two cows, and he made noding but a common schteer after all."—*Am. Med. Jour.*

Could our contemporary ascertain whether the "young doctor" to whom he refers was not Professor S. L. O. Potter of San Francisco.—Eds. *M. H. R.*

A FLOATING HOSPITAL ON THE NORTH SEA.

DRAWING attention to the *Queen Victoria* hospital ship for deep-sea fishermen, the *Lancet* (Feb. 9, 1889), announces that it is now furnished with all necessary appliances. Quite recently the *Queen Victoria* was "inspected by Her Majesty the Queen, Patroness of the Deep-sea Mission, the Empress Frederick and other royal and distinguished visitors at Osborne. The most useful form of medical activity, of which this new vessel is an emblem, requires no studied eulogy from us. The work hitherto carried on, with fewer advantages than at present, has attained a measure of success which fully proves its value and justifies its further development. It must be gratifying, nevertheless, to those interested in it, to feel that the cause they have at heart has the sympathetic support of representatives in every class of their countrymen, from the highest to the lowest. In this they will see not only an acknowledgment of their worthy purpose, but a guarantee that the future conduct of their operations will occupy an established place in public favour.

Mr. Frederick Treves has personally superintended the hospital arrangements on board the new vessel, and the masters of the various mission ships have been instructed in the early treatment of such emergencies as are likely to occur at sea by Dr. Schofield. The organisers of this movement, therefore, may now feel that they have done what they could, to give the hardy smacksmen that needful privilege of helpful care, which has been enjoyed by landsmen for generations. It is also most satisfactory to know that the hospital ship will be able to render efficient service during the present stormy season, and we would impress upon every cheerful giver the importance of maintaining her at her post, and of fitting out to join her as soon as may be her consort, the *Albert*."

INSOMNIA TREATED WITHOUT HYPNOTICS.

DR. EDWARD N. BRUSH, of the Pennsylvania Hospital for Insane, Philadelphia, raises his voice against the prevalent abuse of the numerous "polysyllabic hypnotics," which the ingenuity of the pharmacist is constantly introducing to the profession. He substantiates his protest by clinical examples of the failure, if not of the harmfulness, of narcotics, and of the success of other non-medicinal means in obstinate cases of sleeplessness. We are glad, indeed, to come across this paper, upon a subject on which we have more than once had occasion to speak before, and to see that it has found a place in so influential a journal as the *Practitioner* (January 1889). It is obvious that no one can be better qualified to speak with authority on such a matter than the medical officer of an asylum. "The physician to a hospital for the insane has, of all others, this question of the production of sleep thrust constantly before him, and if he receives acute cases it becomes almost the paramount therapeutic problem, and is, next to the question of nutrition, of greatest importance." The author goes on to say that extended observation has taught him "that the ordinary hypnotics are frequently unreliable, and that in some instances their use is attended by results as bad as, if not of more serious consequence than, the conditions they intended to remove." The tendency is to fall into a routine procedure in the matter of sleeping draughts, and to prescribe one after another of the series, "without questioning the propriety of our prescription or attempting to meet the conditions causing the sleeplessness."

The treatment Dr. Brush adopts is as follows: All sedatives are discontinued and absolute quiet with good feeding, etc., are ensured. The diet consists of milk, eggs, strong broth or meat if the patient is able to take it. Rubbing the entire body with a Turkish towel after rapid sponging, galvanism along the length of the spine and a moderate, warm meal on going to rest, generally complete the treatment. Dr. Brush was called to a patient suffering from melancholia, considerable physical exhaustion, and persistent insomnia. She was in bed, with low muttering delirium, delusions of unworthiness and impending want. She was pale, pupils widely dilated, breath offensive, lips dry, yellow coated tongue, pulse feeble and quickened, temperature 98° F. She had been taking 80 grs. of *bromide of potassium* and 18 grs. of *bromide of ammonium* every six hours. "To whip up the tired horse already starved and poisoned by this treatment, gr. $\frac{1}{2}$ of *strychnine* was administered three times daily." "The patient had not been obtaining any refreshing sleep. What was called sleep was either a state of stupor lasting for three or four

hours, and followed by increased mental excitement, or intervals of restless sleep, interrupted by delirious talk and terrifying hallucinations, such as is observed in cases of *mania a potu*." She had been fed on "slops" and stimulants had been rigorously interdicted.

A saline cathartic was at once given, the *bromides* were left off, and "the resources of the dairy and hen-house called upon to a degree that astonished the housekeeper," and whiskey punch was given three times a day. The patient was moved into a larger room. At night, hot sponging to the spine, followed by brisk rubbing with coarse bath-gloves was prescribed, a warm liquid meal was given and the room was darkened. Under this method the patient soon slept from five to seven hours every night. As the delirium subsided, however, chronic mania became established.

Another case, that of a politician, who had got into an emotional condition, accompanied with sleeplessness and much mental hebetude, received similar treatment. In eight weeks after the beginning of the course, he delivered the first of a series, in an exciting political campaign.

THE URINE OF BUSINESS MEN.

Dr. CLIFFORD MITCHELL, of Chicago, has made some careful investigations into the condition of the urine of active American business men. His patients complained of various small ailments—headache, sleeplessness, backache (occasionally) being among the most prominent discomfords. He finds commonly that what we may term false lithuria exists, viz., a high *percentage* of urea with deposit of urates, uric acid or oxalate of lime. But the total quantity of urine for the 24 hours being greatly reduced, there is in reality a deficient excretion of urea. In these estimates Dr. Mitchell has taken as the normal average of urine 1200—1500 cc., and that of urea to be from 20—40 grammes per diem. Twenty grammes he will admit to be a very low minimum average, and we are not surprised that he should take alarm when the amount excreted by a man of average weight is less than this amount. Experience has shown that some of these cases develop into definite kidney disease, albumen appearing in the urine if the cases are left to themselves.

In ten cases related by the author the total urine measured from 1050 cc. to 500 cc., in only one instance reaching these two extremes. Treatment served to increase the twenty-four hours' total to a good average, and almost or entirely removed the albumen if present. Besides drugs Dr. Mitchell limited the quantity of nitrogenous food, and prescribed more open air exercise.—*Med. Era*, December 1888.

PICRATE OF AMMONIA FOR MALARIA.

THE following statement, if credible, is a wonderful discovery, regarding the use of the *picrate of ammonia* for the relief of malaria. The announcement is made on the strength of Dr. H. Martyn Clark's experience at the Amritsar Medical Mission, Punjab, who, our authority says, has treated no fewer than ten thousand cases of this character with this remedy, in half of which he has kept an accurate account. Out of the latter number it failed in only nine cases, and these were quickly relieved by the exhibition of *quinine*. The dose of the remedy is from one-eighth to one and a-half grains, four or five times daily, although half a grain is the usual dose, and after its administration it is said the effect is soon visible. In the great majority of the cases the dose of one-half grain, given according to the foregoing directions during the interval, prevented a reappearance of the malarial paroxysm, and in but 20 per cent. of the cases was it required to continue the treatment for any great length of time, the fever leaving in the course of a few days. In one case of the quartan type, the paroxysm recurred no less than six times in succession, but became less and less marked and finally yielded. Dr. Clark claims that it is equally valuable in all forms of ague, but for some unknown reason, which thus far he has failed to account for, the cases in which it has failed were of the tertian variety.—*Medical Bulletin, November, 1888.*

OBITUARY.

ALFRED DRYSDALE, M.B., L.R.C.P.

HOMŒOPATHY loses one of its most zealous and talented adherents by the death of Dr. Alfred Drysdale. He was the son of the veteran pioneer of homœopathy in this country, Dr. Drysdale, of Liverpool. He was born in Liverpool in 1855, and received his scholastic education there and in Mentz. His medical education was obtained in Liverpool and London. He took the M.B., London University, and the L.R.C.P. of London, in 1881. While a student he was threatened with consumption, and was frequently laid aside by illness. The delicacy of his chest led him to fix on the Riviera as his sphere of professional action, and after passing the necessary examination in France, he settled first in Mentone and later in Cannes, in succession to Mr. Stephens, who was desirous of retiring from active practice.

For four years he practised there, and not only acquired a considerable reputation for skill as a physician, but was greatly esteemed and loved by all who knew him.

Although his health continued to be feeble, and he had frequent attacks of hæmoptysis, he managed to get through a vast deal of work. His labours were not confined to attending patients; he did a great deal of literary work in addition. The members of the British Homœopathic Society are familiar with his translation of Ameke's masterly work on the *History of Homœopathy*. He contributed papers and articles to the *Practitioner* and the *Medical Press*, and he published an excellent little book for invalids, entitled *Wintering Abroad*, which was very favourably noticed by the medical press. He likewise arranged, for the *Materia Medica Physiological and Applied*, the pathogenesis of *colocynth*, which still remains unpublished. But his literary labours were not limited to medical subjects. The bent of his mind was essentially literary, possibly inherited through his mother, whose grandfather was Mr. Boyd, the translator of Dante. Dr. A. Drysdale has left behind him several uncompleted literary works, and last year he published a novel called *Delamar's Fetish*, which is highly spoken of.

All this was done under a struggle truly heroic against failing health and weakness, and with the ever present conviction that his life would be a brief one. For a time his friends hoped for recovery, but this winter he was prostrated by a fresh attack of hæmoptysis, and died at Cannes on 4th February. So strong was his devotion to duty that within a few hours of his death he was talking anxiously about his patients to his successor, Dr. Clarke. His gifts were many, and those who knew him will recall his charm as a companion. So ends, prematurely, a life of singular promise.

Dr. A. Drysdale leaves a widow and two children to deplore his loss. We offer our sincere sympathy to our Liverpool colleague in his great sorrow.

CORRESPONDENCE

THE LATE DR. A. E. DRYSDALE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Your obituary will no doubt give details of the death of Dr. Alfred E. Drysdale, but as I have just returned from attending his funeral perhaps a few words about the son of such a well-known and highly esteemed authority amongst us may be admissible.

For his own good qualities, too, he deserves more than a formal parting notice, and perhaps no better proof of his sympathetic nature could be adduced than the fact that, although only known to the writer for a few weeks, and when

he was already nearing the grave, I feel as though an old friend had passed away.

Dr. Alfred Drysdale is buried in the beautiful cemetery at Cannes, where lie the remains of Lord Brougham and many others of our nation. The service was performed most impressively by the Rev. Percy Smith, the chaplain—a friend and patient of the deceased—in Christ's Church, and the high esteem entertained for the late doctor was evidenced by the large attendance of friends. Amongst those was conspicuous the venerable face of Sir Joseph Heron (of Manchester), and I was glad to see present several of the deceased's most prominent colleagues, including Doctors Frank, Battersby, Brandt, Leibman and Clark.

A feeling of depression always comes over me at the loss of our medical friends. It seems increasingly difficult to adequately replace them in the absence of any school such as was advocated by the late Dr. Bayes.

Here there is an excellent opening for a practitioner, for although, thanks to the presence of Drs. Clark, Liebman and Gruger, the homœopathic public will have three experienced medical men to refer to, still the English residents naturally prefer to be able to consult a fellow countryman.

The late Dr. Drysdale was not only highly thought of by all his friends and patients, but derived considerable advantage from his Liverpool origin, there being several large families from that city who have residences here.

In conclusion I would say that Dr. Drysdale died a martyr to his sense of duty. Long after an ordinary man would have succumbed he stuck to his patients, indeed, as long as he could move and breathe he continued to do so. May he be succeeded here, in the words of a patient "by one even a quarter as clever and kind as Dr. Drysdale was to us all."

Yours faithfully,

WM. VAUGHAN-MORGAN.

Cannes, February 8th, 1889.

P.S.—Dr. Clark is of Irish origin but born in Mauritius. He is a good linguist, speaking English well, and an experienced French physician. He attended Dr. A. E. Drysdale.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN, — I have read with much interest Dr. van Denburg's paper in your February number. May I remind him that the *Cyclopaedia of Drug Pathogenesis*, now more than

half completed, is the "complete re-construction" of the *Materia Medica* he desiderates; that in it the day-books of the provers, when extant, are accessible in a form neither "bulky" nor "expensive"; and that he will find in it concomitant symptoms to his heart's content.

Faithfully yours,

RICHARD HUGHES.

Brighton, Feb. 11th, 1889.

EXEGETICS OF HOMŒOPATHY AND HAHNEMANN'S SYCOSIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It is but right to say that my paper on Gonorrhœa, published in the January number of your valuable journal was but the introduction to what I intended to present to the Birmingham Congress had circumstances permitted it.

I was not aware that I had therein attacked any one, and furthermore it did not appear to me as amusing; but since Dr. Dudgeon declares it to be so I ought to be happy. Certainly I am gratified to find that it has amused, instructed and delighted Dr. Dudgeon: no small achievement this in a densely foggy January in London.

I have no mortal hatred against "miasm," but merely showed that it is a mystifying misnomer as used in homœopathic literature; from this no amount of special pleading can save it.

It is quite true that in 1864 I "knew nothing" of Dr. Wolf, and that I now do know something about his *Homœopathische Erfahrungen* (Berlin, 1860), and from my present knowledge of Dr. Wolf's work I am compelled to say that Dr. Dudgeon has failed to understand it, or else failed to understand my "Vaccinosis and its Cure by Thuja."

Wolf's work deals with the clinical application of the doctrines of psora, syphilis and sycosis to homœopathic practice, inclusive of the high dilution and the infrequent dose. It is a chatty unarranged account of his life's work intermixed with ultra-Coethen pathological views with tangential runnings off into wildly enthusiastic Hahnemannism. But that is merely the *temperament of the man*, not his clinical work. His clinical work is of the very highest order. Of Dr. Dudgeon on Dr. Wolf's work it may be said—

Wie er räuspert und wie er spuckt,
Das habt ihr ihm glücklich abgesehen;
Aber sein Schenke!

My own contribution, under the title of "Vaccinosis" (though only a flea-bite) differs very widely from Dr. Wolf's on the same subject.

Wolf's position is essentially this: Practically everybody has been vaccinated (*i.e.*, poisoned), and therefore all the children that are born are the offspring of the vaccinally poisoned, wherefore all mankind are vaccinally diseased. My own position, on the other hand, amounts to this:—

Healthy people get variola; vaccinated people do not (at a given vaccinal quantum) get variola, and, therefore, the vaccinated cannot be healthy, or in other words the immunity obtained by vaccination is essentially a disease, *i.e.*, *vaccinosis*. I remarked, and I believe for the first time in literature, that "taking" is an organismic reaction in the vaccinal process, but that the very worst form of vaccinosis is where vaccination does not "take," *i.e.*, where the poison is absorbed and all kept, as it were, pent up within the organism. *Thuja* as the cure is, I believe, common to almost everyone in the homœopathic ranks ever since Boenninghausen.

According to Dr. Dudgeon, Hahnemann, "under the name of 'sycosis' confounds two entirely different diseases, which modern pathology has distinctly separated, *viz.*, condylomata, which may be caused by impure connection or by mere want of cleanliness, and what are called 'mucous tubercles,' which are invariably of syphilitic origin." Well, that perfectly healthy persons could grow condylomata from dirt is indeed well worthy of "modern pathology" and even the be-littled and be-sneered Wolf is nowhere more vague than "mucous tubercles!" Tubercles are little wee lumps that we have for years been told should be restricted to tuberculous processes, and now they are "invariably of syphilitic origin."

Dr. Dudgeon further states: "Dr. Burnett is inaccurate in saying that shortening of the flexor tendons is the only after effect of the figwart disease mentioned by Hahnemann, &c." It is Dr. Dudgeon who makes the statement, not I! . . . "the only one he mentions being shortening of the flexor tendons, particularly of the fingers."—*Lectures on the Theory and Practice of Homœopathy*, by R. E. Dudgeon, M.D., p. 301.

Dr. Dudgeon would have your readers believe that Hahnemann's views and instructions in the "latest edition" differ considerably from those in the first; but they do not. It is *Thuja* and *nitric acid* for sycosis throughout as he himself shows, the dose and the repetition of the dose only differing.

Does Dr. Dudgeon ask us to consider the addition of hemp juice and *cantharides* to the list of remedies for ordinary gonorrhœa, as in any way influencing the doctrine of sycosis?

In my judgment all the quibble and scribble about "law,"

“rule,” “method,” is based on the poor grammar of the disputers, and I am more than ever of that opinion still. Getting behind the “Founder of homœopathy himself” may shelter the individual, but does not alter the fact.

With all deference to Dr. Dudgeon’s learning and that of the traditional school-boy whom he trots out, his attempt to bolster up “rule” as against law gets weaker and weaker the further he pursues it.

Now it is certainly singular that the German language does not possess a word that *exactly* corresponds to *rule* as advocated by Dr. Dudgeon, and yet it is *rule* that Hahnemann meant!

Your obedient servant,

February, 1889.

J. C. BURNETT.

REMARKS ON MR. WYBORN’S PAPER ON PYROGEN.

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—The above full and clear statement of the chemistry of the products of putrefaction and disease gives a gratifying picture of the progress of science in this department. It also throws light on what we ought to look for in the use of these powerful poisons therapeutically, guided by the homœopathic law of specifics. In the first place we see the weakness of the original hypothesis of isopathy in its crude form whereby it was put forth that to cure a variety of diseases we had nothing to do but exhibit the diseased secretions in a diluted or “potentised” form. For here we see the vast variety of chemical products which exist and whose effects are not characteristic of the disease as a whole or only of a small part of it during its progress. So we must perceive that we are forced back to the conclusion that these agents cannot be used as a whole by any easy short cut to specific knowledge, but each ptomaine or septic product must be studied by itself in its poisonous action on *healthy* bodies, and then exhibited according to the ordinary homœopathic method. This does not exclude the use of pyrogen as a medicine in the way proposed by me if certain cautions are kept in mind. In the first place as to the number and variety of the constituents of the septic products a great many of these are excluded by the alcoholic precipitation; then, in spite of the plurality of active agents which still exist in Panum’s sepsin, we are justified in using it as a single poisonous or medicinal agent on the same grounds that opium is so used, viz., that as a stable and uniform mixture its action on the healthy body was ascertained. This, therefore, is the essential condition under which clinical experiments can be undertaken with pyrogen. It must be a stable and uniform preparation of the sepsin of

beef as Mr. Wyborn names it. Therefore it must be always made from beef and in a way following as closely as possible my No. 2 process or Mr. Wyborn's above. It may be noted that Mr. Wyborn obtained about double the quantity of sepsin that Mr. Paterson did, probably owing, as Mr. Paterson suggests, to the use of absolute alcohol.

Liverpool.

Yours,
J. DRYSDALE.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. NEATBY.

Dr. KRAFT; a private communication was posted to you on the 19th ult.

We are requested to state that Mr. J. C. PINCOTT, 1 Calverley Parade, has succeeded to Dr. POPE's practice at Tunbridge Wells.

Communications, &c., have been received from Drs. DRYSDALE and J. D. HAYWARD (Liverpool); Mr. PINCOTT (Tunbridge Wells); THE MEDICAL BATTERY COMPANY (London); Dr. KRAFT (Sylvania, Ohio); Dr. BURNETT (London); Messrs. JAMES EPPS & Co. (London).

BOOKS RECEIVED.

Psycho-Therapeutics. By C. Lloyd Tuckey, M.D. Baillière, Tindall & Cox, London.—*Transactions of the Pennsylvania Homœopathic State Medical Society.* 1888.—*On Infant Feeding.* By Dr. Nachtigal. London: Ridgeway. 1888.—*The Homœopathic World.* London. February.—*The Hospital Gazette.* London. February.—*The Chemist and Druggist.* London. February.—*Burgoyne's Monthly Journal of Pharmacy.* London. February.—*Annual Report of the Hahnemann Convalescent Homœopathic Dispensary, Bournemouth.*—*Annual Report of Leaf Homœopathic Cottage Hospital, Eastbourne.*—*Annual Report of Sussex County Homœopathic Dispensary.*—*Brighton Gazette.* January. 31.—*New York Medical Record.* January and February, 1889.—*The Chiroprician.* New York. January and February. 1889.—*The Homœopathic Physician.* Philadelphia. January and February. 1889.—*The Medical Era.* Chicago. January and February. 1889.—*Southern Journal of Homœopathy.* New Orleans. December, 1888.—*The Medical Times.* New York. February.—*The North American Journal of Homœopathy.* New York. January.—*The American Homœopathist.* New York. January.—*The New England Medical Gazette.* Boston. January and February.—*The Hahnemannian Monthly.* Philadelphia. February.—*The Homœopathic Journal of Obstetrics.* New York. January.—*The Homœopathic Recorder.* Philadelphia. January.—*The Clinique.* Chicago. January.—*The Medical Counsellor.* Chicago. January.—*The Medical Advance.* Ann Arbor. February.—*Bibliothèque Homœopathique.* Paris. January.—*Bull. Gén. de Thérapeutique.* Paris. January.—*Revue Homœopathique Belge.* Brussels. November.—*L'Union Homœopathique.* Antwerp. January.—*Bulletin de la Soc. Méd. Homœopathique de France.* January.—*Allgemeine Homœopathische Zeitung.* Leipsic. February.—*Populäre Zeitschrift für Hom.* February. 1889.—*La Reforma Médica.* Mexico. November. 1888.—*Revista Omnipatica.* Rome. January.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, Watergate House, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:O:—

SOME MISCELLANEOUS CASES FROM GENERAL
PRACTICE.*

By E. A. NEATBY, M.D.

Raynaud's Disease, etc.

I SHALL first bring before your notice a case of Raynaud's disease—slight indeed, but, I believe, typical as far as it goes. Then I shall relate two others, closely allied, but which I believe careful observation will show it to be necessary to differentiate from typical Raynaud's disease.

CASE I.

Emily S. B., æt. 34, short, slight and thin.

Family history.—Mother suffered from bronchitis, and died of paralysis (right hemiplegia) at age of 67. Her father died of a "bad leg" at age of 72; had had good health.

Personal history.—Patient had a slight attack of variola at six years of age; typhoid fever very badly at nine; when about 15 she had "low fever" twice, once in autumn of 1869 and again in spring of 1870. She had measles in infancy and pertussis when 16 years of age.

The patient began to menstruate at thirteen; was regular till lately. For two or three years the menses

* Read before the British Homœopathic Society, March 7th, 1889.

have lasted ten days, but are not excessive as to quantity. The quantity varies on alternate months and is dark coloured. She has not much pain, only a sick feeling and depression. The bowels act every two days. There is a rough bruit at the apex, loudest between the sternum and the apex; it is louder after exertion. There is none at the base. A loud venous bruit is heard in the right supra-clavicular region.

When about 16 (in 1870), one day while dressing, she noticed that the left little finger went quite white, or rather of a yellowish white; in short it "died away" (*local syncope*). From that time, on and off, one or more fingers have been liable to "go dead" from exposure to slight cold, or even apart from noticeable cold or from a sudden fright or start. She gradually got worse. When the fingers are "coming round" (recovering) they get very blue, or even quite black, as if dyed. The fingers and hands do not feel swollen. It is only rarely that this blueness (*local asphyxia*) occurs without the previous deadness.

There is no pain in the fingers while they are actually in the condition of deadness, but they are excessively painful when the circulation is being re-established; there is aching and tingling right up the arm. Sensibility is much numbed, but not abolished, and movement is difficult. The appearance of the hands during recovery is unique. In some parts the dead waxy white of syncope is seen, while the chief part is black, or of the blue-black colour. In the midst of these dusky areas—for instance, on the back of the hand and on one finger—a patch of pink colour will make its appearance, and gradually spread over the whole, until the hand looks finally "like raw beef," as the patient expresses it.

Eight years ago, in 1880, she thinks her right index finger got "poisoned," and this was followed by a whitlow. No bone exfoliated and the nail did not come off. The nail is now curved over the end of the finger, but does not fit closely.

Lately, *i.e.*, for several years, on tips of all the fingers she has had what she calls "corns"—thickened epidermis, or skin, which she can pick off. Usually there is left a sound but slightly puckered superficial scar. Sometimes a breach of surface is left which takes some days, or

even weeks, to heal. These corns are evidently, by the course they take, superficial destructions of the skin—dry gangrene. Similar phenomena occur also on the dorsal aspect of the fingers. They occur on both hands, but not on the feet. The feet never get ulcerated or sore; they go “dead,” not blue; she is not subject to chilblains. The ears go blue-black, but no destruction of tissue has occurred.

During the ulcerative stage *hepar sulph.* 30 has given most ease. At one time, when the pain in the right finger was compared to hot needles, *arsenic* was prescribed with advantage. Occasionally in this case, and in several of those recorded by Raynaud, heat caused great increase of the pain. This suggested *secale* to my mind, and this patient has been much benefitted thereby. The mental condition has also suggested *lachesis*.

I have said that this is a typical case of Raynaud's disease. The local syncope and local asphyxia alone would constitute a slight degree of that malady. Complete anæsthesia is absent, it is true, but the way in which deadness of the fingers will come on from exposure to very slight cold, or without cause of this kind, and still more its being excited by mental or nervous states is characteristic. The symmetry of the destructive lesions, their superficial character and their multiplicity, are not found elsewhere; and the prolonged course of this slight degree of the malady, is in conformity with Raynaud's observations in mild cases. Though there is a cardiac bruit, it is, I believe, hæmic. All the features go to establish the opinion that this disease is a neurosis.

CASE II.

November 8th, 1882.—Miss E. L., æt. about 40. This is a case of superficial symmetrical gangrene. At the time it was under observation I had not heard of Raynaud's disease, or more details would have been recorded. The patient suffered from “dying away” of the fingers. She had done so for many years. She was an intellectual woman, having much mental exertion and anxiety. She was afflicted with deafness as were many of her brothers and sisters; in her case it was said to be due to “neuralgia.”

Her own account, abridged, is as follows :—Began ten years ago with a “small ulcer” in mouth, getting to its worst in about two weeks, then gradually getting well. This became a regular thing. The ulcers were “very hot, painful, deeply scored and filled with humour.” Had teeth drawn but with no good effect.

Four years ago, “felt a pricking, stinging sensation in several fingers between nail and second joint, it felt like a burn with intolerable irritation in warmth. These broke into deep ulcers, like broken chilblains. Dislikes cold or heat to fingers; as they heal they desquamate in large flakes. The inflammation “comes under nails and causes them to be mis-shapen and soft,” *also round end of nail*. Later the left foot became similarly affected.

Both mouth and hands are worse at menstrual periods, beginning about a week before, then “getting to a climax,” and improving again a little. Used to be subject to indigestion, is not so now.

As she writes she says, “the fingers are smarting and irritating very much,” and as she gets warm in bed, feet seem almost unbearable. She never suffered from chilblains before this. Has been taking *sulph. 200* for a week. Doses every third day.

As the patient's own account shows, the ulceration was worse at the dorsal aspect of fingers over the two peripheral phalanges. Here they certainly looked like very bad chilblains; the whole fingers, and sometimes the hand also, were swollen; the neighbourhood of the ulcer was bluish, and the ulcer showed a raw surface, covered with thin pus. Under the skin, for some distance round the actually exposed raw surface, was a collection of thin pus. The tips of the fingers under the nails were similarly affected. Both hands and feet were very painful, they got worse at night, when they used to swell, were red and very hot. They were always more painful from external heat. No treatment that I was able to suggest did more than temporarily palliate the condition of the fingers, though the general health was improved.

In writing of the diagnosis of the condition called after him, Raynaud states that “if the gangrene commences by a diffuse livid colour, it is almost always confounded

at the commencement with chilblains. . . . The itching and painful smarting are naturally referred to a very common affection." "It is probable that they (chilblains) have some relation with gangrene of the skin." "I will say only, distrust chilblains which form simultaneously on many digits of both feet and both hands in a season and at a temperature when they are not habitual." (*Raynaud's Essays New Syd. Soc.*, vol. cxxi., p. 112).

CASE III.

A. F., æt. 57, out-patient London Homœopathic Hospital, for ten years has had attacks of "deadness" of fingers—fingers are yellow-white, numb, or devoid of sensation. This happens from a slight degree of cold. The cold will sometimes cause her extreme pain without any actual "dying away" of fingers. As they are coming round they are very burning and tingling. For several years has had attacks of inflammation round nail, destroying nail in one instance.

During this winter has had a number of superficial ulcerations, of skin over knuckles. They did not discharge, but became red and the skin thickened, and then desquamated, leaving either no trace or thin, smooth, parchment-like scars.

On the left hand the "inflammation" has only attacked the neighbourhood of nails—not the knuckles. No affection of finger tips.

Gets "festerings" about toes, but they do not "die." This patient has no pronounced blueness of hands or feet, only the "syncope." Has hæmorrhoids, which bleed a little. These last two patients I do not regard as typical cases of Raynaud's disease. But it shows how difficult it is to draw any hard and fast line between a mild case of that disease and one of ordinary feebleness of circulation or of chilblains.

Congestion of the Lungs.

"Congestion of the Lungs" is an expression in everyday use among the laity. With them the term represents a definite disease, but this, I believe, is not supported by the profession. All of course recognise its existence as the first stage of pneumonia, as secondary to cardiac

lesions, etc., etc. But Niemeyer alone, of the authorities I have been able to consult, speaks of an "acute fluxion" due to exposure to cold air or other irritants. Even he does not give the symptoms and history of the affection. He says "a moderate degree of fluxion to the lungs presents no symptoms." When more considerable (as from excited action of heart), dyspnoea, sense of fulness in the chest and short dry cough are mentioned as present. But "physical examination shows no abnormalities." The symptoms of hyperæmia as a definite malady are not given.

It would be interesting to me to know if congestion of the lungs is regarded by any as being a distinct disease, with a regular set of symptoms, course and duration.

There appears to me no reason why such a disease should not exist. I have had several cases which I could call nothing else. Here is one in illustration:—

CASE IV.

When called to May D., aged 5 years, on February 5th, 1884, I found her breathing rapidly, with red cheeks, hot skin and a temperature of 102° F. The pulse was full and frequent, and she had a rather harsh, dry, frequent cough. Was very restless. Her tongue was dry, brownish in middle, with red tip and edges. At the base of right lung there was abundant medium-sized crepitation, a little semi-bronchial breathing here and there, and no dulness. By the evening the crepitation had extended nearly to the angle of scapula, and there was a very little at the extreme base of the left lung.

6th.—Had a better night; temperature not so high, less crepitation.

7th.—Scarcely any crepitation; cough much less frequent and not so dry and harsh. Breathing less rapid; temperature normal; tongue moist and white coated.

9th.—Very little cough; appetite good.

13th.—No cough. Gets up.

16th.—No crepitation left; appetite very good; tongue clean.

Bronchitis, the beginning of lobular or lobar pneumonia, febricula accompanied with pulmonary congestion,

suggested themselves. The first was eliminated because the temperature was too high, the physical signs were one-sided (or nearly so), and rhonchi were absent. The second was excluded because the child was not ill enough, and the physical signs were so much confined to one base. The third appeared more probable. The resemblance to the beginning of the stage of engorgement in pneumonia was very great; but the want of a decided history of rigor, the patient's age, and the speedy recovery were against the idea that nature had intended this for a case of pneumonia. (I might remark in passing that if there be no such disease as "congestion of the lungs," such cases as this would stand in evidence that treatment can cut short a pneumonia).

Febricula, I imagine, is not usually so severe, and I am unaware if congestion is a usual feature in it.

After thinking over the cases, of which the one reported is an example, it appeared to me that they might fairly be cases of pulmonary congestion.

Happily, though the static changes may not be clear, the selection of a remedy is usually easy in these cases. This patient had *aconite* the first day when restless, and *phosphorus* subsequently.

Kali Carbonicum in Bronchitis.

CASE V.

Mr. S. æt, about 56, a stout heavy man, has had bad winter coughs for several years. This year the cough had lasted four weeks, keeping him a prisoner in the house. During the day there is wheezing with occasional fits of coughing, but towards evening aggravation begins (at about 6 o'clock), and it is impossible for patient to lie down in bed. Even if propped up a sensation of something in throat-pit (larynx or trachea apparently) causes fear of suffocation and paroxysms of violent cough, only ending when some thick, greyish, very sticky mucus is expectorated. It is not stringy and difficult of removal when once detached from its site, on the contrary, it *often flies unexpectedly from the mouth* after long coughing. This indication I regard as a so-called keynote for *kali carb.* But it is not to be supposed that this is prescribing on one apparently trivial symptom.

It is well known in both schools that *carbonate of potash* benefits (if it does not also cause and cure) a paroxysmal cough, hence its use in pertussis. A cough worse in the evening and at night (Jahr), worse from lying down in bed, especially on the side (Bönninghausen), and having its exciting cause quite in the upper parts of the air-passages would indicate *kali carb.*, and many other remedies also. If such a cough were also accompanied with *tenacious mucus*, very difficult to expectorate, or with a sensation as of some partially loose substance not wholly detached, *kali carb.* would still be indicated, and many of the other remedies excluded. To refine still further—cough and expectoration as above, plus unexpected flying from the mouth of the very cohesive mucus, would precisionise our prescription still further. It indicates, 1st, a very violent cough; 2nd, a peculiarly semi-solid mucus, very adherent to its original site, but detached in a defined mass, having no tendency to adhere to the passages it traverses (as with *kali bich.*) and therefore very liable to be summarily and unexpectedly ejected from the mouth by the violent cough.

The patient described above began *k. carb.* 30 about 7 o'clock p.m., his evening aggravation having already commenced. He took it every hour, and had a better night. He continued it next day every two hours, and had a good night; subsequent progress was good.

Possibly the symptom emphasised may occur without the characteristic cough and expectoration. I have never met it, however, except in this association, or with one or two other symptoms, also under *kali carb.* Were it found isolated it would form no safe guide to the administration of the remedy—this would be prescribing on one symptom only. The use and abuse of "key-notes" is thus illustrated. The same symptom is said to have been a guide to the use of *badiaga* and *cheli-donium*, but of these I have no experience.

CASE VI.

January 12th, 1887.—J. S., æt. 78. Cold and cough six weeks. Cough most in mornings on rising, excited by tickling of throat and soreness. Expectoration flies out of mouth; aching of abdomen; tongue dry, must drink at nights. Taking sip water relieves cough. *Kali carb.* 30, 8 drops every four hours.

January 19th.—Cough and expectoration very much less. Subsequent uninterrupted progress.

CASE VII.

Anæmia.

Ada C., æt. 19, 18th March, 1886. Has been anæmic for about a month, the face having a yellowish tinge, especially round the eyes. She complains of dyspnœa, especially on going upstairs, of palpitation (felt only about the region of the heart), of languor and loss of appetite. She dislikes fat. Bowels regular. Pulse 100; there are hæmic bruits at base and apex, which latter beats in the normal situation. Menstruation is regular, and lasts six days, the discharge being scanty and pale.

She has a cough which is worse at night and in the morning. *Ferr. sulph.* 1x., gtt. iii., 3 drops thrice daily after food.

March 25th.—Cough no better; anæmic symptoms better. Continue *ferr sulph.*, and add *nat. mur.* 3 trit., 3 grs. 3 times a day.

April 1st.—Cough gone; appetite better; less tired and less short of breath. Pulse 96. Continue *nat. mur.*, and take 3 grains of reduced iron twice a day.

April 8th.—Better. Continue iron, and take *puls.* 3x., 3 drops three times a day.

April 15th.—Is now as well as usual; menstruation is delayed a week; the hæmic murmurs are still present though less loud.

April 29th.—Only feels a little tired now; face still somewhat pale and yellowish. *Kali carb.* 30, gtt. iii., ter die.

May 6th.—Feels less tired and in good health.

On the 22nd November of the same year this patient returned with the same symptoms as she had in March. She had often been anæmic before, and had got better as last time, while taking iron, with or without *pulsatilla*, etc. But she only keeps well four or five months, and then again loses appetite and colour. She has no cough this time, but has not menstruated for seven weeks. She feels the tiredness most in open air, and the dyspnœa is most marked there also. Pulse 96. She sleeps well. *Kali carb.* 30, gtt. iii. ter die.

November 29th.—Feeling better. *Kali carb.* 12, twice daily.

December 8th.—Less tired and less short of breath. Menstruation appeared two days ago painless, pale and scanty. Continue.

15th.—More colour. Continue.

22nd.—Has cold hands; complains of flushes of heat in face after meals. Is very sensitive to cold. Bowels regular. *Silicea* 200 every morning.

29th.—Better. Same tiredness in open air. Repeat.

February 10th, 1887.—For five weeks she has taken *arsenic* in various potencies. Menstruation reappeared at the right time in greater quantity and of better colour. The dyspnœa is better. Discontinued attendance.

April 16th, 1888.—Reports that the periods are regular, and that her health is very good. She suffers only from a little toothache, but she is still pale.

February 4th, 1889.—She returned to-day on account of indigestion; the eyelids are yellowish colour, but the general colour of her face is better, and she has not had the old anæmic symptoms again.

This case is an illustration of what I have often observed, viz., that many cases of chlorosis get quickly well, or at any rate very much better under ferruginous preparations in tangible doses, but that they also quickly relapse. In my experience the strictly homœopathic treatment often takes much longer to cure, but the cure is permanent. From the paucity of guiding symptoms. I have come to regard chlorosis as most difficult to treat by the rule of similars.

CASE VIII.

Anæmia and Anazoturia, &c.

G. U., æt. 19, of medium height and fair complexion, came to me first in January, 1886. She had suffered for four years from constipation. Rather more than four years ago she had a long and severe illness which she calls "low fever"—possibly enteric. Her constipation followed upon that illness and has persisted ever since. She is pale and thin, languid and utterly listless. She is said to be very weak and can scarcely walk out, she gets so fatigued. During the four years she has had strong purgative medicines, more rational treatment, and electricity. Nothing has the slightest effect.

Her tongue is flabby, she has no appetite, feet are cold, head hot with pain on vertex. She sleeps badly after about 2.30 a.m. To enable her to get relief she had an enema every other day, but was always prostrated for some hours after this, partly on account of the pain when the bowels acted.

From my predecessor she had had all the ordinary homœopathic remedies, chiefly in the strong tinctures or in low dilution. From me she had the same or others chiefly in higher attenuations. *Sulphur, graphites, veratrum alb., silicea, hydrastis, nitric acid, opium, sepia, plumbum, picric acid, lycopodium, thuja*, were all used without success as regards the constipation. She gained flesh and strength however. Kneading of the abdomen twice a week was equally futile, and she discontinued attendance. Towards the latter part of 1887 she came to see me again in as bad a condition as ever. She was attending as an out-patient of this hospital for some time, and had daily massage of abdomen and lower limbs from two of our best nurses, with the same results. In March, 1888, she entered the Hampstead Home Hospital, with a view to more thorough treatment and more careful observation.

On admission her bowels were said to act once in eight or ten days only, if left without help. She was thin, without appetite, without energy, and she took not a particle of interest in anything. She uncomplainingly did whatever she was told, but had no wish to do anything, to go anywhere, or to stay where she was.

On March 17th examination of the urine gave the following results:—Slightly acid, sp. gr. 1.012, total in twenty-four hours 45 ozs., giving a total of 17.78 grammes urea, and 1.6 grammes phosphoric acid in twenty-four hours.

This great diminution of urea and phosphoric acid in the urine were taken to indicate a diminution of the general metabolism of the body. With a view of increasing tissue change, and thus improving the general nutrition, daily massage of the whole body was practised, and electricity (galvanism) was used to the abdomen three times a week. She was fed up and took cod liver oil.

On the 27th March the urine examined was acid, sp. gr. 1.012, contained no albumen, and measured

48 ozs. The urea had increased (from about 17½ grammes) to 22.76 grammes in the 24 hours. The phosphoric acid measured 1.5 grammes.

The treatment was continued.

On the 2nd April the urine measured 72 ozs., was clear, slightly acid, sp. gr. 1016, and contained no sugar or albumen. The urea had risen to 36.8 grms., and the phosphoric acid to 2.86. The colour, weight, spirits and strength improved, and the constipation also, but at no time would the bowels act more than three times a week, and that even while the massage and electricity were continued daily. She still had dyschezia, but no fissure or other physical reason for the pain was apparent.

On the 6th of April the total urea was 28.5 grammes, and the phosphoric acid 2.47 grammes.

When last examined, on the 24th April, the urea was 31 grammes in 24 hours. As the massage was discontinued the constipation returned, and although her general strength, energy, walking powers, etc., remained much better for a long period, enabling her to take a useful part in her parents' business, I have recently learned that the constipation is as bad as ever. She gets an action of the bowels once in seven or ten days, but without enemata or aperients.

CASE IX.

Pleuro-pneumonia.

Mrs. L. had been confined about a fortnight when she sent for me on the 9th March, 1888. I am indebted to Mr. G., who was previously in attendance, and who performed the unpleasant duty of resigning the case into my hands, with extreme courtesy, for the information that the patient had pleurisy a week before. Her temperature had not been high, and the physical signs had disappeared.

9th March, 9.30 a.m.—My first notes state that the patient complained of acute shooting pain in the right chest just below the level of the breast, extending through to the scapula. The temperature was 101.6, pulse 120, and respirations 28. There was a suspicion of a rub beneath the 6th and 7th ribs anteriorly. *Bry.* 3x 2 drops hourly.

At 6 p.m. the temp. and pulse were as in the morning, and the respiration 30 per m. and fairly full. Less pain. Face flushed and dusky. If not better by 8 o'clock to have *bell.* 30, 3 doses to one of *bry.* during night.

10th, 9.30 a.m.—Took *bell.* and *bry.* as directed. Temp. 102. P. 120. R. 38. The tongue is getting dry, respiration shallower, cough troublesome. Patient had an easier night, but has had sharp pain again lately. Lips bluish. *Bryonia* 30 every hour. *Evening.*—Lips seem a little better colour, but she has had severe pain, always made worse by moving, coughing or deep breathing. At the right base there is dulness on percussion to the level of the lower angle of scapula with tubular breathing, except at the extreme base, where the breath sounds are almost inaudible. There is no pleuritic rub. Breathing is very shallow, 40 per m., and pulse 124. Temp. 108.6° F. Only to-night has the existence of pneumonia become clear. *Phosphorus* 30, 2 drops every 2 hours. *Bellad.* plaster for pain if required.

11th, *morning.*—Tongue browner. Nurse reports no sleep all night, breathing very bad, coughed very little. Great pain in left side when trying to expectorate. Very thirsty, perspired much. Lies with knees drawn up. Head very painful—indeed it has been so throughout—and face still flushed, especially when pain in head is severe. Lips less blue. Temp. 102, pulse 140, respirations 50. The eyes look strange and staring, and patient looks and seems unusually ill for a case of simple pleuro-pneumonia. The question arose in my mind, is there any septicæmic complication? The lochial discharge is very little, but is not offensive. There is very slight abdominal tenderness in left iliac region extending nearly to middle line—no abnormality on palpation. To take *bry.* 1x every hour.

Evening.—Nurse reports head still very painful and hot. Application of ice relieves head and made pain in chest so much worse that it had to be discontinued. This has happened once before. On enquiring more fully as to patient's condition before I saw her, I learnt that she had a fright about a week after her confinement; her boy got his fingers into a mangle. The lochia stopped suddenly for three days, and never returned as freely as before. Temperature 101.8;

pulse 126; respiration 42. Patient still lies with knees drawn up; is thirsty; dreads the night. Tongue moist at edges, dry brown in middle. She lies with eyes half open. Although temperature, pulse, and respiration are slightly better as to numbers, patient seems weaker and going wrong. Take *arsenic* 30, every hour.

12th. *Morning*.—Had four-and-a-half hours sleep and much less pain. Says she "does not feel like the same to-day." Respiration 28, much fuller; pulse 108; temperature 101°. Coughs more easily; a little blood-stained sputum. Continue *arsenic* every two hours. Takes food better.

13th. Much better every way; eyes brighter and more natural. Slept about six hours last night. Sharp pain on micturition.

14th.—When chest has been examined, dulness and feebleness of breath sounds have been the prominent signs. To-day patient has more pain in right side (right base), and has not slept so well.

15th.—To-day breath sounds are heard better anteriorly over upper edge of liver; a friction sound heard again here at end of inspiration. Breath sounds are returning at base, which is still dull however. Crepitation at extreme base. The superficial structures are unusually sensitive; gentle contact of stethoscope causes pain, and there is pain in the muscles of the loins. Temperature 99.2; pulse 72. Respiration is quickened from sitting up, which also causes cough. Pain and stiffness of right shoulder; earache.

18th.—Since last note, has had much pain below left breast—neuralgic apparently. Still lies with knees up. Shoulder and cough troublesome. Headache and thirst.

22nd March.—The fluid seems to have all become absorbed. The breath sounds are clearly audible down to extreme base, but are tubular. Dulness up to spine of scapula, and much increased voice sounds, also pectoriloquy. Tactile vocal fremitus doubtfully increased. Is now expectorating a lot of muco-pus, frothy and blood-stained. Had violent fit of coughing at 5 a.m.

Since last note patient has had more pain. She had been taking *sulphur*, but went back to *arsenic* on the 19th.

26th.—Some tenderness and distension of abdomen. A vaginal examination revealed only a tender spot in the posterior cul-de-sac, and slight diminution of the mobility of the uterus, due probably to its size. The abdomen was too tender to admit of its being felt bi-manually. Much dysuria lately, and occasionally inability to pass water.

31st.—No tubular respiration, no dulness or increased voice-sounds, very little pain in chest. Still some dysuria. Feels weak when she gets up; says the left leg is useless. Bowels are constipated.

3rd April.—Left leg is dragged after her if she attempts to walk. Says there is no feeling in the leg. There is certainly considerable numbness, but nowhere complete anæsthesia.

On the left side the knee-jerk is decidedly exaggerated, and on the right less markedly so; on the right side foot-clonus is obtainable, but not on the left. No plantar reflex on either side. Patient can move legs about in bed.

12th.—Exaggerated knee-jerks and foot-clonus on both sides. Nevertheless, patient seems to be gaining strength. Can stand on both legs, but not on the left alone.

16th.—Walks much better; has had massage for a week or more. Left leg still drags a little. Slight dysuria and leucorrhœa. Chest quite well for some time.

Remarks.—There are a few points of interest in this case which have led me to detail it at some length, even at the risk of being tedious. Firstly the nature of the complaint was not immediately apparent. The progress of the case made it tolerably evident that after the pleurisy, pneumonia set in, and that the pleurisy was accompanied with effusion, which at first masked the signs of pneumonia, but its disappearance allowed these signs to reappear. The onset of the pulmonary complications was not marked by any rigor, but by rise of temperature and by the characteristic disproportion between the pulse and the respiration. This disproportion, as will be seen by the chart, lasted only $2\frac{1}{2}$ days.

Secondly, in the treatment the failure of *bryonia* to do good, although apparently well indicated, was conspicuous, although the pneumonia was very pronounced. *Phosphorus* also did not give the results expected of it.

The usefulness of *arsenic* is worthy of note, and also the symptom which directed me to it, viz. : aggravation of the pain in the chest by cold applications to the head. The suspicion of a septicæmic element in the case (which I am not even now convinced was groundless), of course, added weight to the suggestion of *arsenic*. It is well known that *arsenic* inflames both lung tissue and serous membranes and the pleura not least severely. The symptoms recorded under *arsenic* in Hering's *Guiding Symptoms* strikingly corresponded with those of my patient, which I ascertained before giving the remedy. Whether the symptoms given in that work under heading *Chest, &c.*, are pathogenetic or clinical (which is not stated), they proved reliable in this case (as in many others) and signally useful.

Thirdly, the nervous phenomena, which formed the sequel to the pneumonia, suggested various queries to my mind. Were they due to simple inhibition of the higher cerebral centres which control the reflex function of the spinal cord? There is considerable evidence to show that exhausting diseases, if not simple prolonged rest in bed, can act in this manner. When house physician at the London Hospital in 1881, I demonstrated to my own satisfaction, and, I think, to that of my superior officer, that cases evidently free from organic disease of the spinal cord frequently present, after long confinement to bed, marked exaggeration of the deep reflexes. This has subsequently been recognised by neurologists of authority. Was there, on the other hand, some temporary congestion or some sub-inflammatory condition of the conducting elements (lateral columns)? If so, what was the cause of this condition of the cord? It is certainly not a common sequel of pneumonia. A third possibly is, I think, excluded as soon as suggested, viz., that of local intra-pelvic pressure due to some effusion. Effusions do not usually cause pressure symptoms, unless very pronounced, and the pressure is then local rather than general. Moreover, no parametritis or perimetritis was discovered.

Taking into consideration the urinary difficulty (dysuria and retention), and the constipation, which were not sufficiently dwelt upon in the notes, the second hypothesis appears the most probable. Full power of the left leg was not regained for several months.

CASE X.

Pertussis—Broncho-pneumonia ending fatally.

Letitia P., æt. 18 months, the youngest of a family of small children. Several of the girls have died when babies from chest affections.

13th Feb., 1888.—This patient's cough occurred seven or eight times during day, and more frequently at night, each attack lasting five minutes or less. Before the cough there occurs a spasm, like spasm of the glottis; it also happens independent of the cough; it is called "a catching in the breath" by the mother. Every time she "catches her breath" she brings up flatulence. Pulse small and rapid. Respiration 46. Temperature 103.6°. All over chest the breath sounds are harsh, and there are moist râles scattered over right chest, mostly at level of scapula, between inner border and spine. The *alæ nasi* "work" slightly. *Gels.* 2x and *Bell.* 3x, alternated every hour.

14th.—Temp., morning 101.6°; respiration quieter; much better night, less "catching." *Acon.* 30 and *Bell.* 30, three doses of *aconite* to one of *bell.*

15th.—Not so well; temp. last night 103.4. More "catching of breath;" becomes more cyanosed during cough. R. 54. P. 126. Is hoarse and does not cough so frequently. Repeat *gels.* and *bell.*

16th.—Bad night. This evening temp. 105°. R. 60. Does not cough much; not hoarse; the laryngeal spasms occur very frequently, sometimes twice in five minutes, it lasts only during from six to ten respirations; there is, therefore, less blueness of lips. Is very weak, does not now attempt to raise herself during spasms, is not restless. Patient is very thirsty, lips dry, she picks them constantly, tongue not dry, white at back, smacks lips for drink.

There are three kinds of respiration noticeable, (a) the severe spasms described already; (b) perfectly easy but very rapid breathing, *alæ nasi* almost at rest; (c) a variety between the two, but the transition is abrupt, not gradual. This third variety is a kind of groaning sound, and appears as if there were some spasm or obstruction, but not of the laryngeal kind, producing crowing inspiration. In this variety of breathing the *alæ nasi* work

vigorously, and the nostrils dilate widely. In the second variety the little patient lies quite still with eyes partly opened. Head does not sweat, dry all over. Bowels acted twice recently and she was sick once. Appeared so weak this afternoon that the mother thought she was dying; indeed, it is obvious that she must do so ere long. Gave *acon.* 1x and *ant. tart.* 2x alternately every hour this morning.

To-night to have *spong.* 12 every quarter hour. If not relieved in three hours to have *ars.* 30 every quarter hour and two wet packs.

Only harsh breath sounds are heard to-night; at the right base it amounts to bronchial breathing; in this region, the groaning sound she makes penetrates into the ear is great contrast with other parts, *i.e.*, there is bronchophony.

17th.—Lips and tongue abnormally red. Thrush appeared in mouth, respiration increased to 96 and pulse to 166. Temp. 102.6. Breathes less noisily, *alæ* do not move so much. *Ars.* and *bell.* alternately.

18th.—Coughs more, respiration 84 per m. Evening. Convulsions came on this afternoon, not so well since; it came on during a cough. T. 103.4° Bronchial breathing, left axilla and left base, with fine and medium crepitation. Patches of fine crepitation at right base.

19th.—The convulsions returned more frequently to-day, respiration mounted to 100. In the afternoon child appeared to be dying. *Cupr. acet.* 12.

20th.—“Fits” lasted until 2 a.m., and then eased. Takes no notice of anyone, getting livid. “Fits” returned in the afternoon. Consolidation of both bases, bronchial breathing with fine and coarse râles. Dulness on percussion. Resp. 84. Mouth and tongue covered with aphthæ.

21st.—Did not rally again. This morning, found her very cyanosed, and with rattling breathing. Pupils equal and active. Died at 12.30.

This case caused me a painful feeling of helplessness and uselessness. On reflecting upon it I have regretted not having given *lycopodium*. I frequently thought of it during the progress of the case, but I had been so often disappointed with it in these chest cases that I withheld it.

Since the date of this illness I read a remark by Dr. David Wilson recommending that, in acute cases, *Lycopodium* be given very frequently; as often as every ten minutes if necessary. I had occasion to test this recommendation in the person of the sister of the above. I much regret that I have no notes of this case. She was a baby only eight months old, and, as I have remarked, had lost several sisters in early years by chest disease. She was taken ill with bronchitis, followed by broncho-pneumonia, with a temperature of over 103°F, and a respiration ratio greatly in excess of normal. When the patient was at her worst, and both parents and I had almost made up our minds that she must die, I began *Lycopodium* 30 every 15 minutes. Within two hours improvement was noticed, and in 12 it was manifest that the patient was out of danger.

The following case also served to re-establish *Lycopodium* in my favour as a remedy for acute chest affections. The action of the *alæ nasi* in each of these cases was prominent.

CASE XI.

G. W. N., æt 10, a small and not very vigorous boy, had been amusing himself by sweeping away snow from the garden paths after the recent storm.

A day or two after this he became ill, and was supposed to have taken a "severe feverish cold." Early in the morning of the 16th ult. he was awakened with severe pain in the left ear. He complained of stiffness all over, especially in the knees. He was hot, and had headache, loss of appetite, coated tongue, etc. I first saw him on the morning of the 20th. He did not appear very ill, but closer observation showed that his breathing was shallow and accelerated. His lips looked swollen, and they were dry. His mother said that his whole face was altered in appearance; probably it was slightly puffy. The pulse numbered 126 per minute, and the thermometer registered 103.6 in the mouth. The pain in the ear was better, but he complained considerably of pain "in the back," but was unable very definitely to localise it, first putting his hand to the right side of his chest in a line with the posterior margin of the axilla, and then pointing to the spine between the scapulæ.

Moving gave pain, especially moving his head, and still more pain was caused when a cough attempted to come on. This he very markedly controlled or at once suppressed. It was a loose cough, but the patient did not expectorate. He lay on his back, for lying on either side caused pain to the opposite side.

The urine was thick, depositing urates copiously; the bowels had not acted for 36 hours, the tongue showed a thick white but moist coating. The abdomen was flaccid, flat, not tender, and exhibited no spots.

The front and sides of the chest yielded no abnormal physical signs. Posteriorly there was a marked difference in the loudness of the breath sounds. Those on the left side were louder and harder than those on the right, and here the tactile vocal fremitus was somewhat increased. The breath sounds were considered to be normal on the right side, with the exception of the slight occasional click or moist r le at the end of deep inspiration. There was no dulness on percussion on either side. To have *bryonia* 12 every two hours. On the 21st he was reported to have slept fairly well, coughing from time to time. The pulse was 120, temp. 103 , and respiration 36. The pains were about the same, and also the physical signs. The day before, in the afternoon, he had had a sharpish attack of epistaxis. He had taken but little nourishment, but enjoyed a few grapes. He was not very thirsty, as he had been during the early days of his illness. He had pain in the throat after swallowing. The uvula was seen to be long, and slightly swollen, and the mucous membrane covering the tonsils had a semi-translucent or waxy appearance. There was no deposit. The bowels had not acted. It was noticed that he was constantly moving his lips and lower jaw in a restless manner, sometimes to bite his dry and swollen lips, at others entirely without purpose. During intervals of quiet, however, his *al e nasi* were noticed to be regularly dilating and closing again—the so-called “fan-like movement.” This made me think of *phosphorus* and of *lycopodium*, but the general symptoms appeared to correspond more closely to the latter remedy. It was begun almost at once, a dose of the 200th dilution being given every half-hour at first.

On the next day, 22nd, I was informed that soon after I had left he had had another attack of epistaxis, more

severe than that on the past day. The blood was bright, and came chiefly from the left nostril. The pain, his mother said, began to lessen in the afternoon; and at night his temperature was 100° F. When I saw him (about 11 a.m.) he was manifestly much better, and had enjoyed food. The tongue was beginning to clear at the tip and edges, the centre and back part being thickly coated yellow, and being drier than on the 20th. Pulse 100; respiration 26; temperature normal. There was no working of the nostrils. The cough was looser, though he still coughed carefully. The difference between the breath sounds of the two sides was slightly less marked. The earache had returned. To have *pulsatilla* 80.

The pain was relieved at once, but next day there was deafness. 25th.—He could not hear watch at a greater distance than 6 in. on either side. He also complained of vertigo and tinnitus. The tongue was thickly coated yellowish-white, and the breath was offensive. Except these symptoms he is quite well, though feeling weak. He gets up. *China* 12.

26th.—Less deaf; vertigo gone; tinnitus better; breath not offensive and tongue cleaner.

March 1st.—After taking *china*, he had a few doses of *nux vomica*, and is quite well and free from deafness.

Ringworm.

In a paper which I had the honour of reading last session before the members of this Society, I expressed my opinion that in recent cases of ringworm *sepia* is usually competent to cure, and that as quickly as local remedies, if not more so. I will give briefly three cases in support of this position.

CASE XII.

14th Jan., 1888.—B. H., æt. 15. There is a round scurfy patch at the left side of the head, of the size of a five shilling piece. The scurf is on a red base, and there is some œdema and tenderness. It appeared to be threatening suppuration; the patch is irritable. The hair has not been cut, but there are a few short broken hairs. There are other spots which look less like tinea, they have no short hairs, and they are bright red and swollen. *Hepar sul.* 8 trit. gr. iij. ter die.

28th Jan.—This patch has extended and several new ones have appeared. There are many short broken hairs now. The diagnosis of tinea appears clear, although no microscopical evidence was obtained.

2nd Feb., 1888.—The surfaces before seen are clear (devoid of scurf) and reddish. There is no œdema now. A new scaly patch has appeared on the back of the neck. The epithelium contains spores. Most of the patches begin as raised painful lumps, from which the hair falls subsequently.

10th March.—Fine hair beginning to grow.

21st April.—Hair well grown and strong. Took *sepia* 6 and 12 throughout.

CASE XIII.

4th Feb., 1888.—Wm. G., æt. 15.—Has a ring of tinea circinata at back of left shoulder, over border of trapezius. It is 1 in. across, a very perfect circle; it itches slightly. Brother has tinea tonsurans. Slide crowded with spores, and some mycelium.

12th May.—His mother reports that he was quite well in a fortnight.

CASE XIV.

Ella P., æt. 6. This is a specially interesting case, and deserves to be more fully reported, but space forbids. On September 24th, 1887, her mother brought her to me saying that every five weeks she has attacks of sore throat, with redness of face, severe headache, heavy feeling and vomiting. Each attack lasts three days. There was a white patch on the left tonsil when I saw her.

On the 12th Nov. she had had a slight attempt at an attack, having taken *calcareo* 3 and 12 since end of Sept.

On the 7th of December a patch of ringworm was discovered.

Jan. 14th, 1888, came to report. Has been well since last note. Ringworm same. Has taken *sepia* 12, 30 and 200 since the tinea was discovered.

January 28th. Head bad to-day; face red. On right tonsil there is a dirty pultaceous patch. Pulse 126; temp. 104.2. No attack of sore throat since the

abortive one in November. *Bell.* 12; 2 drops every 2 hours.

April 4th. There has been no attack since last. The *sepia* (12th dilution) was continued when the head and throat was well. The hair is growing. *Calc. carb.* 30 bis die.

May 2nd. The ringworm is quite well.

May 30th. No headache or sore throat since last note. I have subsequently heard that the throat has remained well. Thus tinea and throat attacks were cured at once.

Pulsating aorta.

In the *British Medical Journal*, vol. ii, 1887, page 762, there appeared an interesting article under the above title. I can but direct your attention to it, though I should like to have given you a summary of it. It describes some six cases where abnormal pulsation of abdominal aorta existed there being no aneurismal condition and no hypertrophy or other cardiac condition to cause it.

CASE XV.

C. B., æt 32, came to the out-patient department of this hospital, on the 17th July, 1886. He had fallen, 2 months ago, against a carpenter's vice, and had since suffered from burning pain round the umbilicus. He got *arnica* 1x and recovered.

On the 1st of October, 1887, he came again with the same pain, and complaining of such tenderness of abdomen that he could hardly bear his clothes. He has eructations of sour gas. On examination there is no manifest tenderness on pressure. He is losing flesh. The heart's action is feeble and there is a systolic aortic bruit. The abdominal aorta pulsates very forcibly and visibly. It feels like a well-defined hard tube coursing down the spine. There is a harsh systolic bruit over it. To have *bry.* 3x.

15th. Less pain and less flatulence. Repeat *bryonia*.

22nd. Much better, still some pain. Much less aortic pulsation, still some bruit.

19th November. Better; indeed, practically well. I have no note as to the aorta when he ceased attending the hospital, but if my memory serves me well, all abnormality had disappeared. The heart bruit persisted.

CASE XVI.

A. N., æt. 31, came to this hospital on November 26th, 1887, complaining of accumulation of phlegm in throat, of sacral pain, worse on moving, and suffering from hæmorrhoids. His bowels were loose and he had atonic dyspepsia so-called.

On examining abdomen, very marked aortic pulsation was visible. The pulsation was not very violent on palpation, and the aorta did not feel hard like last patient's. No bruit over it. He had a right inguinal hernia; *C. veg.* 3x. On December 10th, when examining his chest, the following peculiarities were noticed:— Under the outer half of right clavicle a marked thrill was felt over the situation of the subclavian artery, and then distinct pulsation was noticed. After examining for a few seconds by palpation these signs disappeared. Slight pulsation could be seen on this side, but not more than under the left, where pulsation is felt even when it had disappeared from the right.

After the patient had been lying down for examination of abdomen the thrill returned. It was accompanied by a loud rasping bruit. Both thrill and bruit disappeared while the stethoscope was still in the same place. Occasionally altering the position of the arm would restore the bruit but not the thrill. No abnormal heart sounds. Aortic pulsation as before.

In his occupation he lifts heavy rolls of paper.

My next note says that the thrill comes and goes as last time, and when the thrill is present a harsh rasping bruit is heard.

The patient himself was quite unconscious of any of these conditions. The last note bearing on this part of the case states that the pulsation and bruit were less marked. He had taken *æscul.*, *sulph.*, *nux romica*, *calcareæ* and *arsenic* as indicated symptomatically. I have no explanation to offer of the nature or course of these apparently capricious phenomena.

I have observed several other cases of "pulsating aorta," sometimes accompanied with abdominal pain, sometimes without, sometimes with cardiac disease and sometimes without. Sometimes there is tenderness on pressure, and sometimes not. I have not yet learned

what significance to attach to this condition. Of course it will be understood that I am referring to a class of cases where the pulsation is distinctly in excess of the normal, and not to be accounted for by laxness of abdominal parietes or by an emaciated condition. It is usually distinctly and readily visible. An interesting account of this condition is to be read in Walshe's work on *Diseases of the Heart and Blood Vessels*.

CASE XVII.

Phantom tumour.

My next case, that of the wife of the preceding, though of importance, from a different reason presented curiously enough the same condition of pulsating aorta. In her case there was a thrill on deep pressure.

J. N., æt. 31, came on the 3rd December, 1887, complaining of pain just below lowest left rib in the axillary line. The pain she described as burning like hot knives. It comes on about once in every three or four weeks (generally on Saturday night or Sunday morning) almost always at the monthly period. It lasts a week, and then goes away entirely. When the pain is severe she generally vomits, and it makes her back bad. The bowels are regular, and menstruation is scanty, and the discharge dark in colour. Whenever she has the pain severely she notices a "lump" in the side. On examination of the abdomen there was found, to the left side of median line, a tumour the size of a foetal head, most prominent at the level of the umbilicus. It is hard, easily movable between the hands, extending to the loins, is tense and doubtfully fluctuating. It is dull on percussion. There is no urinary difficulty.

When she next came there was no tumour of any kind to be felt. She continued under my care, on and off, for nearly a year, but got no benefit to her attacks of pain. Dr. Moir was kind enough to take her under his care for a few days at the hospital. He can corroborate, and perhaps amplify, my description of the case. The curious part—indeed the feature to me hitherto unexplained—is that when fully anæsthetised by chloroform in the hospital the tumour did not disappear or lessen. By the next day it had entirely disappeared. The state of the urine threw no light upon the subject.

DISCUSSION.

Dr. DYCE BROWN thought the paper most useful and instructive. The cases did not admit of much criticism. Referring to a case of constipation, he said some persons had only one action a week without the least discomfort. This was, in fact, with them quite normal. Many others were in their normal health with an action every second or third day. It was important to observe these cases, as they were apt to be drugged to produce a more frequent action, which would, in fact, be abnormal.

Dr. JAGIELSKI mentioned a case of cyanotic disease treated by electric baths, which improved up to a certain point, but not further. In cases of this kind it is frequent to find a white line of demarcation on the dorsum of the hand. Dr. Jagielski asked if there were any explanation of the condition, and any successful treatment. The blueness appeared to be periodical, coming particularly in the afternoon. *Lach.*, *acon.*, *secale* and *agaricus* had been tried with temporary and partial success. Massage had produced no permanent result, external applications of all kinds were fruitless. Dr. Jagielski questioned the propriety of calling the disease a "local asphyxia." He thought it was more nervous in its nature. In dealing with congestion of the lungs, he said it was difficult to say where it began and where it ended; and he thought "congestion of the lungs," was not a correct name to use.

Dr. HUGHES said Dr. Neatby had brought before the Society a valuable series of cases, but he wished his cases had been a little better arranged. Dr. Hughes had listened to the paper with a theoretical interest as well as practical. Dr. Neatby was one of the few "Hahnemannians" of this country, but he was glad to find that he did not disregard pathology, and kept himself quite free from all acerbity in his remarks. He thought his Hahnemannianism had led him astray in his first case. The fact of aggravation from heat was quite a secondary matter. *Secale* was the simillimum quite apart from the secondary feature of the aggravation. He agreed with Dr. Neatby in accepting "congestion of the lungs" as being distinct from pneumonia. Popularly it is a term for pneumonia. But apart from this, there is a true acute primary congestion which attacks both lungs, speaking generally. The fever runs high, but there is no rigor, and chiefly blood is expectorated. The one remedy for this condition is *aconite*. He believed that in true pneumonia *aconite* is never indicated. In regard to the *kali carb.* case, Dr. Hughes wondered that Dr. Neatby did not think of *lobelia*, which had the peculiar throat symptoms especially well marked. In the constipation case he heard no mention of *plumbum* or *opium*.

Dr. Hughes hardly thought *belladonna* was sufficiently given in the pleuro-pneumonia case. He regretted that *cuprum* was not given earlier in the fatal whooping-cough case. He was much interested in the *lycopodium* cases. In repeating rapidly the higher dilutions Dr. Neatby was following Hahnemann (who said that medicines should be repeated more frequently the higher the attenuation), but was going contrary to the Hahnemannians, who deprecate repetition even in acute diseases. He concluded by thanking Dr. Neatby for his paper.

Dr. DUDGEON said Dr. Neatby's paper reminded him of the difference between cases in practice and cases in books. In books, we had as it were museum specimens of disease, but in practice every case of disease had its own peculiarities which differentiated it from all others. So with medicines. There were many remedies, for example, for pneumonia, but each of these remedies was suitable only for the variety of the disease to which its own characteristic symptoms corresponded. In reference to the case of constipation, he referred to Prince Talleyrand, whose bowels were only relieved once a fortnight. His valet used to come to him and say, "Monsieur, c'est aujourd'hui le jour du lavement," to which Talleyrand replied, "Déjà?" He felt no discomfort. He had another peculiarity. His heart intermitted every fourth beat, which he said accounted for his long life—his heart took rests and didn't wear itself out. He agreed with Dr. Hughes that the paper was, though very interesting, somewhat desultory. The first case with the indication for *secale* reminded him of two exquisite cases of dry gangrene, in which *secale* seemed to enable the patients, both old men, and one of them paralysed, to make perfect recovery. He did not know whether there was aggravation from heat or not. The medicine seemed indicated by the pathological condition of the part. Dr. Neatby's paper was a combination of the therapeutics of Hahnemann with the pathology of Ringer, and it seemed to make a very good mixture.

Dr. GALLEY BLACKLEY heartily endorsed all Dr. Dudgeon had said in praise of the paper, though he differed from Dr. Neatby as to the value of key-notes. His own case of Raynaud's disease had been taking *secale* for three months, and was better. Another case, which had been in the hospital, resulted in the loss of some fingers, and eventually died. While in the hospital there was an outbreak of erysipelas, apparently originating in this patient, whose body emitted a very offensive odour. He did not class mere blueness of the fingers with Raynaud's disease. He had observed that tubercular phthisis had often followed in cases where this

symptom had appeared. He considered there was a distinct condition of congestion as apart from inflammation. He mentioned a case of constipation in a boy, who had had no satisfactory action of the bowels for six weeks. He had been given up as incurable at the Hospital for Sick Children. He was brought into the Homoeopathic Hospital for colic. The vermicular action of the bowels could be seen, the walls of the abdomen were so thin. Under *opium*, *bry.*, and lastly *plumbum*, a complete cure resulted. He had never seen *lycopodium* of any use in acute chest affections. He regarded the fanlike action of the *ala nasi* as of very little importance. Epistaxis is a very striking symptom in *kali bichrom.* He would like to see tinea cured by *sepia* alone given internally. In idiopathic erysipelas *china* ϕ was of great use.

Dr. CLARKE (in the chair) complimented Dr. Neatby on his courage in bringing forward his cases treated with high attenuations. He himself had no doubt about the activity of these preparations, and if we could believe in the efficacy of 80ths—as all must—he did not see where the line could be drawn. The important point was in selecting the remedy with due care. He did not think this was done in all Dr. Neatby's cases, at least the symptoms on which he based his prescriptions were not in each case clearly given. In the case so markedly benefited by *arsen.*, why were *bry.* and *phos.* given before? He did not know if Dr. Neatby would feel complimented by Dr. Hughes' praise of his pathology. Hahnemann and Hahnemannians deprecated any introduction of pathology into the question of selecting the remedy. Dr. Clarke confirmed Dr. Blackley's remarks as to the value of *china* in cases of acute idiopathic erysipelas. He called on Dr. Neatby to reply.

Dr. NEATBY thanked the Society for the reception accorded to his paper, and explained that his paper was entitled "*Miscellaneous Cases, etc.*" Replying to Dr. Dyce Brown, he said his case of constipation was not a habitual case, but was a sequence and symptom of disease. He agreed with Dr. Jagielski in thinking that Raynaud's disease was of neurotic origin. He said he did not claim to be a "Hahnemannian" in the modern sense of the term; on the contrary, he sometimes alternated, he sometimes prescribed on pathological indications, and he did not confine himself to high dilutions. He liked to get objective symptoms and to include them in the totality he prescribed upon. With regard to *secale* in his first case, the dry gangrene of *ergot* was obviously very like that of Raynaud's disease (though there were notable differences); but the finding of such "characteristics" as "aggravation by heat" in addition rendered the prescription more certain. There are many cases of gangrene which are

not affected by *secale*, though objectively like that which *secale* produces. He had used *plumbum* in his case of constipation. He had always given his *lycopodium* in the 12th, 80th or the 200th dilution. His cases of ringworm were all recent when the treatment began. With respect to high dilutions he did not use higher than the 200th. In the pleuro-pneumonia case *bryonia* was indicated by sharp pains, aggravated by movement; *phosphorus* was given on purely pathological grounds.

THE INFLUENCE OF GONORRHOËAL INFECTION IN THE DEVELOPMENT OF PELVIC DISEASES IN WOMEN.*

By B. FRANK BETTS, M.D.

Professor of Gynæcology in the Hahnemann Medical College of Philadelphia.

BEFORE the adoption of antiseptic measures made it possible to open the abdomen and examine the pelvic organs by direct inspection and palpation without fatal results, the origin of pelvic inflammation was shrouded in mystery in the vast majority of instances. It is true we were able to trace pelvic peritonitis or cellulitis to traumatic influences in some cases, but we were unable to account for the fact that the same influence produced serious results in one instance and not in another; and there remained many cases for which no cause whatever of this character could be assigned until it was found that the Fallopian tubes were the first to become involved in the inflammatory process, and that through them septic material passed to the peritoneal cavity, and kindled a serious peritonitis. In consequence of increased weight and displacement of the tubes and ovaries, incident upon the inflammatory process, or because of pre-existing prolapsus of these organs, they have often been found distorted and bound down in an unnatural position, so that their function was seriously impaired or even destroyed; and when the acute symptoms of pelvic peritonitis had entirely subsided and the lumen of the tube remained pervious, so that it becomes possible

* Read before the Homœopathic Medical Society of the State of Pennsylvania, September 19, 1888.

for the woman to conceive, everything has gone on to a satisfactory termination of gestation; but following parturition, a serious or even fatal rekindling of the old inflammatory process has occurred, from the breaking up of old adhesions or the bursting of an abscess during labour.

Post-mortem examinations, as well as abdominal section during life, make it apparent that pre-existing peritonitis, only await the trauma of child-birth to develop a fatal peritonitis in many cases.

With the extreme suffering due to an acute attack of pelvic peritonitis, disturbances and pain induced in consequence of the cyclical return of the menstrual function, and the dangers incurred after parturition, all taken into consideration, what wonder that Fallopian salpyngitis and its attendant pelvic peritonitis has come to be considered one of the most serious infirmities that can befall the sex.

It behoves us, therefore, to inquire into the origin of these affections, and because it is so frequently left out of consideration, I desire to call your attention at this time to one source from whence this disease originates in many instances, and that is gonorrhœal infection.

I do not wish to be understood as saying that gonorrhœa is the only cause of Fallopian disease, for the causes are numerous; but gonorrhœa is, in my estimation, one of the most important of these causes, and I think that the profession should recognise it as such. Authors have, until recently, treated of this affection in women as being of minor importance, and when Van Buren and Keyes asserted that "gonorrhœa sends more to the tomb than syphilis," we did not apply the statement to women; but in the light of present knowledge, it is to them that it is especially applicable.

We can all understand how the Fallopian tubes become diseased during an acute attack of gonorrhœa by an extension of the inflammation from the uterine mucous membrane, and how the secretions from the tubes may be expelled through the fimbriated extremities and into the peritoneal cavity and cause septic peritonitis, but we have been slow in believing the theory of Næggerath, that an almost imperceptible gleet discharge from the male can be capable of exciting disease in the female without developing in her any of the acute

symptoms of gonorrhœa, and it is to this point I desire to direct your attention especially,

It was in 1872 that Næggerath asserted that in ninety per cent. of the cases gonorrhœa remained uncured in males. Of course, he referred to the ordinary run of cases treated in the usual way by local means almost exclusively. He furthermore says, "of every hundred women who have married men formerly affected with gonorrhœa, scarcely ten remain healthy."

Perhaps, in every instance the husband believed himself to be cured of gonorrhœa before he infected his wife. In most instances it is likely he was assured by his physician that there was no danger of such infection; but Hahnemann had written long before that to the effect that "the local disease may either be removed or disappear of itself, without the internal disease leaving the organism either in part or entirely; on the contrary the internal disease may increase in the progress of time, unless it is cured by art." It was Næggerath who called attention to the infectious nature of the vital fluid of the male after all palpable traces of gonorrhœa had disappeared, and it is for us, who reap the benefits of these observations of former times, to endeavour to explain them.

To account for the symptoms of disease, especially those that are infectious, we must conclude that some influence is at work to produce a change in the vital activity of the organism, which permits or induces a disintegration of pre-existing compounds in the body—a splitting up of histological elements it may be—and consequently a degradation of tissue. In some instances this change precludes the possibility of exactly similar results following like causes in the future, as when one attack of measles prevents the contagion from inciting its specific effects at subsequent periods. In many instances a specific influence (perhaps a pathogenic micro-organism) gains admittance to the body and finding the condition for its growth and development, elaborates a chemical poison inducing its characteristic effects which are the symptoms of the disease. These materials we call ptomaines and leucomaines. In a gonorrhœal infection the causative influence may be the cocci of Neisser, that gonococcus as it is called, or the influence originates from the ptomaine or leucomaine

with which the cocci are associated. A ptomaine is a chemical compound formed during the putrefaction of organic matter; whilst leucomaines are found in the living tissues either as the products of fermentative changes or of retrograde metamorphosis. Some of these bodies are extremely poisonous, producing not only local irritation but profound systemic disturbance. So fine is the line drawn between noxiousness and inertness that the abstraction of one atom of hydrogen and one atom of nitrogen, with the addition of one of oxygen, converts the ptomaine neuridine, which is inert, into neurine, a virulent poison to the tissues. May not some such poisonous principle in imperceptible quantities be associated with the seminal fluid deposited by the infected individual at the mouth of the uterus, where it meets with an alkaline mucus that favours its development, without producing any perceptible effect on the vaginal mucous membrane or external organs of generation? And as the ptomaines affect the nervous system quite as profoundly as the mucous tract locally, may not the gonorrhœa produce an impression on the whole nervous system of the female, as well as induce its specific effects on the endometrium and Fallopian tubes, and induce general systemic disturbances or develop the sycotic taint of Hahnemann in consequence of the influence upon tissue changes throughout the body. The effect produced by the latent gonorrhœal virus is much more marked in some cases than in others. This is the case with all forms of disease. How often in witnessing the conflict between health and disease do we find the victory sway to one side or the other as the condition of the patient changes from extraneous causes. Just as an ulcer will now grow smaller and then grow large again in direct correspondence with the constitutional weakness or strength of the patient.

Grauvogl found the acute form of the gonorrhœal disease developed the most pernicious symptoms in the hydrogenoid constitution, that is a constitution that feels every change from dry to wet, which cannot tolerate sea-air, that feels the best on a dry day. It is in this soil that he claimed the virus developed its most baneful effects, and to cure the disease he found it necessary to change the soil by constitutional treatment, and *natrum sulph.* and *thuja* were recommended. The

sycotic constitution of Hahnemann calls for *sarsaparilla*, *pulsatilla*, *kali bichromicum*, and other remedies.

If we have to deal with an occlusion of the tubes with a collection of serum within the cavity, *apis* 3 will often help to remove it. If of gonorrhœal origin this collection is likely to be pus, when *kali carb.*, *hepar*, *mercury*, *lachesis*, or Schüssler's *calcareo sulph.* may help. But in cases of long standing, when we find the tubes distended, tender and displaced, with periovaritis and its attendant sterility, an abdominal section for the removal of the diseased appendages of the uterus will be the only means of cure.

In many cases such patients will tell us they were perfectly well until they were married. Soon after this they began to complain of pain in the region of the ovaries, the menses became profuse and afterwards scanty, perhaps; and the intermenstrual period was marked by a leucorrhœal discharge, which the physician believed to be dependent upon a cervical catarrh. Uterine displacement ensued, and with the pelvic organs in abnormal position, adhesions were formed, leaving no hope of escape from a state of chronic invalidism, except through an operation which must seriously endanger life.

Such patients have either experienced a rekindling of pelvic inflammation in consequence of traumatism, or upon assuming the marital relation have become infected by septic germs, which have carried with them potent influences for evil. If the confidence of the husband is gained, we shall often find that long before marriage he became infected with gonorrhœa, but he supposed he was cured of the affection until he is informed of the injury he has innocently inflicted on his innocent victim. When we recount the diseases which it is believed latent gonorrhœa is capable of engendering, what remorse an affectionate husband must feel in the contemplation of the fact that he has failed in what every man will recognise as his first duty towards woman, to shield and protect her from harm.

Whilst every woman may not suffer the ills we have mentioned as liable to occur from latent gonorrhœa in the male, the great danger of such infection must make us consider carefully the question, whether or not any man who has once had gonorrhœa, should be permitted

to marry a woman upon whom he may entail so much suffering and its attendant sterility; for surely the law should be invoked to protect what common humanity cherishes the most, during the time allotted to us to labour in this life, and offspring who shall in old-age make smooth the pathway to the grave.

A CASE OF ALBUMINURIA AND CYSTINURIA.

By H. H. CORBETT, M.R.C.S.

THE following case, in which I was the patient, although not throwing much light upon the clinical or pathological significance of cystinuria, is I think worth recording from its great rarity.

Age 32; family history good; both parents living and over 70 years of age; no hereditary diseases in family; own history good; never had any serious illness; been much given to athletics; never been in the habit of using alcohol to excess; have smoked rather heavily for the last thirteen years.

For the last five or six years have been troubled with a slight desquamative rash on face, especially during Spring and Autumn. Last September this developed into a psoriasis, and at the same time had a large number of boils on face, left arm, and both legs. These all disappeared within a month, and my health seemed to be quite good up to the latter end of November last. At this time, being about to insure my life, I saw Dr. T. of this town, in order to get a medical certificate of good health, and to my surprise he found a considerable quantity of albumen in my urine. I took *helonias* with no effect. I then tried *arsenicum* and *cantharides*. The urine still continued to contain albumen, was always alkaline and sometimes cloudy. It also became very scanty, about half-a-pint being passed daily. I had much lumbar pains, especially on the left side, and there was a sense of pressure between the last rib and the crest of the ilium.

On December 13th I saw Dr. Ramsbotham of Leeds, and described my case and left a sample of my urine with him for analysis. He prescribed *titanium* 3 t.d.s., and "The Skim Milk Treatment."

December 14th.—Urine more plentiful, pale, clear, very little renal pain, slight headache.

December 15th.—Diuresis very free. No albumen. Renal pain and headache gone,

December 18th.—Received from Dr. R. the analyst's report, as follows: Sp. gr. 1026; alkaline; albumen a trace; no casts. The deposit contains triple phosphates and oxalate of lime. The most curious circumstance connected with this urine is the presence of the rarely occurring cystine, which is present in considerable quantity.

Dr. R. advised a relaxation of the strictly skim milk diet.

December 28th. The urine is still alkaline, and much cystine is present.

If the urine be poured into a test tube containing some *nitric acid*, the whole of the urine becomes filled with small acicular crystals, which on evaporating with *liquor ammoniæ fortior* crystallise out in the characteristic cystine form.

December 31st.—Urine to-day is acid for the first time since the discovery of my condition. No albumen. Cystine plentiful. No lumbar pain. There is a small boil on my right cheek, and the desquamation on the face is very free.

From the last date up to the 18th instant I occasionally tested my urine, always finding cystine present, but never any albumen. I now began to take *nitro-hydrochloric acid* dil. B. P. *gtt. ii. t.d.s.* Hearing from Dr. R. that the analyst would like another specimen of my urine, I sent some on the 20th and received the following report:—

“The sample of urine received is quite different from that previously received. The sp. gr. is much lower, 1020, due chiefly to the smaller amount of urea present. No albumen is present and the usual tests now fail to give the reactions for cystine which was formerly most certainly present in quantity.” During the last week I have had three boils on my neck and face, Is it likely that they have any connection with the cystinuria? The urine continues normal.

19, Hall Gate,
Doncaster.

THE TREATMENT OF DIPHTHERIA.

DURING the discussion on diphtheria, introduced by Dr. J. G. Blackley at the British Homœopathic Society in January, and reported in this *Review* for the following month, Dr. Dudgeon, Dr. Frank Nankivell, Dr. Clarke, Dr. Dyce Brown and Dr. Hughes insisted strongly on the variety of form in which this disease is met with, on the difficulty of generalising with a therapeutic purpose in view, and, nevertheless, on the great importance of individualising in prescribing medicines. This position, so essential to successful homœopathic treatment in all instances, receives a very striking illustration of its value in the two following cases reported by Dr. SEARLE, of Brooklyn, N.Y., in *The North American Journal of Homœopathy* for February, in a paper entitled *A Contribution to the Study of Diphtheria*.

CASE I.

In January, 1882, the writer was called to visit a young lady of about twenty-one years. She was one of a large family of very healthy children and of excellent parentage. She was found with considerable fever and a sore throat, upon the right tonsil of which was a distinct diphtheritic membrane.

Day by day, the fever rose till it reached 104° and, *pari passu*, the membrane spread until it covered the whole fauces. The brawny swelling of the cervical tissues, though not great, was well marked.

Various remedies and local applications utterly failed to control the disease in the slightest degree. Thus nearly a week passed, until attention was centred upon the only peculiar symptom named—a “burning” in the throat, which the patient said was severe, as if hot coals were there.

Upon a careful study of the *Materia Medica*, *kali nit.* seemed to afford the closest *simillimum*, and it was therefore chosen. About five grains of the crude saltpetre were dissolved in half-a-glass of water, and a teaspoonful ordered every half-hour. All other remedial measures were abandoned. This was about eight o'clock a.m. Twelve hours afterwards the temperature had fallen from 104° to 100° , the pulse from 120 to 80. The membrane,

which had been firmly attached and constantly spreading, hung loosely in the throat, and soon came away. Before twenty-four hours had elapsed, all symptoms of disease had vanished like a mist, and a speedy and entire convalescence had begun.

CASE II.

On the 6th of June, 1888, I was asked to visit a lad of 11 years, whose younger brother, under other professional care, had succumbed a week previously to what was believed to be a complication of diphtheria with scarlet fever. Under the impression that this diagnosis was correct, and because no membrane could be discovered in the throat, attempts were made by hot packs and appropriate measures to induce the appearance of eruption; but none came, nor did desquamation follow during convalescence.

Not until the third day could any exudation be seen. It then showed itself in the posterior nares, and rapidly spread over the entire fauces and into the nose. The temperature was high and the pulse rapid and feeble. About this time also delirium set in, and a watery and very offensive diarrhoea began. During the three subsequent days and nights the patient was entirely sleepless, constantly trying to escape from his bed. The secretions from the nose and throat were very foul. Considerable external swelling also occurred. Swallowing was greatly impeded, drinks returning through the nose.

By the close of the sixth day, it was clear that no advance had been made in the control of the disease. Several remedies had been employed, and a spray of alcohol (the sole local measure) had been used freely.

That evening, the physician had made his prescription for the night, and was about leaving the room, when the excellent nurse called his attention to the colour of the still frequent stools. She remarked that she had never seen the like, and that they resembled fresh grass in colour. (They were so offensive as to have been disposed of in the most speedy manner, and consequently had not been seen by the physician).

The medicine which had been prepared was at once discarded, and a single dose of *merc. dulc.* 1x administered.

At six a.m. of the following morning the patient was again visited, at the urgent solicitation of the father, who thought him dying. To the physician, however, he appeared better, and another dose of the same remedy was given.

At eleven o'clock of the same day the lad was soundly asleep, breathing quietly through his nose. All membrane had been expectorated. The temperature was normal, the pulse full, soft and regular at 72. The diarrhoea had ceased, and entire cure had taken place. After a sweet sleep of four hours the lad awoke and said, "Doctor, I was sick yesterday, but I'm well to-day." It appeared incredible, but so it was. Not a symptom of disease remained, and convalescence was phenomenally rapid and complete.

In some remarks appended to the foregoing narratives, Dr. Searle writes: "After a practice of nearly thirty years, beginning in the city of Troy, simultaneously with the advent there of this disease, and having had a large experience in its treatment, the writer has never known another instance parallel to these, and he feels justified in classing them as true cures accomplished by the selection and employment of remedies under the great law of *similia*. While it is true that they could not be called cases of a malignant type, they were certainly of a degree of severity from which recovery is rare, and, when it does occur, is slow, and marked by many difficulties, fluctuations and *sequelæ*."

"The very pertinent (though in this connection impertinent) question, why such cures are not more common, is susceptible of an adequate reply.

"It is because few cases present such salient and characteristic features. Or, if they do, the youth of the patient or the neglect of attendants prevents apprehension of them. Because, also, the *Materia Medica* is not yet sufficiently elaborated to enable the physician to discover the *simillimum* in the majority of instances.

"I do not remember meeting other cases presenting such symptoms; should it happen in the future, I feel entirely confident that the same remedies would prove equally effective. Where those symptoms do not exist, doubtless these medicines would fail as signally as others."

REVIEWS.

Transactions of the Twenty-fourth Annual Session of the Homoeopathic Medical Society of the State of Pennsylvania, held at Philadelphia, September 18-20, 1888. Philadelphia: Sherman & Co. 1889.

THIS volume, one which is the production of a society numbering 162 active, 12 honorary, and 6 corresponding members, constitutes a very fair illustration of the activity of homoeopathic physicians in the United States of America. It contains, in addition to the address of its President, 98 papers on subjects of interest—mostly of very practical interest—to medical men. It must be admitted that in several instances the essays presented are the merest compilations of already well-known facts, but in most cases the observations offered by the members are of a thoroughly practical and useful character—papers which correspond to Dr. C. M. Thomas' definition of the type of work that should be sent in: "Something brief and practical; something derived from the writer's personal experience; and something that will draw out discussion" (p. 954).

The Society is divided into bureaux, each under the direction of a chairman, and each charged with the collection of papers relating to one department of medical and surgical science and art. Thus, in the Bureau of Pædology we have papers on *Polio-myelitis Acuta*, *Chorea*, *Constipation in Infants*, and *Tinea Tonsurans*. In the Bureau of Sanitary Science, Dr. Dudley deals with the merits and defects of the sanitary system of Pennsylvania. Then we have the Bureau of Ophthalmology, Otology, and Laryngology, with five papers bearing on these subjects. That of Obstetrics follows with two papers; then come Gynæcology, Pathology, Clinical Medicine, Surgery, and Materia Medica—to which Bureau the members have contributed an elaborate Study of Arsenic, occupying 100 pages, and a well-intended proving of *zincum picricum*—one, however, which would be considerably abbreviated if restricted to what would be the outcome of applying to it the test proposed by Professor Wesselhæft and Dr. Sutherland, described in our last number.

All this reveals a most praiseworthy amount of zeal in the practice of their profession by our Trans-Atlantic brethren, while not a few of the essays display at the same time an equally creditable degree of skill and learning in medicine and surgery.

The address of the President is a broad and liberal-minded discourse. Recognising to the full "the bulwark of strength we possess in our law of cure," Dr. Pitcairn, knowing well

that before such an assembly it was needless for him to descant upon this strength, tells his hearers that "we must familiarise ourselves with, and investigate all things pertaining to therapeutic science, holding fast only that which is good." In short, he urges that homœopathy is not the beginning and end of therapeutics, that successful treatment, while it needs must have the homœopathically selected medicine, requires a good deal more besides.

The remainder of the address is devoted to insisting upon a State Lunatic Asylum being placed under the direction of the homœopathic physicians of Pennsylvania. He makes this claim on two grounds. 1st. Because "in Pennsylvania homœopathic practitioners of medicine minister to fully one-fourth of the entire population of the State. This vast number of citizens," he adds, "are without any representative in the charities of the State, which," he continues, "is indeed a gross outrage upon us and upon our constituency." He then urges the enlightenment of the public and the lawmakers, as to the beneficent laws of our school, and the attainments of our practitioners, as well as to our successful therapeutic results, and thus compel proper recognition of our rights. "Our motto," he says, "should be 'Equal taxation, equal representation.'" The asylum accommodation provided by the State being at present inadequate, he claims the control of a new one for homœopathic practitioners. Having urged the political position of this claim, he enforces it further by comparing the results of treatment in asylums under the direction of the old school with those under that of the new. Taking the statistics of the five asylums in Pennsylvania, he shows that during five years the average death rate was 7.19 per cent., and that of recovery 5.48. While that of Middletown, New York (homœopathic) was, death rate 4.26, and recoveries 15.10; and in the Westborough Asylum (Mass.) and that of Ionia, Michigan, which have been established too recently to make a fair comparison, the recoveries were during one year 12.79 in the former and 12.00 per cent. in the latter. He concludes by suggesting the appointment of a Bureau to collect statistics by means of which the minds of the members of the State Legislature may be influenced by members of the Society.

We will venture to say that within two years there will be a Homœopathic State Lunatic Asylum in Pennsylvania.

After the reports of the various committees comes the "Necrological Report." A sad interest attaches to this. The "Necrologist"—Dr. Childs, of Pittsburg—a most accomplished surgeon and genial colleague—who prepared and read it, was, within two months, himself suddenly called away from his earthly labour.

Next follow the various papers we have referred to. One of those, entitled *Some General Remarks on Blood-letting*, in which the occasional use of this obsolete therapeutic agency is urged, is somewhat of an anachronism, and we imagine that much of it would never have been written had the writer been as familiar with the *Materia Medica* as he might be. Without going the lengths to which Dr. Christine appears to go, we may well ask the question, "Can venesection *never* be practised with advantage to the patient?" The late Dr. Rutherford Russell, in a paper on *Organic Diseases of the Heart*, published in the *British Journal of Homœopathy* many years ago, regarded the case of a middle-aged plethoric man, with cardiac hypertrophy, suddenly become insensible, with a "pulse thumping away like a sledge-hammer," as one where blood-letting seems rather "a question of hydraulics than of pathology," and one where its use would not only be justifiable, but useful. Equally so does he regard it in apoplexy of the lungs, when hypertrophy of the heart is present. The relief given by blood-letting here, when the amount of blood abstracted is small, limited to four or six ounces, has often been verified, while the lull it produces in the condition of the patient gives specific medicines a better chance of exerting their directly curative influence.

One case of papilloma of the larynx, recorded by Dr. Ivins, is especially interesting. Dr. Ivins wished to remove the growth by operation. The patient declined, and he was obliged to rely on medicinal means. His medicines were the *bichromate of potash* and *nitrate of sanguinaria*. In ten months "the tumour had entirely disappeared, leaving the vocal cord smooth."

A very excellent critical paper is one by Dr. Trites, entitled *Why Early Homœopathy was Successful in the Treatment of Syphilis*. He shows "that many of the remedies now advised in its treatment are valueless, because they were first prescribed and found useful, not against syphilis, but against syphilis confounded with *mercurial* poisoning.

"2nd. Many of the remedies advised in the books of to-day, in the treatment of syphilis, were used originally for other venereal diseases, not syphilitic; and, while of value in their proper sphere, are valueless in overcoming syphilis."

The only other paper we have space to refer to is one on *The Antiseptic Treatment of Carbuncle*, by Dr. Van Lennep, of Philadelphia. In addition to such specific medicines as *arsenic*, the *arseniate of quinine*, *hepar sulph.* and *silicea*, Dr. Van Lennep urged the direct application of *carbolic acid* of at least a 50 per cent. strength, and packing the cavity with gauze of the same strength. He related several cases of different

degrees of severity, showing how the *carbolic acid* may be best applied so as to meet the requirements of each. The dry dressing he would retain undisturbed for at least three or four days. *Glycerine*, as a diluent of *carbolic acid*, he regards as weakening its antiseptic power. Dr. Willard, of Pittsburgh, and Dr. C. Thomas, of Philadelphia—both surgeons of long and large experience—thoroughly endorsed the views expressed by Dr. Van Lennep.

We congratulate the Society on having so excellent and useful a band of workers among its members.

The Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners. 1889. Bristol: John Wright & Co., Stone Bridge. London: Hamilton, Adams & Co., Paternoster Row.

THE seventh issue of this most useful of annual *resumés* of additions to or confirmations of therapeutic observations which have been recorded in different journals during the previous twelve months is now before us.

In the first section, that devoted to *New Remedies*, we have two especially useful chapters, one on *Massage*, by Dr. Stretch Dowse, and another on *Electro-Therapeutics*, by Mr. Kenneth Millican. A reading of these will convey to the busy practitioner, whose time for study is limited, a fairly clear idea of the nature, sphere and methods of applying these, if not novel at any rate comparatively recently popular, therapeutic agencies. To all they will form a very good basis for more extended investigation.

This section, prepared by Dr. Percy Wilde, opens with a critical abstract of Dr. Boardman Reed's paper in *The Practitioner* on the double action of drugs. That there is no novelty in the views he advocates is shown by an extract from "an essay entitled *Suggestions for Ascertaining the Curative Powers of Drugs*, which appeared in *Hufeland's Journal* for 1796."

The collection of observations on *Antipyrin* constitute a fairly useful proving of this novelty of the laboratory, and by adding to it the accidents following its use recorded in previous *Medical Annuals*, materials are provided by which, with some study, this substance may be prescribed with some degree of scientific accuracy.

Dr. Dudgeon's observations on *bursa pastoris* are reproduced in this section. There is also an abstract of a paper by Dr. R. W. Taylor, of New York, consisting of observations of poisonings by *iodoform* and *iodine*, which forms a suggestive proving. In an article on *silica salts* we are told that "the writer of a thesis, presented to the University of Aberdeen in

1888, endeavoured to show, from a comparative analysis of mineral springs, that *silica*, when found in natural solution, is a powerful remedial agent in chronic ulcers and in disease of the glandular system. These results were tested by the use of the soluble *salts of silica* in such disorders, preference being given to the *silicate of soda*." The result of this testing was to show, we are told, "that as a remedy for chronic enlargement of the cervical and femoral glands it has no rival." The writer employed "the saturated solution of commerce diluted with an equal quantity of distilled water. Five drops are given three times a day in half a tumbler of water, each dose being mixed as it is taken. Both this and the high state of dilution are necessary, as otherwise an absolutely insoluble *precipitate of silica* is deposited. The effect of the medicine must be watched, and the dose reduced or the medicine temporarily suspended directly pain or tenderness is felt in the glands, otherwise too rapid resolution is likely to take place, and an abscess form. The time when this appears varies with chronicity of the trouble."

These references—and many similar might have been made—all tend to show the way in which homœopathy is becoming "extinct"! We could easily adduce illustrations of a like character from *The Dictionary of New Treatment*, each department of medicine and surgery to which this relates having been prepared by a physician or surgeon generally acknowledged as an authority on each. We can only say that if the "extinction" of homœopathy is to have such results as these, we trust that it will continue being "extinguished."

This portion of the work has been rendered additionally valuable in the present volume by each article being concluded with a synopsis of *previously recorded* advances in the treatment of the disease to which it relates.

With articles on "New Inventions" relating to the practice of medicine and surgery, a list of lunatic asylums, sanatoriums and hydropathic establishments, this very useful record of therapeutic work is brought to a conclusion. We can only say regarding it, that it is one which every practitioner who desires to keep himself abreast of therapeutic progress must possess. We know of none that will fulfil his desire so completely.

The British, Continental and Colonial Homœopathic Medical Directory for 1889, London: Keene & Ashwell.

This useful Directory is a welcome though tardy publication. The delay in its appearance, we are informed in the preface, has been caused by the difficulty in getting replies from abroad. The last issue of this work appeared early in 1887, and so

many changes have taken place since then that a new and revised list of our *confrères* was urgently needed.

The list of practitioners in the United Kingdom shows a slight increase, in spite of the losses we have sustained by death, and in spite of the removal of some names from the list which we would gladly see there. On theoretical (and we believe mistaken) grounds some gentlemen withhold their names from the directory. However plausible, *per se*, their reasons for this course may sound, they are outweighed by the practical and the humane. We are sure the gentlemen referred to are doing an injury and an injustice both to their fellow practitioners of homœopathy and to the public who know the blessings of that benign art. No advantage to themselves or to homœopathy can accrue from their action, and, as we have already hinted, their ethical reasons are at best theoretical and superficial.

In the Continental and Colonial sections, this issue of the directory is improved, both as regards completeness and typography.

MEETINGS.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital on March 7th, Dr. Smith, the President, in the chair,

Dr. Hawkes read a paper on hospital cases of interest, these being selected from 140 cases treated by him up to the end of the year 1888.

The paper gave an exhaustive account of eight cases, with full description of the progress and treatment of each. The cases described were acute rheumatism; three cases (each being of special interest) of pelvic peritonitis; proctitis; an obscure case of cancer of the rectum; pleurisy with effusion, slightly complicated with pneumonia; and a protracted case of typhoid.

In most instances the temperature charts were exhibited; that of one patient, who suffered from metro-peritonitis and who ultimately recovered, showing on one occasion, a temperature of 107° Fahrenheit.

An interesting discussion followed the reading of the paper, and Dr. Hawkes was complimented by the members of the Society on the careful method in which his hospital records were kept.

NOTABILIA.

A NEW DEPARTURE.

BEGINNING with our next issue, we propose to devote a portion of our space to a section to be entitled "*Clinical and Therapeutic Notes.*"

This section is intended to consist of short and interesting records of the experiences of our readers.

FIRST of all, pithy notes illustrating the action of homœopathic remedies will be welcome. They need not be new or recondite, or relate to severe or unusual cases, but they should be so recounted as to make clear the three following points:— 1st. The nature of the illness. 2nd. That the remedies used (and especially the homœopathic drug agent) and not the *vis medicatrix naturæ* or fortuitous circumstances were in all probability the cause of the cure or relief. 3rd. If possible, the reason for the selection of the drug prescribed.

SECONDLY, space will be accorded to notes of new remedies, medicinal or otherwise, and to illustrative cases treated successfully by empirical remedies or by other agents than drugs.

THIRDLY, short notes exemplifying the value of prophylactic or hygienic measures are desired.

FOURTHLY, we request accounts of *short clinical cases*, interesting because of being specially typical or because they notably depart from the type; because of their rarity or for any other reason.

Every day valuable work is being done which is lost to the profession because it is never placed on record. The condition which, in Newcastle-on-Tyne may have yielded splendid results to well-chosen treatment may be baffling some one in London or Exeter. An account in these pages of such successes or of failures may often and often shed a welcome light on an obscure case or serve as a warning beacon. Many hang back, who ought to be contributors, through the medium of our pages, to the general stock of knowledge, because their cases are too short or trivial or commonplace to send as *Original articles* to a journal. But every one must, from time to time, have valuable material suitable for insertion in this section; none are too busy to take their share in this good work, all are invited to lose no time in contributing of their experience.

As we go to press we have *no material for this section*, and we intend to throw on our readers the responsibility of filling and keeping well-filled these pages. We are sure they will be both interesting and instructive if well supported, and it is our earnest wish that they should be both. But *we* cannot make them so! Gladly will we arrange and edit material

sent to us, but having once given a free and cordial invitation to all our readers we shall count upon their interest and co-operation.

Names will be published as usual, unless contributors prefer to remain anonymous. In any case name and address must be sent to the editors as a pledge of good faith.

The earlier articles and notes are sent in, the earlier, *cæteris paribus*, will they appear.

BIRMINGHAM AND MIDLAND COUNTIES HOMŒOPATHIC HOSPITAL.

THE annual meeting of the Governors of this institution was held in the Council House on the 7th of March, Lord Windsor occupied the chair, and was supported by the Mayor and a number of ladies and gentlemen.

The annual report of the committee stated that the general work of the hospital had maintained its high character of efficiency during the past year. The average cost of maintenance per inmate (including the hospital staff) had been only 5s. 11d. per week, which compared favourably with former years. In the home-patient department the total number of home-notes issued to subscribers was 689, of which there have been used 611, and 8,658 visits had been made, giving an average of six visits for each ticket. The comparative statistics for the past three years were: In-patients, 1886, 202; 1887, 305; 1888, 818. Of the in-patients in 1888, 79 were paying patients. Out-patients: Number of patients in 1886, 3,982; 1887, 3,324; 1888, 3,308; attendances, 18,323, 17,478, and 17,987, respectively in the same three years. A further noticeable falling off had been sustained in the annual subscriptions, viz., £28 18s. 6d.; and in consequence of the larger number of free patients, the receipts from in-patients were also less than the previous year by £54 15s. There was a further reduction of about 9 per cent. in the contribution from the Hospital Sunday collections. The receipts from all sources, however, showed an increase of £78 4s. 9d. The total expenditure was £60 9s. 11d. less than in 1887. The general statement showed a deficiency of £122 17s. 6d. upon the year, making the adverse balance on 31st December last £684 5s. 8d. The medical report stated that the number of out-patients (3,308) was practically the same as in the previous year, taxing the resources of the department to the utmost. The free beds allotted to in-patients had been constantly occupied, and the medical staff would have been able to fill at least double the number had the finances of the institution permitted of their so doing.

The Chairman said he had that morning had an opportunity

of looking over the house, and he was greatly pleased with its quietness and brightness. It was not as large as they could wish, but it appeared to him that this was because of the want of funds. Still they must hope to get over that difficulty to some extent in the future. He had consented to accept the position of president of the institution because he was very much interested in homœopathy, and had derived very much benefit from it during the last ten or twelve years. Homœopathy had been obliged to contend with considerable difficulties in England as everyone knew, and in its earlier days met with much prejudice; but he ventured to hope that that was dying out. He believed, from what he heard, that certainly in Birmingham those doctors who practised homœopathy were recognised as practising a legitimate science of medicine, and were treated accordingly. There had been discussions of late years of a very acrimonious kind about homœopathy, but he believed that those who had written most strongly against it represented but a very few people really; and although they could not suppose that doctors brought up in another way could at once receive all the doctrines of homœopathsists, still he believed that in Birmingham and elsewhere there was a feeling that homœopathy should be considered as a legitimate practice. His lordship expressed the hope that in the future the reports of the hospital would show a growing increase in the work that they were able to do.

The resolution, seconded by Dr. Gibbs Blake and supported by Mr. Hughes, was carried. On the motion of the Hon. A. C. G. Calthorpe, Lord Windsor was elected president of the Hospital. After the usual vote of thanks to the committee and medical officers the proceedings were brought to a close with one to the Chairman.

The report contains the following resolution, adopted at a meeting of the Committee shortly after Dr. Madden's removal from Birmingham to Bromley:—

“That the Committee of the Birmingham and Midland Homœopathic Hospital desires to express great regret at the loss the hospital will sustain by the removal of Dr. Madden from Birmingham, after having been a member of the Honorary Medical Staff for a period of fourteen years. During all this time he has been most assiduous in his attention to the patients, who have benefited greatly by his care and skill. The Committee further desires to record its testimony to the marked ability and punctuality always displayed by Dr. Madden in his hospital duties, and tenders to him its best wishes for the health, happiness, and prosperity of himself and family in his new sphere of life.”

Of Dr. Wingfield, who has very efficiently filled the office

of house surgeon for two years and a half, and is about to commence practice at Moseley, a large suburb of Birmingham, the Committee express their high sense of his "medical attainments, skill and ability, and his zealous devotion to his duties as house surgeon."

LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

FIRST ANNUAL REPORT, DECEMBER 31st, 1888.

THE Misses Leaf, in the autumn of 1887, having generously offered a house, No. 2, Marine Road, near the Leaf Hall, at a nominal or peppercorn rent, for the establishment of a small cottage hospital; an appeal was made for help, which was so generously responded to, that by the 31st December £321 had been received, the house furnished, and a matron and assistant obtained. The hospital was opened for the reception of patients on the 2nd January, 1888, and contains:—four wards, having six beds and two cots.

The admission is by letters of recommendation, each subscriber being entitled to one letter for each guinea subscribed. Accidents are received at once, if a bed is vacant, but the friends are expected to obtain a letter from a subscriber shortly after the case is admitted.

[Eastbourne is unusually fortunate in possessing both a convalescent home and a cottage hospital under the superintendence of the believers in homœopathy. At first sight one might suppose that the union of the two institutions—viz. : of the above mentioned with the convalescent home belonging to the London Homœopathic Hospital—would have proved to be a saving of funds, labour and time. Doubtless, however, the question was well discussed before the two institutions were opened separately. Some features, such as the following, would have made it impossible, and we are sure that there are many who need the liberality of the Leaf Cottage Hospital. No charge of any kind is made to the patients admitted to the hospital, it being the opinion of those interested in the work that the need of entirely gratuitous help in case of sickness was painfully evident in a district so poor as the east end of Eastbourne.]—EDS. M. H. R.

The financial condition is fairly satisfactory, but the hospital needs and deserves the generous support of all residents in and visitors to Eastbourne.

There were 77 cases admitted during the year ending 31st December, 1888; of these 45 were cured, 19 relieved, two unimproved, and 4 removed or discharged at own request. There was only one death during the year, and 6 patients remained under treatment on 31st December, 1888.

["General diseases" claim a larger number of cases than any other class, and we notice that under this heading is included phthisis. More cases of acute rheumatism occurred than of any other single disease. It would be interesting to know at what time of year these cases were admitted and if the patients were all residents in or near Eastbourne.

We have only to offer our sincere congratulations to the manager of this excellent institution and to assure them of our best wishes. We shall watch its progress with special interest.]—Eds. *M. H. R.*

HAHNEMANN CONVALESCENT HOME AND HOMEO- PATHIC DISPENSARY, BOURNEMOUTH.

TENTH ANNUAL REPORT.

The report shows an increasing number of cases, both out-patients and in-patients, treated during the year.

The annual subscriptions and donations for the past year amount to £566 4s. 0d., or nearly the same as in the previous year.

The cost per week per patient for 1888 averages 18s. 6d., while the cost for 1887 was 19s. 7d. The expenditure on the dispensary side amounts to £146 12s. 9d., as against £127 12s. 8d. for 1887.

From the medical report we glean the following particulars: During the past year there have been entered for treatment in the Home 184 patients. Of these 76 were men, and 58 women.

The duration of the residence of different patients in the Home may be seen by the following table:—

1 patient remained in the Home	...	6 months.
2 " " " "	...	4 "
50 " " " "	...	8 "
12 " " " "	...	9 weeks.
38 " " " "	...	6 "
81 " " " "	...	8 "

Two deaths occurred during the year:—

- i. A man, æt. 31, of phthisis.
- ii. A woman, æt. 33, of phthisis.

The year has been marked by an exceptional number of serious cases, which have somewhat heavily taxed the resources of the institution. In the out-patient department 54 cases were attended at their own Homes, and 560 visits were paid to them. Seven hundred fresh patients were entered on the books, and there were 2,500 separate attendances at the dispensary. These figures all show an increase on the work of the previous year.

The results of treatment are as follows: recovered, 827; improved, 85; unimproved, 81; no report, 250; dead, 7; under treatment, 60—total, 760.

[The Bournemouth Convalescent Home is another institution which has our entire sympathy. We welcome year by year the encouraging report of valuable work done, and only wish every town had a similar Home—or an institution meeting its needs as well as this one does those of Bournemouth. We hope it will grow in the future more rapidly than it has done in the past.]—Eds. *M. H. R.*

THE SIXTEENTH REPORT OF THE OXFORD HOMŒOPATHIC DISPENSARY.

THE annual meeting was held on the 2nd February, Canon Chamberlain in the chair. The following satisfactory report was read:—

The committee are glad to report favourably of the Homœopathic Dispensary.

The number of patients who have received the benefits of the institution, and the number of subscribers, both show a slight increase.

They regret, however, to announce the resignation of the office of secretary by the Rev. E. Male, in consequence of continued indisposition, but he will still serve on the committee. They have great pleasure in informing the subscribers that Mr. Wheatley has kindly accepted the office.

The report of Dr. Guinness, whose attendances are much appreciated by the patients, is as follows:

PHYSICIAN'S REPORT.

Ladies and Gentlemen,—It is again my pleasing duty to be able to report very favourably of the work done at the Homœopathic Dispensary during the year 1888, which is the sixteenth year of its existence.

A large number from the labouring class have applied for medical treatment, both from the city and the towns and villages in the neighbourhood, such as Abingdon, Witney, Bicester, Eynsham, Brill, Kidlington, Kirtlington, Woodstock, &c.

The number of attendances, including visits at their own homes (which were 886, and vaccinations 68) was 2,079, as against 2,009 in the previous year. The number of new patients was 748; the deaths, 7.

The total number of patients admitted since opening the Dispensary is 22,172.

I have invariably used calf-lymph in the vaccinations, and I am happy to inform you that no ill effects have supervened.

I have the honour to remain,

Ladies and Gentlemen,

Yours faithfully,

ARTHUR GUINNESS, M.D., F.R.C.S.

February 8rd, 1889.

HOMŒOPATHY IN NEW ZEALAND.

THE following extracts from a letter we have received from a medical friend, whose name we have not authority as yet to publish, will interest our readers:—

“I am going on slowly *re* homœopathy, and I have somewhat to communicate which will, I trust, interest you. First of all I want to tell you of my signal success in an obstinate case of sciatica. On my return from Wellington on a holiday trip, I found that my good friend, who first opened my eyes to the wonders of homœopathy, had been laid up for weeks on his bed suffering from sciatica. He had had a visit three weeks since from our only homœopathic physician, Dr. W—, who prescribed, I think, *rhus*, but without the slightest benefit. Learning that my friend was not progressing, but was lying with his leg flexed on a pillow, the only position he could assume, I volunteered to treat him. I went into the case, finding the following symptoms:—

- (1) Pain worst sitting.
- (2) Pain easiest lying.
- (3) Contraction of leg.

I went home, and found that *ammon. murat.* had just those points recorded by Hughes (*Pharmacodynamics*, p. 191). I gave *am. mur.* 8x. trit gr. ij. every two hours, and was pleased to hear my friend tell me next day that he felt relieved after the second dose, and was able to stretch out his leg that night for the first time for many weeks. He made a rapid and permanent recovery. I gave him subsequently *phos.* 1 m̄j. t.d.s. as his nervous system was below par. Was that not very satisfactory?

“My next item will rejoice your heart, I think. Well, I am on very good and friendly terms with the best men (medical) here. Dr. B— is a peculiarly able first-class practitioner. I have often met him in consultation, and I have been greatly gratified to find he invariably agreed with me in diagnosis, &c. Last time I met him he asked me ‘Why don’t you join our Medical Association?’ I replied, ‘Because I believe in homœopathy.’ He said, ‘That is no matter, we threshed out that subject in the case of Dr. Deck (who now practises homœopathy).’ So I said ‘Very well, I

will join.' I was duly proposed and elected. Last meeting night but one a Dr. N—— was objected to on the ground that he practised homœopathically. I got up and told the members that I had not joined before because I both believed in and practised homœopathy, and intended to do so in the future. The great objection is 'trading on the name.' One member considered that it was doing so when a man told his patient he was prescribing homœopathically. I felt my conscience not clear in the matter, and so I wrote the accompanying letter to the Secretary of the Association, intending not to be present; but the President, a friend, prevailed upon me by telephone while they were sitting, so I went. On entering, the President requested Dr. de Z—— to repeat his remarks for my benefit. They were something like this: That there was no need of curtailing liberty of action in prescribing, they had no dogmas; he himself gave *mj* of *vin. ipec.* in vomiting, $\frac{1}{100}$ gr. *hyd. bichl.*, &c., and if another man chose to give $\frac{1}{1000}$ th, &c., there could be no objection. Whereupon I rose, and reminded the members what Dr. de Z—— had stated at last meeting about telling patients that they were being treated homœopathically. I said, 'Gentlemen, it follows as a natural corollary from my letter just read to you, that as I believe in and delight to practise homœopathy as opportunity affords, I shall be proud to tell my patients of it. I have done so, and I will do so. Let there be no misapprehension; I contend for the utmost liberty in this matter. I am not going to act as behind a screen. Every time I told my patients I should feel I was breaking faith with you.' I remarked, 'Gentlemen, I am sure that if all of you here present, with a sincere desire for truth, fairly and without prejudice, would do as the homœopaths beseech of you to do, viz., first study their authorities, and then test their assertions at the bedside, there is but one conclusion you would arrive at. It was the signal success of homœopathy in some of my own relations that inclined me to investigate the matter. I may add that where I fail to treat my patients allopathically, I go straight to my homœopathic authorities and invariably succeed. We, as allopaths, admit we have no law to guide us to select a given drug in a given disease. I say, why not try the Law of Similars that the homœopaths offer?' You will admit I shelled the camp pretty straight. I make no concealment, but on the contrary, the men know if I begin on homœopathy I won't stop for a good long time. I have given Dr. B—— Sharp's Tracts, Dr. M—— League Tracts (up to No. 11), Dr. R—— League Tracts and Dr. Hayward's Prize Essay. The latter I had a long talk with a few nights ago, and he said, 'Almost thou persuadest me,' and suggested that I

should read a paper to the Society, to which I replied that I must do so. I intend next meeting to present each member present with a copy of Hayward's Prize Essay. I think I will be a reformer from within, at any rate for the present. They will listen to me, and evidently desire to hear papers from me."

The following is the letter Dr. — wrote to the President of the Society:—

"Dear Sir,—I feel called upon, as an individual member of the Medical Association, to enter my protest against the resolution come to regarding Dr. N—, of Oamaru. He was rejected by a majority of members *on the ground that he practises homœopathy.*

"As I do not wish to occupy a false position, I desire that members should know that while I am not a pronounced homœopath, I believe in the grand and simple rule of *similia similibus curentur*; and accordingly, where I have opportunity, delight to practise the same. The remarks made at last meeting by members *re* homœopathy clearly indicate the too prevalent ignorance as to what it is and what it can do. Otherwise such a painful observation as that homœopaths only so practised *to please the public*, would not have emanated from those who knew what they were speaking about. If I am to understand that the Medical Association excludes those who believe in and practice on the homœopathic law of similars, then I shall be compelled to send in my resignation as a member.—I am, —.

"The Secretary, Medical Association."

[The result of this open, manly conduct was eminently satisfactory, and we congratulate our friend on his courage and success.—Eds. M. H. R.]

HOMŒOPATHY IN MELBOURNE.

We understand that Dr. Wheeler, of Clapton, is leaving his practice in the hands of his partner, Mr. Gerard Smith, and is going to practice in Melbourne. Those who know Dr. Wheeler's professional ability, his devotion to his work, and his unvarying kindness to his patients, will congratulate Melbourne on getting such an accomplished physician to settle there. The sphere of labour is a very important one, and he has our best wishes for his success, which we think is certain.

TREATMENT OF CHOLERA BY PERCHLORIDE OF MERCURY.

M. YVERT, of the "Ecole d'application" at Fontainebleau, treated cholera patients in Tonquin with from 2 to 4 centigrammes per diem of corrosive sublimate. Out of fifty-nine cases nine only died, being a mortality of 20 per cent. He

appears also to have used this medicament as a prophylactic, for the report states that many convalescent soldiers came into the infected neighbourhood (most of them having had dysentery) and escaped the epidemic "through the efficacy of the sublimate."

This drug is recommended not only as an anti-cholera agent but against epidemics in general—especially of typhoid fever. The hypodermic administration of the *perchloride* in cholera is recommended.—*La Méd. Hypodermique*, Jan., 1889.

INHALATIONS OF HOT DRY AIR IN PHTHISIS:

The New York Medical Record of December 22nd 1888, contains an account, with illustrative cases, of the treatment of phthisis by hot dry air. The chief advantages claimed for the method are stated thus:—

These inhalations, when taken by consumptives, produce the following effects:

1. The removal of dyspnoea.
2. Decrease of coughing spells.
3. During the inhalations, more especially within the first few days, increased expectoration; later on, a remarkable decrease of the same.
4. Increase of appetite.
5. Increase of bodily strength.
6. In most cases a complete cessation of the acute process within a short time.
7. Removal of catarrhal symptoms.
8. Clearing up of previously infiltrated parts.
9. Disappearance of bronchiectasis.
10. Cicatrization of cavities.

The following is a description of the apparatus:—

It consists of stand with burner; heating cylinders; inhalation-tube with mouth-piece.

The stand is like a large, firm retort-stand; one of the arms or rings carries the burner—either a Bunsen or a spirit lamp. Immediately over this is the double cylinder, made of copper, covered on the outside with asbestos. The air chamber is the space between the two cylinders, the air entering by a series of perforations in the lower part of the outer cylinder, and escaping through the inhalation-tube, which is of copper and has a mouth-piece of hard india-rubber, lined with aluminium if the taste of the rubber is objected to. A thermometer is introduced in the course of the inhalation-tube.

Experience shows it to be necessary to observe the following directions during the treatment:—

1. The duration of the inhalations, at first half an hour twice daily, must be extended gradually, but as quickly as possible, to two hours twice daily or more; the quicker or slower increase, or the decrease of the same, is to be determined upon by the attending physician according to the patient's condition. With many patients long sittings do not agree, whereas short ones have a beneficial effect; in other cases it is necessary to

extend the time of inhalation to six hours a day before an improvement takes place.

2. The patient is to be instructed to take deep, and even forced, inspirations.

3. The temperature of the heated air inhaled, beginning with 100° C., is to be raised as quickly as possible to 250° C., which can easily be done within two or three days without any discomfort to the patient. The degrees given above refer to the temperature indicated by the thermometer inserted into the tube. As the valves do not close hermetically, they allow some of the outside air to pass into the tubes, so that the temperature of the air inhaled, shown by the thermometer to be say, 250° C., is actually only about 160° C.

4. In case of hæmoptoë the inhalations are to be interrupted for a few days.

5. In case of hæmoptysis they are to be continued, but with the proviso that the inspirations be only superficial.

6. Should attacks of pleurisy set in, same directions as in No. 4 hold good.

7. After each sitting the patient must remain in-doors for at least half an hour; not until then and only in fair weather, ought the patient to be permitted and prevailed upon to take out-door exercise

As a matter of course, this treatment does not exclude the use of any other therapeutic agents, whenever they are indicated; as, for instance, antipyretics, alcoholics, etc. In consideration of the fact that by means of these inhalations we merely render the conditions for the development of the tubercular bacteria less favourable, and that only for the time of the inhalations, it is evident that the cure can only be a gradual one.

Several cases are recorded, in all of which very marked improvement in the general condition and to the physical signs occurred in the space of from two to five months.

PRURITUS ANI.

Much has been written of late concerning the treatment of pruritus ani. I desire to add my own suggestion. The best remedy I have ever found is the galvanic current. The quantity required need not exceed five milliampères; the time for application, five minutes. The relief is immediate, and the application once or twice daily is quickly curative. The anode is placed over the perineum or base of the scrotum and the cathode against the sphincter ani, or, if required, within its grasp, bringing all the pruritic surfaces between the poles.—*Dr. Sutton, in M. and S. Reporter.—Medical Era, December 1888.*

RESORCIN IN THE TREATMENT OF KELOID.

DR. Justus Andeer, writing in *Der Fortschritt* of October 10th, 1888, reports the case of a woman who was incapacitated for work on account of a large keloid on the right foot. A one-per cent. ointment of resorcin was applied, and in a short time all ointment of resorcin was applied, and in a short time all the painful symptoms disappeared, and the patient expressed herself as cured. Von Nussbaum has also recommended resorcin as a very efficient remedy for keloid. As the disease is usually regarded as practically incurable, a trial of resorcin would seem to recommend itself as worthy of being made. It is advisable to begin with a weak ointment and gradually to increase the strength according to the indications.—*New York Medical Record*, December 22nd, 1888.

CRACKED NIPPLES.

TREAT cracked nipples by covering the fissures with India rubber or caoutchouc dissolved in chloroform. This forms a pellicle which protects the nipples against the contact of the infantile saliva.—*Ibid.*

VOMITING OF PREGNANCY.

LYING with the shoulders low and the hips elevated will give quick relief. A linen compress, saturated with French brandy, strapped tightly over the gastric region with adhesive plaster, acts mechanically in holding the muscles quiet, and will sometimes do wonders in these cases.—*New York Medical Times*, December, 1888.

IODIFORM NOT A GERMICIDE.

RECENT observations go far to show that iodoform is not a germicide, but that its beneficial effects are produced by preventing suppuration and its action as a local anæsthetic. It is undoubtedly destructive of the ptomaines formed in putrefaction, and is a check to putrefaction itself.—*New York Medical Times*, December, 1888.

DIABETES AND MALARIA.

AT a recent meeting of the Paris Academy of Medicine, M. Mossé read a paper in which he made the assertion a temporary glycosuria of no practical importance was occasionally seen in those suffering from malarial affections. To this statement M. Verneuil took exception, and cited a number of observations made by practitioners in the East, showing diabetes mellitus was a very frequent and serious sequel of malarial infection. In countries where hepatitis is endemic, he said, an attack of intermittent fever was very frequently followed by permanent glycosuria.—*Ibid.*

THE HEREDITY OF THE MORPHINE HABIT.

ERLENMEYER says that children born of women addicted to the morphine habit, are practically morphine-eaters at birth. During the first few days of life, unless morphine is given to them, they are very apt to suffer collapse, and this condition may end in death, the child being too weak to withstand the violent symptoms which are similar to those which follow the sudden withdrawal of the drug in adult opium habitués.—*Ibid.*

THE OBLIGATIONS OF PHYSICIANS TO THEIR PROFESSION.

In his inaugural presidential address, delivered before the Homœopathic Medical Society of New York County, Dr. Dearborn expressed himself as follows:—"If it be true, as has been said, that every man owes a debt to his country, it must be equally a fact that every practitioner of medicine owes a debt—for a time at least—to his or her profession. Whether the balance on the insolvent side of the account remain during the stretch of mortal life or become tipped and finally overweighted by acts and deeds, depends upon opportunity and the individual. The modern physician dwelling in a city need not long wait for opportunity. The more extensive his erudition, the broader his culture, and the more comprehensive his accomplishments, the more varied are the demands upon him, and he becomes of necessity, with effort, better versed in humanics, a better logician, a better philosopher, better fitted to reach forward to and learn the *ascertainable* in nature and human life, to trace remote and near causes to effects, and link effects and phenomena, and hence to understand and minister to the needs of human living.

'To know
That which before us lies in daily life,
Is the prime wisdom.'

wrote Milton, and it is continually verified in the experience of the physician, who though he comes to recognise that perfection dwells with the ideal, with the unattainable in the short span of life 'between two eternities,' though he delves into the shadowy past to know and estimate the transmitted influences which traverse life, and tries to pierce the mists of to-morrow to foresee its course—the exigencies of the *ever present* in daily life are what claim his attention, and in the endeavour to alleviate, to repair and re-establish if in harmony with nature ('the art of God'), he consciously or unconsciously works daily toward the ideal type of human existence."

... "The efforts made towards a rounded perfection and vigour of the faculties in professional life are all in the line of duty. The duties of the physician may be said to relate to his profession, to his patients, to society and to himself or family. But I apprehend that more depends on a true estimate and performance of duties to one's profession, in bearing upon the conduct in all, than from effort in any other direction. In faithful attention to these comes the inspiration and faculty to do better service in the other relations of life." The subject of Dr. Dearborn's address is "Society work, &c." He goes on to say: "The obligations of physicians to their professions are performed, *if at all*, (italics ours) through the avenues of institutions of learning and charity, or usually in organised societies, &c." The rest of his remarks refer more directly to the subject under consideration but we slightly alter another sentence of his and hope our readers will take it to heart and see that the balance, in their account, is not "on the insolvent side," but becomes "over-weighted by acts and deeds." "If one-fourth of our readers would each year prepare even a short article on a subject to which they had given thought or had experience, what a wealth of material might appear! Especially would mutual benefits follow if therapeutic method were given prominence and clearly defined. I venture to say there is not one active practitioner amongst us, who might not write something, however brief, in leisure moments, worthy the interest of fellow practitioners and creditable to himself. Only by general and diversified literary work can our body reach its best fruition."—*N. American Journal*, February, 1889.

INTERNATIONAL CONGRESS ON THERAPEUTICS AND MATERIA MEDICA.

THIS Congress will be held in Paris, from the 1st to the 5th of August, 1889, at the Rooms of the Sociétés Savantes, 28, Rue Serpente. All medical men, pharmacutists and veterinarians may become members on sending in their names and the subscription of 10 francs.

The organising committee consists of Messieurs Moutard-Martin, President; Dujardin-Beaumetz, Vice-President; Constantin Paul, General Secretary; P. G. Bardet, Assistant General Secretary; L'abbé, Secretary of therapeutic section; and R. Blondel, Secretary of Materia Medica section.

The Congress will be divided into two sections—Therapeutics and Materia Medica. During the morning the sections will hold their sessions apart, for the discussion of particular questions chosen by the members of the Congress. During

the after part of the day the séances will be general, and limited to the consideration of the questions formulated by the organising committee.

First Question : ON ANALGESIC ANTIPYRETICS (antithermiques analgésiques) : Chemistry and pharmacology of these bodies,—physiological action and therapeutic uses,—laws permitting the establishment of a relationship between their chemical and physiological functions. (Chairman, M. Dujardin-Beaumetz).

Second Question : ON THE ANTISEPTICS MOST APPLICABLE TO EACH SPECIES OF PATHOGENETIC MICROBE. Relative values of antiseptics, their special action,—study of the mode of their absorption and of the best methods of administration. (Chairman, M. Constantin Paul).

Third Question : ON CARDIAC TONICS—Their nature,—their special actions,—relative values of the plants and of their active principles, alkaloid and glucosides. (Chairman, M. Bucquoy).

Fourth Question : ON THE NEW VEGETABLE DRUGS RECENTLY INTRODUCED INTO THERAPEUTICS. (Chairman, M. Planchon).

Fifth Question : THE UNIFICATION OF WEIGHTS AND MEASURES USED IN FORMULÆ ; THE UTILITY OF AN INTERNATIONAL PHARMACOPEIA. (Chairman, M. Shaer, of Zurich).

Members intending to contribute are requested to communicate to the Secretary of the Committee, the title of their paper or observations, before May 15th. Papers and discussions will be collected into one volume, which will be printed and forwarded by the Organising Committee to each member.

An Exhibition of simple drugs bearing on the above questions will be held during the sitting of the Congress, and in the same building. It will be organised by MM. Adrian and Blondel.

All applications for membership or contributions to be addressed to DR. BARDET, Assistant General Secretary, 119 bis rue Notre-Dame-des-Champs, Paris.

[The above prospectus; which we have just received from the Assistant General Secretary, with a request to re-produce it, gives a sufficient idea of the scope of the Congress. Most of the "questions" are of general interest, and are capable of eliciting profitable discussion. This Congress, apparently under the official control of the Ministère du Commerce of the Republic, and associated with the proposed International Exhibition (Paris), will not be confounded with that on homœopathy announced in our February number.—Eds. M. H. R.]

AN APPEAL.

ONE of the sisters of the Sisterhood of St. John the Divine, Maritzburg, Natal, is at present in England on a short absence for health. She is anxious to take out with her a fully equipped case of homœopathic medicines, with the aid of which she is sure she can be of great use to the natives among whom she works.

Such a chest would cost £7 10s., but in consideration of the object in view can be purchased for £5.

We feel sure that many will be glad to help in such a good work, and that it has only to be named to draw forth the charitable feelings of your readers.

One guinea has already been guaranteed, and any contribution, however small, will be thankfully received by Miss Brew, Lady Superintendent, London Homœopathic Hospital, Great Ormond Street, W.C., or by Dr. Dyce Brown, 29, Seymour Street, Portman Square, W. As the sister returns in April, there is not much time to lose. *Bis dat, qui cito dat.*

OBITUARY.

JOHN ROBSON WANLESS, M.D., C.M.

WE regret to have to announce the death, at the early age of 42, of a popular representative of homœopathy in the Colony of New Zealand—Dr. Wanless, of Dunedin.

Dr. Wanless was the son of a physician residing in Montreal, at the McGill University of which city, he graduated in medicine and surgery. After practising for a few years in Canada, and visiting the London medical schools, he sailed for New Zealand in 1877. Here he resided for a short time in Wellington, and then settled in Dunedin, where he has practised with much success during the last nine years. His death was the termination of an illness of two years' duration. The *Otago Daily Times* of the 22nd of January—the day of his death—says of him:—

“As a professional man Dr. Wanless proved himself possessed of exceptional ability, and was remarkably successful in his practice. Quiet and unassuming, he could not be brought to use even the ordinary means by which many legitimately push themselves forward into position and power. In his private life he exhibited qualities which endeared him to a wide circle of friends. He believed that ‘men, like columns, are only strong when they are upright’; and straightforwardness and integrity were his marked character-

istics. His intellectual gifts were of a high order ; but being naturally shy and retiring, they were fully known only to those who were intimately acquainted with him. By his death the homœopathic sphere is left without a medical representative in Dunedin. That is a vacancy, however, which can be supplied with comparative ease ; but those who knew Dr. Wanless as a friend and a physician will seriously doubt if any other can ever quite fulfil the place which he occupied in their trust and affection."

We learn from Mr. Marshall, the homœopathic chemist of Dunedin, that the death of Dr. Wanless creates a good opening there for a homœopathic practitioner. The population is about 40,000. There are twenty-three medical men in practice there, not one of whom knows anything of homœopathy, neither is there one who does so within 200 miles of Dunedin.

CORRESPONDENCE

ODIUM MEDICUM IN RAMSGATE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—You will probably remember giving a kindly notice in your May, 1888, number, of my last winter's ambulance lectures, and you may be interested to hear how our friends the enemy are doing their best to give publicity to homœopathy and myself in the Isle of Thanet. I suppose I ought to feel grateful for such gratuitous help, but my sense of gratitude is tinged with sorrow and shame for my profession—when gentlemen stoop to such ungracious actions. The enclosed letter needs no explanation from me, but I will just say that during my three years' work here I have never consciously given occasion for offence to any of my professional brethren, and during the whole course of my lectures last year and this, I never in any way alluded to medicine, but followed strictly the syllabus as directed by the St. John's Ambulance Association. It would seem, therefore, that this intolerant interference is prompted entirely by a strong aversion to homœopathy, even as applied to bandaging, splinting, and stretcher drill.

Yours faithfully,

E. J. HAWKES.

P.S.—I have seen another letter to-day from the local secretary, in which occurs the following sentence : " I have received instructions to say that for the future the *appointment*

of a lecturer to a class must rest entirely in the hands of the officials of the centre. Naturally the secretary would consult the wishes of the class as far as possible.

“4, West Cliff Road, Ramsgate.

“March 5th.”

[Our readers will remember that in 1888, Dr. Hawkes had not only a large class, but one so thoroughly instructed by him, that *all* the members passed the examination. And such was the appreciation of Dr. Hawkes' unpaid labours, that the class presented him with a handsome gift and address of thanks.—Eds. *M. H. R.*]

Copy of letter from local hon. secretary of the St. John's Ambulance Association, to the hon. secretaries of the Congregational Institute, Ramsgate :—

“10, Chapel Place,

“25th February, 1889.

“Dear Sirs,—I have received a letter from the chief secretary of the St. John's Ambulance Association, enclosing one written by you on the 20th inst., asking me to answer you, as your letter ‘should more properly have been addressed to me.’

“I am to tell you that ‘there is no objection to the class that you wish to form being confined to members of the institute.’ But I am also to say that with regard to the lecturer you propose to have—Dr. Hawkes—‘as that gentleman holds the other necessary qualifications, although he practices homoeopathy, we will recognise any lectures delivered by him this season as on the former occasion, but having regard to the protest raised by the Ramsgate Medical Society, the classes instructed by him must be prepared to bear the expense of having an examiner detailed from London instead of from Canterbury or elsewhere in East Kent, so as to avoid as far as possible further local irritations and the consequent annoyance to an examiner residing at no great distance.’

“On my own account I wish to say that as I am resigning my office of local secretary, I do not think I shall be able to spare the time to attend to any new class, and would suggest your waiting until a new secretary can attend to you.

“I am, Gentlemen,

“Yours faithfully,

“H. HAYWARD BRAKSPEAR,

“Hon. Sec. Ramsgate Centre.

“To Messrs. Hind and Stock,

“Hon. Secs. Congregational Institute.”

WOLF, BURNETT AND HAHNEMANN.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I may, as Dr. Burnett insinuates in his German quotation, have failed to appreciate the genius of Dr. Wolf in his remarkable work: *On the Radical Empoisonment of Mankind*; but if so, I have failed in company with his reviewers in all the criticisms of his book that have come under my notice. Dr. Burnett's *post mortem* appreciation may, let us hope, soothe the manes of its object, who met with but little of that article during his life.

It seems to me that there is little difference between Dr. Wolf's position, that vaccination poisons all its subjects, and Dr. Burnett's, that vaccination inflicts on its subjects a disease called "vaccinosis," and as Dr. Wolf preceded Dr. Burnett by a quarter of a century, Dr. Burnett might feel disposed to exclaim: *pereant qui ante nos nostra dixerint!* if he could overcome his antipathy to employing the subjunctive mood in an imperative sense. But Dr. Burnett can well afford to allow priority to Dr. Wolf on this point, for his theory is distinguished by an entirely original idea, in which he was not anticipated by Dr. Wolf, or by any other person. It is that those in whom the vaccination does not "take" are most seriously injured; they get, he tells us, "the very worst form of vaccinosis." There is no doubt of Dr. Burnett's title to the sole ownership of this idea, and no one, I will be bound to say, will dispute his claim. It is quite original; the only question is, Is it a fact? Dr. Burnett will no doubt wonder how I can doubt it after reading his book—but so it is; I have read but am not convinced. *Tant pis pour moi!* Dr. Burnett may think.

The "dirt" origin of condylomata is not my invention. Dr. Burnett will find it asserted by most modern writers on the subject. I may refer him to Dr. Gascoyen, in *Quain's Dictionary*, p. 280, and Dr. Lebert in *Ziemssen's Cyclopadia*, vol. viii., p. 818. Neither am I responsible for the term "mucous tubercles," which Dr. Burnett is so angry with. It is a name, among others, applied by both these authors to the broad or flat condylomata, which they assert are undoubtedly of syphilitic origin, and I repeat my belief that Hahnemann has confounded the two diseases, the non-syphilitic and the syphilitic condylomata. In this he erred in company with all the pathologists of his day, only they considered all condylomata syphilitic, he held that they were all non-syphilitic.

I still think the differences I pointed out in Hahnemann's directions for the treatment of sycosis and simple gonorrhœa in the first and second editions of the *Chronic Diseases* are

considerable; but Dr. Burnett is free to believe them inconsiderable. Your readers can judge between us.

I am amused to find Dr. Burnett asserting "his" [*i.e.* my] "attempt to bolster up 'rule' as against 'law,' gets weaker the further he pursues it." It is so much easier to say so than to prove it.

Your obedient servant,

7th March, 1889.

B. E. DUDGEON.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and **CONTRIBUTORS** receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

Dr. MORRISON, of Brixton Hill, will be removing at the end of April to 69, Church Road, St. Leonards-on-Sea. His successors will be Drs. Sandberg & Gould.

Communications, &c., have been received from Dr. DUDGEON, Dr. WHEELER, Messrs. KEENE & ASHWELL (London); Dr. HUGHES (Brighton); Dr. HAWKES (Ramsgate); Dr. GIBBS BLAKE (Birmingham); Dr. GUINNESS (Oxford); Dr. CAPPER, Dr. HAWKES (Liverpool); Dr. SUTHERLAND (Boston); Dr. C. BARTLETT (Philadelphia).

BOOKS RECEIVED.

A Cyclopædia of Drug Pathogenesis. Edited by R. Hughes, M.D., and J. P. Dake, M.D. Partix., *Iodofo to Magnesia.* London: E. Gould & Son.

—*Therapeutic Methods: An Outline of Principles Observed in the Art of Healing.* By Jabez P. Dake, A.M., M.D. Boston: Otis Clapp & Son.

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THE MONTHLY
HOMŒOPATHIC REVIEW.

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BRITISH HOMŒOPATHIC SOCIETY.

CLINICAL EVENING.

Raynaud's Disease.—*Molluscum Fibrosum.*—*Enlargement of Liver and Testicle.*—*Brief Notes of Cases of Hypochondriasis and Bronchocœle.*

1. *Raynaud's Disease.*

DR. GALLEY BLACKLEY exhibited a patient, a well-nourished girl of 20, only child of a publican living in Woolwich. The family history was good, the grandparents on both sides having lived to an advanced age. The father died of cirrhosis of the liver at thirty-eight; the mother is still living and healthy. The patient had always been a very healthy child, and had never suffered from chilblains. She first menstruated at fourteen, and the menstrual function had been fairly regular ever since. About the age of fourteen she began to suffer from what were first thought to be ordinary chilblains, the fingers and toes being first affected. Subsequently the ears and cheeks, and more lately the extensor surface of both arms and the skin around the ankles were attacked.

When first seen by Dr. Blackley the fingers and toes presented well marked local asphyxia, with numerous shallow ulcers on the dorsal surface of many of the phalanges of fingers and toes. In the centre of each

cheek was a deep cicatrix, evidently left by similar patches where the skin had sloughed away. On the extensor surface of both arms were several similar cicatrices, depressed in the centre, livid in colour and cold to the touch. There was considerable pain in these at times, with great burning and tingling, especially on exposure to heat or cold. This condition appeared to be quite independent of climatic changes, no improvement being noticed during the summer. The medicine used so far had been *secale* in the first decimal dilution.

DISCUSSION.

After questions by Drs. DUDGEON, HUGHES, MURRAY, DAY and NEATBY,

Dr. GOLDSBROUGH mentioned a case under his observation presenting analogous features to that exhibited by Dr. Blackley. A woman, aged 71, had had for fifteen years a hardening and shrinking of the fingers and toes of both sides, but particularly the left. This had been accompanied with a drying and exfoliation of the epidermis at the tips of the phalanges. These were also at intervals subject to asphyxia and syncope. One finger might be asphyxiated and one affected with syncope on the same hand at the same time. The patient attributed the affection to severe mental anxiety, and it had been worse when she had been undergoing such a strain. The only other illness she had suffered from had been a bone disease of the knee-joint, the nature of which was uncertain. Six months ago the toes of the left foot became much discoloured. A gangrenous patch, one-third of an inch broad, appeared on the little toe, which sloughed off, and the sore healed. Then the fourth toe became completely dry and dead, and sloughed off at the middle joint. Subsequently the great toe did likewise, and finally the terminal phalanx of the second toe followed. The wounds have all granulated and healed, with the exception of the last. For some weeks past the patient has suffered from severe neuralgia in the left foot, knee and hip. Dr. Goldsbrough regarded this case as being probably one of Raynaud's disease running on to senile gangrene. He enquired of Dr. Blackley if his case could be attributed to neurotic causes.

Dr. DUDGEON asked how long the name Raynaud's disease had been in use.

Dr. MOIR asked how one distinguished Raynaud's disease from senile gangrene.

Dr. BLAKE thought innutrition was the cause.

Dr. ROBERSON DAY asked if the very marked thickening of the phalanges in this case was common in Raynaud's disease ;

and referring to the length of time it had been known by this name, said that as long ago as five years Raynaud's name had been associated with it.

2. *Molluscum Fibrosum.*

Dr. ROBERSON DAY exhibited a patient suffering from molluscum fibrosum. The patient was a woman aged about 40, having the disease very well marked. She was married and had two children, neither of whom had the disease, nor was there any history of it in her family.

The small tumours had been coming about six years. They were pedunculated and sessile, and chiefly found on the trunk, but there were a few sessile ones on the limbs. The nipples were very remarkably affected, having a tuberculated appearance, and several pedunculated tumours had sprung from the areolæ, rivalling almost the original nipples in size.

There was also marked pigmentation of the skin.

The patient was short of stature, and in this corresponded with Hebra's description, though apparently not deficient mentally, as he also states.

3. *Syphilitic Liver, etc.*

Dr. MOIR then showed a case of syphilitic liver and testis.

William Carroll, at 47, bootmaker. Admitted January 18th, 1889. Complains of hard dry cough for the last two or three weeks; much emaciated. On examination the lungs and heart were normal. A large rounded smooth swelling was found to extend from xiphoid to below umbilicus, more on the left side than the right; a notch could be felt on the left hand side. It was quite painless, and patient was not aware of its presence. Considerable swelling of right testicle, with an opening in right side of scrotum which is at present discharging. Had a sore on penis 26 years ago, but can get no history of secondaries. About three years before his marriage had one still-born child. Five years ago had an accident with a tricycle, struck the testicles and also had a blow across the abdomen. Two years after this the testicle began to swell, and in two months discharged. It has closed twice since then, but has been discharging for some weeks now and is quite painless. The patient had been getting weaker and losing flesh rapidly. Weight

7st. 5lb. *Potass. iodid.* gr. xx. t.d. Lotio. *hydrast.*
Present weight, 8st. 2lbs.

DISCUSSION.

Dr. DUDGEON said he always used *merc. viv.* for primary sores.

Dr. HUGHES thought that tertiary syphilitic deposits were what might be termed extra-vital, and that they were therefore not amenable to treatment by homœopathic remedies. A drug having a solvent action, such as *potass. iodid.* appeared to have, was required, and it must be given in full doses.

Dr. MADDEN remarked that we were limited in the application of homœopathy to such cases as are similar to the effects of some drug, and that he did not think any drugs were at present known to produce enlargement of the liver and sarcocele similar to those found in tertiary syphilis. He asked if cases of syphilis cured in the primary stage were liable to contract syphilis at a subsequent date.

Dr. FISHER, of Montreal, disagreed with Dr. Hughes, and thought we could do as much good with homœopathic remedies in tertiary syphilis as with any others.

Dr. BLACKLEY suggested that the testicle had been in a state of syphilitic sarcocele, which had broken down and ulcerated.

Dr. BLAKE considered that *iodine* and its combinations could be shown to induce symptoms strongly resembling those of syphilis. Hebra had recorded papules, then pustules (*New Syd. Soc.*, vol. 2, pp. 286-7. Dr. Blake had in one case seen *iodine* bring out a papular rash on the face, in another on the dorsum of the hand, strongly resembling secondaries. Again, Dr. Eagleton, engaged in the wholesale manufacture of *iodine*, was suddenly attacked with groin buboes, which soon faded away on ceasing to inhale the *iodine* fumes. One of the most constant effects of *iodide of potassium*, according to Ricord, is to induce gastralgia, especially at left end of stomach, a symptom quite common in female syphilitic sufferers—a valuable hint for members of our school by the way. Again, albuminuria is induced both by syphilis and by the *iodides*.

Hypochondriasis.

Dr. EDWARD BLAKE then read some *Clinical Notes on Hypochondriasis.*

Many medical, as well as lay writers, have foreshadowed the now trite and obvious truism that every bodily change is associated with some mental modification. But to the transcendent genius of the immortal Hahnemann we

owe the first clear utterance on this subject, the first systematic insistence on this deeply significant matter. Hahnemann showed that every morbid change in the human body gives rise to some mental perturbation. These, religion may enable us to a varying degree to repress. Philosophy may mask them, and rigorous social laws may seek their abolition, but nature, too powerful for even this potent trio, will ever announce them to the patient and watchful observer.

Does some hidden physical change underlie every moral disturbance? We doctors know full well that this can so often be demonstrated to be true that it is nearly a safe generalisation to answer in the affirmative. Every bodily disorder has a correlative mental manifestation, every perverted state of the mind has some preceding physical factor to explain it.

Few cases embarrassed me so much on entering practice as that group roughly brought together under such names as hypochondriasis, depression of mind and lowness of spirits. Our forefathers knew this terrible disorder, and called it the black bile, the vapours, the megrims, which are indeed terms of reproach.

Yet, if the calamity occurred in a great person, it might be styled "a certain melancholick humour." It is then because this proved to be so grave and insoluble a problem to me in my days of incipient doctoring that I venture now to bring before your notice a few cases that may throw some side light on this dark and mysterious question.

CASE I.

Mrs. A., aged 40, is pale, slender, and anæmic. Lives in a healthy house on the southern slope of Hampstead. Has a kind and devoted husband, is in easy circumstances, and has no cause for mental solicitude on any score. (To save needless repetition, this holds good of all the cases I shall bring forward to-night.) Has latterly "taken up with spiritualism." She has had, she assures me, distinct and unmistakable communications with the unseen world. Now it is unnecessary to say that no good can be done to this class of patient unless we secure the fullest confidence by placing ourselves *en rapport* with the temporary mental attitude of the unhappy sufferer.

Alas! We know too well that even then our hands may be tied—hopelessly tied! *More consuetudine mea* I went over this lady's various organs one by one and inch by inch. No disease! Nothing but free lithic acid in the urine, defective skin action and shallow breathing.

I attended to these latter, and regarding the lithiasis, and viewing the case as one of gouty hypochondriasis I prescribed *lycopodium clavatum* 4 with the happiest results. The mental cloud passed away. Four years have elapsed, and this lady has never since had any intercourse with the spirits of the departed. *Lycopodium* has "despair of salvation," besides other most interesting moral symptoms.

CASE II.

Mrs. B. has for some years suffered from morning diarrhœa and despair of salvation. The latter was a real and terrible dread. Born of pious parents in the States, this lady had in early life implanted in her a firm belief in a material hell, dark, hopeless, sulphurous, fuliginous, the abode of despair. Under *veratrum album* we have "religious alienation;" "excessive anguish and inquietude, with apprehension and troubled conscience, in the morning, often also when getting out of bed." The diarrhœa tendencies we all know.

This remedy in the 1st dil. cured up everything in a few weeks.

CASE III.

Mrs. C. is a lady of 60, in constant terror of sudden death and of a subsequent condition even more dreadful. Has lived in hot climates, and has in consequence suffered from the effects of hyperlactation. Has been well salivated. Is now suffering from inability to retain urine and to empty the rectum, due to recto-cystocele.

Passes vast quantities of red sand. Has various dyspeptic symptoms.

This patient improved much after perinæorrhaphy. The Salisbury treatment was followed here by the most beneficial results on the lithiasis. I especially name this because I was taught at College never to give red gravel patients any meat.

As a matter of fact red gravel is very common in Scotland among the peasants, who never see animal food, but subsist entirely on oatmeal.

The medicinal treatment of this lady—*digitalis*, *nux*, *pulsatilla*, *berberis*, *carbo veg.* and the animal poisons, always decided by the subjective symptoms, was too complex and varied to be set down here.

She is greatly relieved, and only occasionally reverts to her old condition of thirty years' standing.

CASE IV.

Oxford athlete, æt. 25. Five years sunk in hypochondriasis. Uric acid. Yellow tongue. Gastric catarrh. Erotism. Broad shouldered, well-built man of 6 ft. 2 in. Very dirty penis, with two adhesions between glands and prepuce. Stenotic opening to urethra. Shallow breathing. *Antim. crud.* removed the gastric catarrh. The erotism and the hypochondriasis disappeared after circumcision and slitting up of the meatus.

CASE V.

Fine, powerful military man, æt. 50. Never well unless passing lithic acid. Nothing wrong but shallow breathing. Depression greatly improved after learning the art of breathing.

DISCUSSION.

Dr. HUGHES said that if Hahnemann had stated that all physical disorder had its accompanying psychological disturbance, he ventured to think that he had gone too far, as had Dr. Blake in endorsing so sweeping a statement. The truth seemed to him this, that certain systems of the body, as the digestive and the reproductive organs, powerfully affected the mental state; while others, as the respiratory, the circulatory and the urinary, had little influence upon it of a marked or characteristic kind. Dr. Blake's cases of hypochondriasis he had listened to with much interest. Their moral seemed to be that, especially in that largest class of cases where the gastro-hepatic system formed the physical basis, hygiene was as important as medication, and he hoped to profit by the lesson, as drugs had not given him such uniform results in these cases as he could desire.

Dr. DUDGEON said he had often found exactly opposite mental conditions with some conditions of lithiasis, instancing one of uric acid diathesis, and another of oxaluria, both patients being remarkably cheerful.

Dr. MADDEN thanked Dr. Blake for the narration of such interesting cases, and suggested that possibly in the case of lithiasis which was cured by the Salisbury diet, the improve-

ment depended on the free drinking of hot water, and that the beef steaks were of secondary importance. He also asked whether in those cases where the patients were always better when passing lithic acid, they were the subjects of hereditary gout, as he had not unfrequently noticed this symptom among this class of patients.

Dr. GOLDSBROUGH doubted whether every case of mental disease could be said to have a physical basis. He cited a case of acute mania which pointed in the reverse direction, and where at a *post mortem* examination the results were purely negative. He had found *aurum* in the 3rd cent. trituration particularly useful in hypochondriasis in men.

Dr. PURDOM said he had a case under treatment now of hypochondriasis with oxaluria, always relieved by *nitro-muriatic acid*.

Dr. ROBERSON DAY agreed that there was little to support the theory that uric acid was dependent on a meat diet, instancing the case of uric acid calculus in poor boys, which was a very common occurrence, and with them obviously not due to excess of meat.

Dr. MOIR wished to thank Dr. Blake for his interesting paper, more especially as he always derived hints of great practical value from him, and in the present instance ought to get encouragement in the treatment of nervous cases by medicine from which so far he had had more failure than success, and was very much disappointed with the action of *aurum*. The hints on proper inspiration and expiration he thought very valuable, and was making notes with regard to it among his out-patients, especially among children. Circumcision, to which Dr. Blake referred, was very important, and he lately had an interview with the chief Rabbi on the subject.

Dr. BLAKE said in reply to Dr. Madden he could not speak to the hereditary character of these cases of gout. He was in a position to state that it was *not* the hot water that benefited the lady in case 8, because the water had soon been abandoned, but the use of beefsteak and the sedulous avoidance of all greasy, starchy and saccharine elements had been rigorously and persistently carried out.

In reply to Dr. Goldsbrough, Dr. Blake was strongly of opinion that in all cases of mania there was a preliminary disturbance of health either centric or peripheric, giving illustrative cases.

To Dr. Day, Dr. Blake explained that the retention of a few drops of urine inside a phymotic prepuce induced frequently a chronic granulating periurethral sore. This leads to slow contraction of the meatus, which is occasionally found to be reduced to less than a millimetre in diameter. These cases

Dr. Blake slit up freely with great relief to the thickened bladder induced by the stenosis. Dr. Blake said he might well have included neglected stricture in the male amongst common causes of persistent low spirits. It should always be looked for, as enquiry was quite futile, as many patients do not know that it is present. Dr. Blake treated this with electrolysis; he looked upon internal urethrotomy as a barbarous and most unsatisfactory proceeding. Perilous from urethral fever, it did not cure, because a bougie had to be passed at stated intervals ever after. Dr. Blake had thought oxaluria was exploded as a pathologic entity. Dr. Blake had had recent results of a most interesting description from circumcising, amply confirming the capital observations by Dr. Mason recently recorded in the *Review*. Amongst other things cured by circumcision were ill temper, hypochondriasis, erotism, accommodation errors, stammering, hernia, bed-wetting, arrest of leg growth, and epilepsy.

To Dr. Hughes: We were apt to wonder why every drug has a group of so-called "moral symptoms." If we remember that all diseases have a mental result we see that it becomes a logic necessity that every drug disturbance should, to be complete, have "moral symptoms." All physical diseases do not *depress* the mind, but all *disturb* its equilibrium. Thus it is well known that diseases above the neck more especially induce irritability or irascibility. Disorders below the diaphragm cause sadness and morose tendencies, whilst thoracic disorders are often associated with buoyant spirits and a most hopeful frame. We homœopaths turn these facts to account. When, with abdominal disease, we encounter certain mental states, we think of *chamomilla*, *verat. alb.*, *mercurius*, *actea* and *tabacum*, knowing well that we shall, if we be but painstaking, relieve both physical pain and mental suffering by one and the same means—swiftly, surely and permanently.

CLINICAL NOTES ON A FEW OF THE ALKALOIDS.*

By T. D. NICHOLSON, M.D.

I venture to draw your attention to some medicines which I think are rather neglected in practice, and to relate very shortly my experience of their use.

It is many years since I read of Dr. Burggræve's method of giving small frequently repeated doses of the alkaloids in acute disease, and though I have rarely gone

* Read before the Western Counties Therapeutical Society, March, 1889.

so far as to imitate his frequent doses, I have appreciated the advantages of the method in the matters of accurate dose and convenience of administration, as well as of therapeutic power; but I have not been quite convinced of the entire safety of very frequently repeated doses of powerful drugs. I will relate a few of my experiences in cases where ordinary remedies either failed or where they are not usually successful.

Aconitine. Dose $\frac{1}{2}$ milligram.

The first case in which I remember trying this remedy was one of broncho-pneumonia in a child of about three years of age. It commenced as acute bronchitis, and after a week developed pneumonic symptoms, with incessant cough, high fever, chest full of râles and commencing prostration. The medicines indicated—*aconite* and *ipœcac.*, followed by *antimonium*, were of no avail. I then ordered the alkaloid *aconitine*, a dose to be given every hour until the fever abated, and was rewarded the following morning, after about eight doses had been given, by the cessation of all acute symptoms; and a very rapid recovery followed.

My next case was in a still younger child, aged one-and-a-half year, with a similar condition of things in pertussis. The symptoms were not so acute; there were no pneumonic signs, but the temperature continued high for over a fortnight, and *aconite* and *antimonium* failed to effect any improvement. *Aconitine* was again ordered, and the next day there was a sensible amelioration, and the following day entire cessation of fever and diminution of cough and bronchial trouble.

Another case of acute bronchitis and asthma, I may mention in a very delicate man of about 65, where *aconite* did not control the inflammation. I ordered *aconitine*, but combined with it the *arseniate of strychnine* as recommended by Professor Burggræve. The effect here, though not so marked, seemed decidedly to shorten the illness, by his former experience, and relief was given to the distressing dyspnoea.

In all these cases I think it fair to conclude that if the same treatment had been commenced sooner the illness would have been very much shortened. If this be so does it not become a duty in all acute inflammations, where *aconite* in ordinary doses is ineffectual after 24 or

48 hours, to resort at once to the alkaloids. If it is safer at the same time to combat the adynamia with *strychnine* after the manner of Burggraevé, and administer both medicines together every quarter or half hour until defervescence, it seems to me a very promising method that should be put thoroughly to the test. Reports of cases treated in this way show marvellous results. I have made some tentative trials, but I fear have not pushed the medicine far enough for constantly successful results. It is particularly in acute pneumonia in feeble subjects, in peritonitis and severe pleurisy, that we are sorely in need of more active drugs to avert a fatal result or shorten the long and painful illness.

Veratrine. Dose $\frac{1}{2}$ milligram.

The action of *veratrine*, the alkaloid of *v. viride*, is much akin to *aconitine*.

Brunton says, "In mammals small doses injected into the circulation quicken the pulse and raise the blood pressure; moderate and large doses slow the heart and lower the blood pressure." "Small doses quicken the respiration, large ones slow it." "The temperature is lowered." A curious effect may be noticed in the experiments on muscle. The contractile power is increased, but the elasticity is much diminished, and if the temperature be much raised, this effect disappears. Thus, in febrile affections, the use of both *aconitine* and *veratrine* may possibly be rendered safer than under normal conditions of experiment.

I have not yet ventured to try it in any acute disease, though I intend to do so. But I may mention a small experiment on my own person a week or so ago, I was unfortunate enough to get a chill, due, I think, to a cold plunge one morning, followed by rather a prolonged sitting at my dispensary in a draughty room. Every afternoon for several days I had slight rigors, with temp. 100 to 101. One or two nights I took *aconite* at bed-time, and I always had moderate perspiration before morning and complete defervescence. This, however, did not prevent the return of the same symptoms, so I thought it a good opportunity to test the power of *veratrine* and *strychnine*. At 9 p.m. my thermometer showed 100.4 in the mouth. I felt an uncomfortable malaise and disinclination to do anything in the way of

work, and I looked forward to an hour or two of misery and the usual restless night. I then took a dose of each medicine. In 20 minutes my temperature was only 100. I waited an hour, and tried the temperature again, and the thermometer showed no alteration. I took another dose, and in half-an-hour it went down to 99. A third dose brought it down to the normal, and before bedtime I felt well. My malaise had disappeared, and I had a refreshing and comfortable night. This gives me hope for the future. If we have here agents powerful enough to control fever and acute inflammation of all kinds, and yet safe, I need not say what a priceless boon they will be to the general practitioner.

Strychnine.

The action of *strychnine* is too well known, and its use in therapeutics too varied to enter into in this paper, but it seems to be a powerful stimulant to the vaso-motor centres, and I think I have observed great benefit from its use in dilated vessels and failing blood pressure.

Atropine. Dose $\frac{1}{2}$ milligram.

I have had very good results from this drug in that most troublesome affection of children, enuresis, where so many fail. My first case was a boy, *æt.* 11, who had wet the bed all his life. He was in good health, but he looked shy and nervous, and had a dull complexion. His prepuce was rather long, but not abnormal, and there was slight redness of meatus—a very usual condition of things. I kept the boy under treatment from July, 1887, to February, 1888, and during that time prescribed a variety of drugs, *e.g.*, *equisetum*, *belladonna*, *cina*, *stramonium*, *verbascum*, *liq. potassæ*, *populin*, and *sulphur* 30. His mother almost despaired of his cure, but was very anxious to get him into a charity school as the boy seemed likely to get a scholarship. I then tried *atropine*, three doses a day to commence with, and then four doses a day. The medicine caused very slight difficulty in micturition, but no pain or annoyance, and after steady continuance of same treatment for some seven weeks we were rewarded by a cure which has proved permanent. I have cured two cases, both very chronic, since then, after failure of *belladonna* and *cina*.

In a case of severe colic in an old patient lately, when *belladonna* seemed indicated and failed, I found *atropine*

act satisfactorily, and I would suggest its use in all severe cases of acute paroxysmal pain in preference to *belladonna*.

Hyoscyamine. Dose $\frac{1}{2}$ milligram.

The cases I have had most success in with this drug have been in the acute stage of mania, and I will relate one.

This was a delicate lady of 28, who had a severe feverish attack, with congestion of left lung, and a temperature of 105. On the 5th day, under *acon.* and *phosph.*, the temperature fell to 99 in the morning, after profuse perspiration, and all seemed well, except the weakness and lack of appetite. Presently she became nervous, excited, pupils dilated, eyes brilliant, and very restless. I gave *hyoscyamus* ϕ in hourly doses until night. At bedtime all symptoms were increased, and I felt sure she was in for an acute attack of hysterical mania, which is not unusual in delicate girls after a weakening illness. I at once ordered the alkaloid, a dose every hour until asleep. I have no record of the number of doses taken, but in the morning all the cerebral symptoms had vanished, and there was no further anxiety in the case.

I have tried this medicine in some other diseases—spasm with retention of urine, colic and vomiting—but cannot yet speak with certainty of its effects, except that in one case of chronic nausea with inflammation and thickening in region of cæcum it greatly relieved the sickness in conjunction with *strychnine*, after the failure of several well-indicated drugs.

Digitaline. Dose 1 milligram.

Digitalis is a medicine, I think we all agree, acts best in ϕ or 1x tincture or in fresh infusion, and I scarcely see any record of its use in higher potencies. I could give many cases, if necessary, showing its power to steady the circulation in cardiac failure; one patient whom I am visiting this week having continued it daily, almost without intermission and with constant benefit for six or seven years past. It is not, then, because I am dissatisfied with the tincture that I have tried the alkaloid, but more for convenience of administration and accuracy of dose. So far, I have not tried it long enough to judge which is the most active, but I am comparing results. At present I am attending a lady of

76, with chronic bronchitis and constant cough and expectoration, causing profuse perspiration, and often faintness with the effort. She has also a double cardiac murmur, with compensating hypertrophy and irregular pulse. *Digitalis* 1x always seemed to steady the pulse; but one very cold night, a month ago, the heart failed, the pulse could hardly be felt, the patient became livid and was bathed in cold perspiration. Stimulants externally and internally revived her, and since then I have kept her on *digitaline* every four hours, with steady improvement and without any alarming symptoms having recurred.

I saw a fortnight ago a gentleman of over 80 for whom I had prescribed *digitaline* last year. He was then in a precarious state. He was confined to bed, breathless on slight exertion, with pulse very small and irregular, and feeble cardiac sounds. After three months' treatment he was a different man, could travel by rail, attend public meetings, and live his usually active life, and he has since remained well.

Cicutine. Dose 1 milligram.

Cicuta V., though a powerful poison, has been a singularly unfruitful medicine in practice, but the alkaloid seems much more promising. Dr. Burggræve recommends it in epilepsy and nervous affections, and I may give some notes of cases in which I have tried it. The first case was a lady of 27, who had suffered for 7 years from epileptiform attacks. She had tried several good allopathic physicians and one homœopathic, and obtained decided relief from the latter, but it was not permanent. The attacks came on every week or so in the early morning with semi-unconsciousness, and were followed all day by slight drowsiness and dulness. The menses were scanty, and there was obstinate constipation—no stool without pills for three or four years. The constipation was cured in course of time by *plumb.* and *nux. vom.*, after failure of *opium* and *sulphur*, but no decided benefit was derived from various medicines for the other symptoms, *e.g.*, *sep.*, *puls.*, *bell.*, *zinc.* and *ac. phosph.*, except that the attacks often ceased for three or four months and then returned. In November, 1887, I ordered *cicutine*, 2 milligrams night and morning, and it was continued all last year with short intermissions, and there was only one attack all the year, and that after a long railway journey.

In another case of epilepsy in a man of 70, whose attacks also resisted several homœopathic remedies, coming on sometimes every week, and once precipitating the poor sufferer amongst the vehicles in the middle of the city; I was driven to resort to *kali bromidum* in 20 grain doses to give relief. After about a year of this treatment, the fits recurred but seldom, but he thought his memory was becoming impaired, so I persuaded him to discontinue the *bromide* and gave *cicutine* in 2 milligram doses night and morning. For six months after this there was no attack, but then three occurred in the course of a short time, and I was obliged to return temporarily to the *bromide*.

In a nervous boy, a restless sleeper, and every night grinding his teeth for months, after failure of *bell.*, *stram.*, *acon.*, *gels.* and *cina*, *cicutine* (one dose at bedtime) for a fortnight caused all the symptoms to disappear, but I cannot yet say whether the cure is permanent.

Ergotine

is a drug I think we hardly use often enough. I have principally used it in profuse hæmorrhages, and it very rarely, if ever, fails, if given hypodermically.

What should we do without it in a bleeding uterine fibroid or in hæmorrhage from a uterine polypus, until a suitable time for operation occurs? In severe hæmoptysis, too, it seems to me more satisfactory to control the arterioles at once, rather than wait for the slower action of a seemingly better indicated medicine given by the mouth.

There are several other alkaloids coming into practice, but I have no experience worth recording, though I think they may all be studied with benefit.

Perhaps these few notes of cases may induce some to test them at the bedside, who have not yet done so.

Clifton.

A THROAT CASE.

By T. G. STONHAM, M.D. Lond.

JANUARY 18th, 1889. Called to see A. S., aged 12. Had been ailing for about a week, being fairly well in the mornings, but feverish in the evening, with disturbed sleep at night. To-day for the first time has complained

of pain in the throat. On seeing him in the evening, I found him with a drowsy appearance, the eyelids being puffed and rather livid, the cheeks and forehead congested. Wanting to be nursed. The throat red and slightly swollen about fauces, no swelling of tonsils, lymphatic glands at angle of jaws swollen and tender on both sides. Slight but not marked pain on swallowing, and also slight pain and uneasiness in throat when not swallowing. Temp. 101.5. Pulse 184. Skin dry and hot. *Acon.* 1 and *merc. sol.* 6 alternately every hour.

19th. When seen this morning temp. normal. Patient lively and playing about the room. Has had some milk and biscuits for breakfast, which were swallowed easily and with very little pain. Throat appears much the same, still red and slightly swollen. Eyelids still puffy. Continue *merc. sol.*

20th. He has passed a very feverish night again, in fact, has been worse than any night since his illness commenced. Better again this morning. I notice no appreciable difference in the symptoms from those presented yesterday morning. Temp. normal.

Evening. Sent for about 6 p.m. Patient apparently very ill, lying drowsily in his mother's arms; face and forehead flushed and burning; thirsty. Temp. 104. Pulse 120. Throat presented a much more inflamed appearance, and there were several points of whitish membrane on the fauces on each side. Evidently *merc. sol.* was not the right medicine. The following indications pointed to *gelsemium*, viz.:—

- a. The marked remittance of the febrile symptoms.
- b. The departure of the fever *without perspiration* towards morning.
- c. The drowsiness, with congestion of head and face, especially of upper eyelids.

The symptoms referrible to the throat were not characteristic, but I prescribed from the above constitutional symptoms *gelsem.* 2x gtt ii. every hour.

21st. About 1½ hours after taking the medicine began to feel much better, and had a comfortable night. This morning the temp. is normal. Patient looks much brighter and less heavy about the eyes. Points of membrane have disappeared from the throat, which looks much less inflamed. Continue medicine every three hours.

22nd. No return of fever last evening. Patient seems quite well. Throat looks almost normal.

No return of symptoms took place, and after three days the *gelsem.* was discontinued. This seems to have been a case of remittent fever in childhood, in which the throat symptoms were unusually prominent.

Ventnor, Isle of Wight.

REVIEWS.

A Cyclopadia of Drug Pathogenesis. Edited by RICHARD HUGHES, M.D., and J. P. DAKE, M.D. Part IX. *Iodoformum—Magnesia.* London: E. Gould & Son; New York: Boericke & Tafel. 1889.

THE part before us commences the third volume of this treasure house of drug-pathogeneses. It opens with provings of and poisonings by *iodoformum*, and among the twenty-two other medicines, the effects of which upon the human organism it records, are such very useful ones, as *ipecacuanha*, *iris*, *jaborandi*, *kalmia*, *kreasote*, *lachesis*, *ledum*, *leptandria*, *lilium*, *lobelia* and *lycopodium*.

These provings and poisonings, in many instances, appear for the first time in a collection of facts regarding the action of the drugs to which they refer. The amount of research the mere bringing of them together must have involved, has, we know, been great, and the industry in prosecuting this research has clearly been unremitting.

How much we are indebted to the editors for this work everyone who has endeavoured, by studying a drug from these records, to grasp the nature and direction of its action, and thence to infer its utility in disease, cannot fail to recognise and gratefully acknowledge.

A Text-book of Gynecology, designed for the Student and General Practitioner. By A. C. COWPERTHWAIT, M.D., Ph.D., LL.D., Professor of Materia Medica and Diseases of Women in the University of Iowa. Chicago: Gross & Delbridge. 1888.

DR. COWPERTHWAIT, in his capacity of teacher of gynecology, has felt the pressing need of a text-book at once concise and complete, to set before his students. On the principles of "if you want a thing done well, you must do it yourself," he proceeded to supply the want himself. The work is divided into forty-four chapters, and an appendix is added. The first four chapters treat of the anatomy of the generative organs, of the methods of examination of those organs, and

of the general etiology of their diseases. Then follow affections of the external genital organs of the uterus, uterine appendages and peri-metric tissues. A chapter each is devoted to amenorrhœa, dysmenorrhœa, menorrhagia and leucorrhœa. Some constitutional conditions frequently coming under the notice of the gynæcologists are next considered, and several chapters on diseases of the breast complete the survey of diseases of women.

It is, of course, impossible to remark upon each of these sections, but we select one or two departments to give our readers an idea of the work. The chapter on anatomy is concise, sufficiently complete, accurate and modern. Moreover, it is, like the whole work, enriched by excellent diagrams and illustrative plates, from various well-known writers. We are glad to see that Schultze's views respecting the normal position of the uterus are now-a-days gaining general acceptance. Since the translation of that author's work into English they will doubtless spread more rapidly. The position of marked anteversion occupied by the virgin uterus is well shown in a diagram from Professor Schultze's work, although it is but fair to state that most British authorities on the subject regard this diagram as extreme. It certainly presents a very striking contrast with those one sees, even now, in text-books of anatomy, where the normal position of the axis of the uterus is represented as almost coinciding with that of the cavity. Under the various displacements of the uterus, the causes, symptoms and general and medicinal treatment are given with completeness and accuracy. The treatment by manipulations of many malpositions of the uterus, originated by Brandt (whose little work has been translated by our eminent confrère, Dr. Roth) and now adopted in more or less completeness by many gynæcologists and physicians all over Europe, deserves to find a place in our text-books, and especially in one by an author familiar with the writings of practitioners of homœopathy.

The chapters devoted to leading symptoms, *e.g.*, dysmenorrhœa, leucorrhœa, &c., are valuable from the clinical side. They give clear and concise indications for drugs, which cannot fail to be helpful. These indications are chiefly based upon the nature of the discharge (where a discharge is in question) and cannot therefore replace the more general study of the *Materia Medica*. This, of course, they are not intended to do, but to point out to the practitioner those features which have proved reliable guides to treatment.

We take exception to Dr. Cowperthwaite's statement that, intra-peritonæal hæmatocele should be left to "nature," in preference to being treated by surgical measures.

A brief reference to one section of the appendix is called for, Dr. Porter's instruments for the application of dry heat to the endometrium, bladder, vagina and rectum are illustrated, and a description of its use and advantages is appended, supplied by Professor Porter himself. He states that "sub-involutions, areolar hyperplasia, chronic metritis, endometritis, cervicitis are all quickly relieved, by having the vascular supply to the organ much improved."

The work as a whole does credit to both author and publishers. The former has spared no pains to bring his information up to date, and has not hesitated to draw from the experience of the recognised authorities, both to confirm his own views and to exemplify a difference of opinion. The classification is on the whole good, though we fail to see why, "absence of the ovaries" should deserve a place under heading "diseases of ovaries" and oöphoritis be excluded from that heading. "Diseases of the ovaries," should form a section or division with subsections or chapters having appropriate headings. This, however, is a detail. Short chapters such as are wisely given add to the clearness and readableness of the book.

Due praise must be given to the publishers, who have presented the work in an excellent manner; paper, type, and illustrations are all good.

Psycho-Therapeutics: or Treatment by Sleep and Suggestion. By
C. LLOYD TUCKEY, M.D. London: Baillière, Tindall & Cox.
1889.

THIS is a very interesting book, and is well worthy of the attention of the profession. It is not proposed as an exclusive method of treatment, but only an auxiliary in certain cases, chiefly the neuroses. It consists in putting the patient to sleep, or into a "hypnotic" state, and while in this state, the physician "suggests" to the patient that the ailment, whatever it is, is better, and will soon be well. Dr. Tuckey quotes a number of instances, in his introductory chapters, of the influence of the mind on the body, and of the power of one mind over another. This latter is much increased when the hypnotised state is produced. Many of the "mesmeric" cures, and those by "faith-healing," are considered by Dr. Tuckey to be really cases of cure by "suggestion." The author gives his theory of the *modus operandi* of the cure, and then fully explains the mode of procedure. It is not his own discovery, but has been adopted in practice for over 20 years by Dr. Liébeault, of Nancy, and it has recently attracted much attention in the profession on the Continent. Many men

whose names are well known, and are a guarantee for truth and scientific accuracy, not only admit the remarkable cures thus wrought, but put it in practice themselves, and we are indebted to Dr. Tuckey for introducing the system in a public way, by this book, to the notice of English doctors. The cases of cure quoted by our author from the writings of Liébeault, Bernheim and others, are certainly remarkable, while Dr. Tuckey adds cases of his own, bearing out the success of others. The cases are chiefly of the neurotic type, and a remarkable fact is the power in some cases to completely cure a state of moral obliquity, and transform a moral and social plague into a steady and useful member of society. The method of operating may be best described by relating a case that the writer saw through the kindness of Dr. Tuckey.

A young woman, who was suffering from nervous weakness, sleeplessness, dyspepsia and constipation, to such a degree as to prevent her following her avocation of a shop-girl, came to Dr. Tuckey just before dinner. She had been hypnotised three or four times before, and she expressed herself as much better since commencing the treatment, being now able to resume her employment, and ameliorated in all her ailments. She lay down on the couch in Dr. Tuckey's consulting-room. He asked her to look steadily at his fingers, which were held about a foot from her face. He said to her in a soft, soothing voice—"You are going to sleep—you are feeling drowsy—you are just dropping off to sleep." He then closed her eyelids, and in two minutes she was asleep. We left her then and went to the dining-room, had dinner, and returned to her in about an hour. She was in precisely the same position, sleeping peacefully. He then said in a low voice—"You are much better—your pain is gone—you will sleep well to-night—your constipation and digestion are much better." She *seemed* not to hear. Before waking her, the writer asked if he might try to do this, and being allowed, he spoke to her, and told her to wake up. No result. He took up her hand and raised her arm, which gradually dropped again. Dr. Tuckey then raised her arm in the same way, and it remained up as he raised it, till he told her she might put it down again, which she did, still asleep. This is an interesting point in these hypnotic sésances. The patient will not respond in her sleep to any one but the operator who has hypnotised her. Presently he said, "You must count 1, 2, 3, up to 10, and then you will wake." This plan is to avoid the start of a sudden waking. She at once began, not moving in the least, to count slowly, and when she came to 10, she opened her eyes, and sat up, saying she had had a nice sleep, and felt better.

Such is the mode of procedure. The results, as we have said, are certainly remarkable, and we consider that Dr. Tuckey has done the profession in England a marked service, in publishing this book, and so putting in our hands a new method of treatment of a class of cases which are tedious and difficult to cure. We heartily commend the work to our readers.

CLINICAL AND THERAPEUTIC NOTES.

* * *The Editors count upon the co-operation of contributors to keep the pages of this department well filled.*

M. L., married woman, aged 32, in labour with third child. Previous pregnancies normal. Seen at 6 p.m., os just commencing to dilate, pains every 10 minutes. Fœtal head felt high above the pelvic brim and freely movable.

At 10 p.m. labour had made no progress, and pain had almost entirely ceased. Os no more dilated, but membranes hanging through a short distance, containing a loop of funis. Breach felt high up. Given *puls.* 1 every 20 minutes.

11 p.m. No change. Continue *puls.*

12 p.m. Five minutes ago had a great desire to pass water, and at the same time a great commotion as of the child moving, felt in the abdomen.

Examination showed head again in the normal position.

From this time the labour rapidly proceeded to a perfectly normal delivery and good recovery.—T. G. STONHAM, M.D., Lond.

* * * *

The other day a lady asked me to give her something "for the bracing of the nerves," to sustain her during the trying time of her daughter's confinement; "for," said she, "I should be so sorry to give way and be of no comfort to her." I prepared her some *ignatia* 1x. After three doses she told me the effect was wonderful, and she felt quite herself.—J. ROBERTSON DAY, M.D., Lond.

* * * *

Simple Pyrexia.—Mrs. W. is nursing. On the morning of January 5th, 1888, she was complaining of aching all over, especially the back. Temperature 101°; pulse 108, hard. Tenderness and dull aching of left breast; breast not tense, not even full; head aches. The breast and aching of limbs are worse on moving. Feet are cold. There is thirst for large quantity. *Bryonia*. Afternoon.—Temperature 102°; pulse 96. Less pain all over, especially breast; is warm; back and head worse, especially left side; no nausea; no sore throat. *Sepia*.

Next morning temperature was 99. Head and breast well on the 7th.

Miss H., æt 19. January 18th, 1888, complains of feverishness. Temperature 102.6° at 10 p.m.; pulse 120. Head throbs; no pain anywhere; no sore throat. *Bell.* 1 every hour.

14th.—Temperature 101.8°; pulse 96. No headache; no physical signs anywhere.

15th.—Temperature 99.2°; pulse 84. No discomfort of any kind. Enjoyed breakfast this morning.

The "feverish attack" in both these cases could only be accounted for by "over-exertion," to which both patients had been subjected. Such cases are common enough in children—viz., pyrexial attacks without any obvious cause, lasting at most a day or two, and getting well without local lesion; but it is more rare to meet with such cases in adults.

MEETINGS

HAHNEMANN DINNER.

THE annual dinner of the British Homœopathic Society, on April 10th, in commemoration of the birth of Hahnemann, took place at the Criterion Restaurant, under the presidency of Dr. Carfrae, President of the Society. There were present Dr. Gilbert, Dr. Yeldham, Dr. H. Nankivell, Dr. F. Nankivell, Dr. Pope, Dr. Hawkes, Mr. Sanders Stephens, Dr. Neild, Dr. Wheeler, Dr. Burwood, Dr. Hill, Dr. Marsh, Dr. Moir, Dr. Jagielski, Mr. Butcher, Mr. Cameron, Dr. Clarke, Dr. Dyce Brown, Mr. Frank Shaw, Dr. Blackley (Honorary Secretary), Dr. Buck, Dr. E. T. Blake, Dr. Murray, Dr. Hughes, Dr. Dudgeon, Dr. Madden, Dr. Pullar, Mr. Gerard Smith, Dr. Renner. Among the visitors were Major Vaughan Morgan, Mr. Penfold, Mr. Mackway, Mr. Kluht, Mr. G. A. Cross, Mr. Edward Morris, Dr. Bennett, Mr. E. H. Laurie, Dr. Morrison.

After the singing of the grace, from "Laudi Spirituale," by the Criterion choir, the PRESIDENT said that it became his duty—a duty which gave him much pleasure—to propose the toast of "The Queen and the rest of the Royal Family." He was not going to inflict a long speech on a subject which was always received with enthusiasm in every assemblage of Englishmen, and, therefore, he would condense as much as possible what he desired to say. He could not help, however, reminding them that it had been given to few sovereigns to celebrate the jubilee of their accession to the throne, and perhaps to fewer to celebrate one under the enthusiasm and loyal affection displayed towards her gracious Majesty last

year. (Hear, hear.) Her Majesty's reign had been exceptional, not only in its duration but in the extraordinary advancement which had taken place during those fifty years in every branch of civilised life—in science, in literature, in art, and in matters commercial and social. The working out of the science of electricity alone in all its branches would be enough to cast lustre upon any reign. In music and its progress, both in its science and in the cultivation of a taste for it, advancement had been not less remarkable, and had led to a manifestation of talent which few could have suspected in the nation. But to come to that science which they all loved and cultivated, in medicine and its great sister surgery, the progress of fifty years—and progress of a really scientific and beneficent kind—was even more rapid, extensive and remarkable than, perhaps, in any other of the sciences. But they would not be true to themselves, or their own convictions, or to their great teacher, if they did not claim that in the march of medicine the principles discovered by Hahnemann and promulgated by his followers had had a great, perhaps the greatest, share. (Cheers.) It was useless to deny it. In every branch of medical practice the influence of the new school was apparent. The toast included the Royal Family, and he need hardly refer to the interest which they took in everything that tended to the welfare of the nation. The recent bereavement which had befallen them showed them under the aspect of an affectionate and united family, and he felt sure that all those present would share with him the sympathy he felt in their great sorrow. He proposed "the Health of the Queen and the rest of the Royal Family."

The toast was duly honoured, the choir singing the National Anthem.

The PRESIDENT then proposed "The Army, Navy and Reserve Forces," coupling with the toast the name of Major Vaughan Morgan, and confessed that it was a subject on which he did not feel at home, although he felt the greatest admiration for those services to which the stability and security of the nation was due (Hear, hear), and he could not sometimes throw off a conviction that there was on the part of officials an unwillingness to back up those who were ready to do their duty. The incidents of the Crimea were a sufficient example of a willing army and an inefficient department. He had, however, the greatest confidence in the men.

MAJOR VAUGHAN MORGAN said he rose with great pleasure to respond to the toast. With regard to the navy, there was no doubt that we had the finest navy in the world. (Cheers). It was superior to any other navy, but it was now

thought that it should be so augmented and strengthened as to be superior to any other two navies. Well, in the words of the vulgar song, "We have the men, we have the money too," and it now appears that we are presently to have the ships. With regard to the men, the British seaman was the best sailor on the seas. The Englishman had the love of the sea as a birthright; he seemed, like the duck, to take to the water naturally. He might say that his own name meant in Welsh "man of the sea." Whenever he voyaged in a ship manned by foreign seamen he never felt quite safe (Laughter), and he firmly believed that the recent Belgian disaster would never have occurred if the vessels had been manned by British sailors. Vessels, of course, must sometimes get into a fog—even Hospitals sometimes got into a fog (Laughter)—but for getting ships safe through such an exigency there were no mariners like the British. Then, with regard to the navy, the nation had this safeguard, that the higher officials were chosen strictly according to merit, therefore we could not have ships of war under incompetent command. In the army, he was sorry to say, the same wise arrangement did not prevail. There might be ten generals, and among the ten not the training of one. The generals were chosen by seniority, and about the seniority of some very high in command there could be no manner of doubt. But it was not a good principle. Generals must be more than amiable, excellent men, they must be good officers, if possible great soldiers, if we are to hold our own in face of the military organisations of Europe. The officers should be chosen by merit, and merit only. But behind the army there was a splendid body of men in the volunteer forces (Hear, hear), not only equal to, but superior to any similar body of men anywhere. The volunteers were physically a fine body; they were intelligent and their hearts were in their work. Then the militia, whom he could specially speak for, they were the old national army of England, and in former times were drafted at the will of the sovereign from the mass of the people. Those present might not know it, but they were all liable to serve in the militia (Much laughter) at a month's notice, unless perhaps some were exempted on the score of professional avocations. The militia had not been much thought of, but it was now coming forward in a somewhat artificial way, from the fact that all officers must serve in the militia. He thanked them for the cordial way in which they had honoured the toast of the "Army, Navy and Reserve Forces."

The choir then sang "England Yet" (Benedict), the solo being excellently rendered by Mr. Richard Evans.

The PRESIDENT said it was now his duty to ask them to

drink to the great name of Samuel Hahnemann, and he felt it would be presumptuous in him to say anything about a name which was so illustrious, and which was revered wherever medicine was studied, as that of the greatest reformer of modern times. In some quarters the recognition of his great services to medicine and humanity was tardy; but they, his disciples, ought not to rest satisfied till the acknowledgment was general and cordial. Until the time of Hahnemann there was not a man in the profession who dared to lift up his voice and protest against the practices—the mischievous and dangerous practices—of medicine a hundred years ago. It was no use to talk nonsense about the great progress of medicine and the medical sciences, as though that progress had brought itself to pass. It was all due to Hahnemann. (Hear, hear.) They all knew that those who opposed homœopathy and affected to despise it were themselves deeply saturated with the teachings and the doctrines of Hahnemann. The testing of medicines on healthy people was a method introduced by Hahnemann; the giving of one medicine at a time was a practice introduced by Hahnemann, and the improved methods of selecting medicines were largely those advocated, against immense opposition, by Hahnemann. The doctrine of *similia similibus curentur* was universally accepted, and he had every confidence that it must become the universal rule in course of time.

The toast was honoured in solemn silence, after which the part song, "The Angel" (Rubinstein), was appropriately rendered by the Criterion choir boys.

Mr. HUGH CAMERON then rose to propose the memory of Dr. Quin, and said: Upon former occasions, when I had the honour of proposing the toast which you have again kindly entrusted me with, I felt compelled, for reasons which I will not repeat, to make much greater demands on your time and patience than I wished; but to-night I will make amends by detaining you for only a very few minutes, while I allude to some of my recollections of the foundation of the Society and to some of its early days. I have very often been asked, chiefly by lay friends of Dr. Quin, who were well aware of his earnest desire to establish a Homœopathic Society, how it happened that he did not succeed in doing so until after he had been engaged fourteen years in a large practice in London. Well, the explanation is a simple one. Quin found himself in the same predicament as that historic Mayor of Exeter who, failing to receive Queen Elizabeth with a royal salute when she visited that ancient city, endeavoured to exculpate himself by humbly showing to Her Majesty that there were eight reasons against his firing a salute, the first

being that he had no powder, on which the Queen stopped him, saying she would excuse his mentioning the other seven. Quin had no colleagues to make members of, and without members he could not form a society. When we remember the fact that at the first meeting of the society in 1844 he could muster only five members, this explanation of the seeming delay will be accepted as a very valid one. But he never lost sight of that object for all these years, and collected from all quarters a great mass of material upon which to found those laws which still regulate our proceedings, with only such few alterations as time and circumstances have rendered necessary. For four of those years (from 1840 to 1844) I can bear my testimony to the unflinching devotion with which he gave up all his leisure time to that labour of love and duty, for it was my great privilege and pleasure during six months of each of these years, to lighten his toil by every means in my power in the humble capacity of secretary, but I had no more share in the merit of these laws than the boy who blew the organ from which the glorious music flowed under the hands of Handel; nor did any one else participate in that work; it was all his own. Quin was always so intensely in earnest in any work of a permanent kind he undertook that he was morbidly fastidious in putting the finishing touch to it, and it constantly happened that the work of weeks was suddenly cancelled and everything had again to be commenced *de novo*. For this reason I called the work "Penelope's web," and he, with his genial sense of the ridiculous even when at his own expense, accepted the nickname, without, however, any influence on the progress of the work. These laws have stood the test of forty-five years of, very often heavy strain with perfect success; and there could not be a greater proof of their efficacy and of the wisdom and far-reaching foresight in which they were framed. One great cause of this success, in my opinion, is the fact that in drawing up these laws Quin laid down two great rules for his own guidance, and from which he never swerved: the first was, never to forget that he was legislating for a society of gentlemen; and the second was, that every law must be in the strictest harmony with the highest standard of honour inculcated in the traditional ethics of our noble profession. While we adhere to these laws and to the spirit in which they were framed, as we have hitherto done on all occasions, I have no apprehensions as to the stability and prosperity of our Society. No dangers can assail or trouble us from *without*; if any ever should arise, they must come entirely from *within*. When the Society was at length formed Quin gave it for years a habitation in his own house. From the first, and until bad health prevented his attendance, he pre-

sided over it with unsurpassed ability, and administered its laws, sometimes under the most trying circumstances, with unerring judgment and unflinching firmness, tempered by an urbanity and *bonhomie* that deprived every censure even, of its sting. Gentlemen, I will detain you no longer, and will now ask you to join me in drinking to "The Memory of Dr. Quin, the Founder of the British Homœopathic Society," in silence.

The toast also was honoured in silence, after which the quartet, "I gave my harp to Sorrow's hand" (Bishop), was tastefully rendered by the choir.

Dr. POPE, being called on by the President, said that the toast entrusted to him—"Prosperity to the British Homœopathic Society"—was one that needed no speech of commendation from him, and therefore his words should be but few. The primary objects of their Society were "the advancement and extension of a knowledge of the principles of homœopathy." He thought that if they could realise what would be the results if such knowledge were extended throughout the entire profession of medicine, and acted upon by every member of it, these objects would be regarded as being as elevated as any, the attainment of which a society could place before it. Suppose then, Dr. Pope said, that in his medicinal treatment of disease every medical man in this country took homœopathy as the basis of his prescriptions, what would be the results? What does the experience of every member of our Society prove would be the results? The duration of every acute illness would be diminished; the mortality from acute disease would be very greatly lessened; the lives of persons suffering from chronic disease would be lengthened; many cases, which are now only able to obtain relief by the intervention of the surgeon, would receive that relief in a much more perfect form by medicine; and, finally, the sick room would be rid of a large proportion of its discomforts. Surely a society which has for its main object the bringing about of such results as these, is one for which we may well desire prosperity. These objects, we must remember, have not been mere "paper objects," the Society has actively endeavoured to bring them about. It has done so by the essays read and discussed at its monthly meetings and published in successive volumes of its *Annals*; it has done so by publishing three editions of the *British Homœopathic Pharmacopeia*: the translation of Ameke's *History of Homœopathy*—a translation prepared for it by a young and most promising member, whose death we had all recently deplored, and with whose father, one of the oldest and most esteemed members of the Society, we all most sincerely sympathised—and by the publication of the greatest work on the pathogenetic

properties of drugs the world has ever seen, a work which in the near future will constitute the foundation of all our real knowledge of drug action, a work for the existence of which the Society is mainly indebted to its most indefatigable worker, Dr. Hughes. Further we might well wish prosperity to this the only medical society in London to which any medical man who openly acknowledged the truth of homœopathy could obtain admission. Particularly may we do so when we reflect how essential to a healthy tone of professional life, and to anything approaching progress in science or in art, is a society where men engaged in the same occupation, interested in the same studies, engaged in the same enquiries, can meet together to communicate and learn facts, to discuss the evidence adduced in their support, and to gauge their precise value. Professional societies, too, are especially needed in these days when competition is so excessive and the struggle for existence so keen, in order to keep alive that healthy *esprit de corps* which shall insist on each doing to his neighbour that which he would have his neighbour do to him, to maintain that high tone of professional feeling which has always been attributed to the profession of medicine, and to sustain its honourable traditions. The British Homœopathic Society is the only body in London to which we who not only practise homœopathically, but avow that we do so, can belong in which these important ends can be obtained. And I rejoice to think that as a professional society none has ever more thoroughly striven to support the honour and dignity of the profession of medicine than it has done. Long, then, may it prosper in doing good work for medicine, in promoting good fellowship among its members, and in sustaining the honour and dignity of our profession. In asking you to drink to the prosperity of the British Homœopathic Society, I, at the same time, ask you to do so to the health of Dr. Clarke, one of its Vice-Presidents and an active and zealous worker in the great cause of homœopathy.

The toast having been honoured, and the choir having sung "Where the bee sucks" (Arne),

Dr. CLARKE said that, as Junior Vice-President of the Society, he must thank them for the enthusiastic manner in which they had drunk to the prosperity of the Society, and as brevity was said to be the soul of wit, he would only express a hope, in which he was sure all would join, that the Society would go on as it had always done, doing its utmost to promote the advancement of medical knowledge.

The choir then sang the madrigal, "Come let us join the roundelay" (Beale), after which Mr. Walter van Noorden rendered a pianoforte solo with much spirit, the selection being his own second "Country Dance."

The PRESIDENT then called upon Dr. Herbert Nankivell to propose the health of the visitors.

Dr. NANKIVELL, in doing so, said that, coming from so great a distance from the metropolis, he felt almost like a visitor himself. As a member of the Society and speaking for the Society, he might say that the Society cordially welcomed all its visitors, both lay and medical. The latter especially were welcome, if enquirers into the medical system which they practised, because they had nothing to hide, and were most glad when their brethren of the older school came forward to see what they were doing. They were physicians first, homœopaths second, and they were ashamed of neither name, though they held that a man cannot be a physician to the full extent of his powers and in the highest sense unless he is a homœopath. (Cheers.) They had among them men who had done much for medical science and its literature—such men as Dr. Hughes, Dr. Dudgeon, Dr. Drysdale, and others he might name. He had been asked to associate the toast with the name of Mr. Edward Morris.

After the part song, "You stole my love" (W. Macfarren),

Mr. EDWARD MORRIS said he thanked them, for himself in particular, and for the other visitors in general, for the very cordial way in which the toast had been received. They had all, he felt sure—he could speak definitely for himself—spent a most enjoyable evening. They had had a most excellent dinner, and he trusted that the morrow's awakening reflections would not cause them any but pleasing recollections of that pleasing fact. He had heard that evening that Hahnemann was a great reformer of medicine, and it was a fact patent to all that there had been, during the past few decades, a very great reformation in medicine, and he for one was perfectly willing to accept the assurance as to Hahnemann's influence in that reform, and to join them in their very natural rejoicing on that score. He would not refer to a portion of Dr. Nankivell's speech which had special regard to himself, except to thank him for his very kind remarks, and to correct him in one statement. Dr. Nankivell had a little anticipated, he feared, his future professional career when he welcomed him as a convert to the homœopathic system of medicine, and in illustration of what he meant he would draw Dr. Nankivell's attention to the last piece they had just heard so ably rendered, which was one item in a concert which had, he was sure, afforded them all infinite pleasure. Dr. Nankivell, in assuming that he had become a homœopath, had "stolen his love." (Laughter.) He was still an allopath; and while, in conclusion, assuring them again of the pleasure it had afforded the visitors to have been present,

and of their thanks for the very kind way they had been received and welcomed, he hoped he might express a wish that they might again enjoy a similar pleasure, although, for his own part, he was bound to confess that, in the present ignorant state of his medical mind, he feared it would still be as a visitor, still as an allopath, and not as an humble member of their Society.

Dr. YELDHAM then proposed a toast, which, he said, though last, was not least, the health of their esteemed President, Dr. Carfrae. (Cheers.) Dr. Carfrae had conducted the proceedings of the evening as he conducted the meetings of the Society, in an admirable manner. (Hear, hear.) There was also another man whom they ought not to forget, their worthy Secretary, Dr. Blackley. (Cheers.) Dr. Blackley was really the motive power of the Society. He took the greatest interest in its work, was indefatigable in his duties as Honorary Secretary, and watched over its affairs with great care. He therefore proposed with the health of the President, that of the Honorary Secretary.

The toast having been honoured,

Dr. CARFRAE begged to thank them for the very cordial way in which they had responded to the toast. He had been connected with the Society for very many years, and took the deepest interest in it. On the staff of the hospital also he had no seniors, excepting the consulting physician and consulting surgeon, and could not help referring to the united and harmonious manner in which the staff worked. It was not always the case that the medical men of a hospital worked easily or even amicably together. But, in his opinion, the prosperity of the hospital was largely due to the harmony of the staff, as well as to the great exertions of his friend Major Vaughan Morgan. (Cheers.)

Dr. BLACKLEY said he would not detain them at so late an hour, more than to thank them for the kindly way in which they had associated his name with the toast. He could only say, as to his share in resuscitating the annual dinner on Hahnemann's birthday, which some years ago had been allowed to fall into abeyance, that the work it entailed was to him a labour of love. (Cheers.)

After the part songs, "Amo, Amas, I loved a lass," and "Here's a health to all good lasses," the company separated.

The vocalists were Mr. Thomas Powell, Mr. Richard Evans, Mr. Horace Reynolds, and Mr. Walter van Noorden, with the "Criterion Choir Boys," the musical programme being under the direction of Mr. Richard Mackway.

The dinner was well worthy of the reputation of the Criterion management.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting of the above Society was held in the Hahnemann Hospital, on April 4th, Dr. Smith, the President, occupying the chair.

Dr. Capper read a paper which he entitled *Remarks on the recent Epidemics of Measles in Liverpool*. After some general remarks on the circumstances and conditions leading to a more guarded prognosis in this exanthem, and the difficulties met with in dispensary practice, the writer proceeded to give some details of cases that had come under his own care in connection with the dispensaries, in the spring of 1887, and during the past winter. In the first epidemic he treated 312 cases with a mortality of a little over 5 per cent.; in the last, 106 cases with a mortality of almost 10 per cent., which he chiefly accounted for by the poverty and general neglect in the district in which these cases occurred; and also the difficulty in getting hold of cases in the earliest stages. The complications met with were referred to, there being two cases of cancrum oris, both of which unfortunately proved fatal. The greatest fatality was due to broncho-pneumonia. The writer concluded with a short epitome of the treatment he had been generally led to adopt.

In the discussion which followed, the opinion of members was that considering the class of patients 5 per cent. was not a large mortality; and the 10 per cent. mortality might be sufficiently accounted for by the district in which the cases occurred; this being one of the lowest parts of Liverpool. The statistics were rather those of broncho-pneumonia and other serious complications. The doctor is very frequently not called in in simple cases, and often not until the gravest symptoms have developed. Dr. Hawkes mentioned a case of cancrum oris successfully treated with *nitric acid* followed by *sulphur*. He also bore testimony to the value of *camphor* in retrocession. Dr. Smith said that *apis* should not be overlooked in this condition.

The thanks of the meeting were accorded to Dr. Capper for his paper.

MEETING OF THE WESTERN COUNTIES THERAPEUTICAL SOCIETY.

HELD AT CLIFTON, MARCH 9TH, 1889.

PRESENT: Dr. Eubulus Williams, S. Morgan, F. H. Bodman and T. D. Nicholson, of Clifton, and Mr. G. Norman, of Bath.

The business was of a formal character. A letter was read from Dr. J. Gibbs Blake, of Birmingham, to Dr. Williams, inviting assistance in collecting clinical facts for the proposed

Therapeutic Manual. The members present promised to do a share of the *British Journal of Homœopathy*, and absent members were to be asked to contribute.

Dr. Nicholson read a paper, entitled, *Clinical Notes on a few of the Alkaloids*, which appears on another page.

SUSSEX COUNTY HOMŒOPATHIC DISPENSARY, ANNUAL REPORT.

THE annual meeting of the Sussex County Homœopathic Dispensary was held in the board room of the institution, Nos. 28 and 29, Richmond Place, Brighton. Mr. T. Harries presided, and amongst those present were the Rev. A. D. Spong, Major Newbury, Major General Elliott, Dr. Belcher, Dr. Bowron, Dr. Metcalfe, Mr. R. M. Clements, Mr. J. Sharp, J.P., Mr. W. A. Hounsom, Mr. W. W. Andrews, and Mr. H. R. Fillmer, secretary. The notice of the meeting having been read, the secretary read the annual report, which embraced the following particulars:—It was, it stated, five years since the Sussex County Homœopathic Dispensary was founded. Much good had been achieved through its instrumentality during that period, and it was hoped that it had a still brighter future before it. The amount received for tickets sold in 1888 was £124 5s. 6d.; that was slightly less than in the previous year, but the amount was more than sufficient to show that the Dispensary supplied a real need, that it was appreciated by those for whose benefit it was founded, and that many of the poor were willing to pay a small sum for the advice and medicine they received. It was one aim of the board to encourage self-help among the poor. But the Dispensary must depend for its support upon annual subscriptions. The Sussex County Homœopathic Dispensary must not remain at a dead level, it must increase and develop, and every year something must be done to make the institution more worthy of the cause of homœopathy and of the revered physician, Dr. Hilbers, of whom it is a memorial. The board considered that the time had arrived for purchasing, without further delay, suitable freehold property, upon which to carry on the Dispensary, and they were then engaged in preliminary enquiries and negotiations for that purpose. The medical work of the Dispensary had been carried on in a very efficient manner during the year; upwards of ten thousand consultations had been held at the Dispensary and nearly six thousand visits had been paid to patients in their homes. In conclusion, within the last few days the gratifying news had come to the knowledge of the board that their late friend, C. H. Mayhew, Esq., who was a member of the

board and took an interest in the Dispensary from its commencement, had kindly left, by will, a legacy of one hundred pounds to the Institution.

Dr. H. Belcher, hon. treasurer, then submitted the balance-sheet, which showed that the receipts amounted to £411 19s. 9d. the expenditure to £364 1s. 10d., leaving a balance in hand of £47 1s. 10d.

Remarking upon the need for a prominent and permanent building for the Dispensary, Dr. Belcher earnestly entreated all those present, and all who were favourably disposed to homœopathy to unite with them in one strong pull, and so land his long-cherished hope, as it was so very desirable in this large and important health-resort town of Brighton, with all its great advantages and attractions to invalids, that there should exist a building of noble architecture and structure to stand prominently, boldly, and proudly to the front, and thus proclaim the merits and value of this most enlightened system of medicine. And he could wish that his very dear and highly esteemed friend, the late Sir Edward Warde, their first chairman, could now rise up and see the results, of the most able and valuable assistance which he so cheerfully afforded him up to shortly before his much lamented death, when their present, most able, worthy, and indefatigable chairman, Mr. Harries, kindly took and so ably filled the vacant chair. He should ever acknowledge with the most pleasing reflection his good counsel and valuable aid, for which his long experience as a Government official had so eminently qualified him, also his most liberal contributions to the cause. He was sure they would unite with him in deploring the fact of his being unable to continue that post on account of his advancing age and declining health and strength, but in his new position with them as vice-president they would still have the privilege and advantage of his council. A vote of thanks was accorded to the medical officers, for which Dr. Belcher thanked the meeting, which then terminated.

At a private meeting Mr. Hounson was elected chairman. He briefly thanked the meeting for the honour they had done him.

[The above interesting report was unavoidably deferred last month on account of pressure on our space.—Eds. *M.H.R.*]

NOTABILIA.

“THE ‘REVIEW’ COLLECTIVE INVESTIGATION COMMISSION.”

The Schedules of the three diseases chosen—viz., enteric fever, rheumatic fever, and pneumonia—have now been sent

out to all the known practitioners of homœopathy in the United Kingdom. Of these, sixteen have been returned through the "dead letter office." The post-cards in reply are gradually coming in, and it is hoped that all who have received these Schedules will reply as soon as possible, so that an idea may be gained of how many intend to supply statistics.

Should there be any who have not yet received Schedules, either through their names not appearing in the *Directory* or through recent change of address, or other causes, the undersigned will be happy to send Schedules on receiving an application for the same.

J. ROBERSON DAY, M.D.,
Hampstead.

PROPOSED HOMŒOPATHIC COTTAGE HOSPITAL FOR TUNBRIDGE WELLS.

A PLEASING sign of the interest felt in homœopathy, and of the increasing appreciation of its value, is the number of hospitals and cottage hospitals springing into existence. From time to time we have the pleasure of noticing the proposal to found such institutions, which proposals are generally speedily followed by their being successfully carried into effect. We view these efforts and successes with unqualified satisfaction. At Tunbridge Wells the homœopathic dispensary has been doing good work for 26 years, with a brief interval a few years ago. The urgent need for hospital accommodation that has for some time been felt, finds fitting expression in the proposal immediately to provide it. The following extracts from a circular respecting the plans and prospects of the enterprise will be of interest to all our readers.

"It is proposed to institute a few hospital beds, under the care of a qualified nurse, so that proper nursing and medical supervision may be secured for such cases as may need special care. As is mentioned in the (Dispensary) Report for 1888, a gentleman has kindly promised to supply the necessary furniture, &c., so that no appeal need be made except for an increased number of annual subscriptions.

"It is calculated that an addition of £250 per annum will be sufficient to meet all requirements for the maintenance of six beds, and as each patient would be required (if able) to make a small weekly payment, it would to some extent be self-supporting.

"The committee earnestly hope that the friends of homœopathy will use their utmost efforts to increase the number and

amount of subscriptions, to enable the committee to carry out this proposition, as it is urgently needed. Many subscribers who feel that the sick poor should have the option of being treated either under the allopathic or homœopathic systems of medicine, as they may prefer, generously support both the general hospital and the homœopathic dispensary, and the committee of the latter sincerely hope that this large-hearted example will be numerously followed.

“Subscriptions, donations, or promises of support will be gratefully received and acknowledged if sent to the Honorary Secretary, either at the Dispensary or to Sidney House, Mount Ephraim, Tunbridge Wells.”

THREE PUBLIC LECTURES DELIVERED BY DR. BRASOL IN THE LECTURE HALL OF THE PEDAGOGICAL MUSEUM AT ST. PETERSBURG. A FRAGMENT FROM THE CONTEMPORARY HISTORY OF HOMŒOPATHY IN RUSSIA.

By Dr. BOJANUS.

Das Alte stürzt es ändert sich die Zeit
Und neues Leben blüht aus den Ruinen.

SCHILLER. (Teil.)

AFTER the occurrence of the sad event in connection with Dr. Dittmann's diphtheria hospital*—an event at the present time to a considerable extent forgotten, homœopathy has gone on in its old way—a slow, difficult and but little investigated one. The *Homœopathic Messenger*, the only literary publication of the kind in Russia, alone attempted to protest against the occurrence above mentioned, but even this journal, very soon after its timid protest, deemed it advisable to relapse into its former silence with regard to everything which was in any way connected with this question so incautiously raised in its ill-furnished pages. Then of course were heard, in the opposing camp, loud triumphant cries of victory, though the contest was fought under conditions which most certainly were one-sided and unjust. These loud cries gave place afterwards to a display of proud self-conscious superiority and calm unruffled self-sufficiency. This triumph, it is more than probable, was the cause of great satisfaction, yet the joy derived from it was destined to have a most ephemeral existence.

*Vide *Transactions of the International Homœopathic Convention*, held at Basle in August, 1886, pp. 67-88, where a complete account of this event is given.

With the appearance of Dr. Brasol in St. Petersburg one must note the commencement of a new era for homœopathy in Russia. Some years ago, after finishing his studies at the Military Medical Academy of St. Petersburg, he went abroad, where he remained for a long time, and where among other places he worked at Leipsic under Ludwig in the physiological institute of that town. He afterwards returned to St. Petersburg, took his degree, and immediately commenced his labours as an homœopathic practitioner there.

Possessing a thorough knowledge of his profession, and gifted with considerable rhetorical powers, as well as a somewhat remarkable capacity for debate, the young doctor set himself to do what had never yet been attempted in Russia, namely, by means of public lectures to spread a knowledge of the principles of homœopathy in a strictly scientific and at the same time, as far as possible, in a popular form. How, and by what means, he so far succeeded in the attainment of his object as to gain permission to deliver the lectures, we do not know, but from our own experience we are certain that it must have required the most indefatigable energy as well as a dogged tenacity of purpose to have surmounted the difficulties which he must have encountered at every step.

The speech delivered by the President of the Pedagogical Museum immediately after Dr. Brasol's first lecture fully confirms our view, and, in order that the reader may judge for himself how difficult it must have been to overcome the almost insuperable obstacles which the irksome conditions imposed by the administration of the Museum upon any one desirous of delivering a public lecture in its halls present, we quote that part of the President's speech in full :—

“According to the terms of our charter, public lectures cannot be delivered in this hall until their subject matter shall have received the consideration and approval of the governing committee, as well as the sanction of the official censor. All the public lectures which have been delivered here during the seventeen years of my presidentship may be divided into the three following classes :—

“To the first belong those lectures the subject matter of which is not in any way opposed to the known and generally accepted scientific views of the day—is, in fact, supported by them. The success of such lectures, of course, depends upon the ability of the lecturer alone, and permission to deliver them is easily obtained, the only condition which the governing committee impose upon the lecturer being, that as far as his subject permits, the style of his exposition should be popular.

“To the second class of lectures belong those the subjects

of which are but little known, and their correct exposition by the would-be lecturer open to question. When a paper of this class is submitted to the committee for approval, it almost invariably refers the author to the public press, as a more convenient medium for the exposition of his views; or, if the paper really contains matter of intrinsic and special merit, and is, moreover, of general interest, the committee grants permission to read it under the express condition that repliers shall be appointed to publicly oppose the views of the lecturer. The object of this is that the debate, which under such conditions must necessarily take place, may assist the audience to arrive as near as possible at the truth, and enable it to get a clearer and more dispassionate view of the subject by preventing it on the one hand from being carried away by its sympathies, and on the other from becoming listless and indifferent.

“The third class of lectures comprise those the subject matter of which is not in accord with the scientific knowledge of the day, or is in direct contradiction to it. This class of subjects may be very well illustrated by a reference to the lecture which some ten or twelve years ago was delivered by a Berlin professor, the object of which was to show that the earth and not the sun was the centre of the solar system. The request for permission to lecture in public on such or similar subjects had always met, and would always meet, with a summary refusal from the committee.

“When the outline of the lecture, which we have just heard delivered with so much ability and defended with so much talent, was submitted to the committee for consideration, a difference of opinion immediately arose as to the possibility of permitting its public delivery. The minority adhered firmly to the view that the theme was not admissible, according to the conditions imposed by the charter, as a subject for a public lecture. The majority, however, taking into consideration the great and world-wide importance of the subject, decided to permit the public reading of the lecture in this hall. The question now arises as to how the subject is to be further treated. It may be asked, Will the committee undertake to pronounce a judgment on this purely medical question? Certainly not, neither in respect to this or any future lecture. On the contrary, it will be perfectly content to leave the determination of this most important question to medical science, which undoubtedly will pronounce in intelligible language a final verdict on homœopathy.”

The meaning of the above remarks cannot be mistaken. They expressly affirm that the moment any attempt is made, by means of free speech and public meeting, to popularise homœo-

pathy, and in this way spread a knowledge of its principles, that attempt must at once and unavoidably meet with the most determined opposition. Dr. Werenius, a member of the committee, who was among the first to reply to the lecturer, freely admitted in his opening sentences the part he had taken in opposing the proposal for the public delivery of these lectures. He laid particular stress on the fact that from the outset his opinion (in this respect prophetic!) had been, that scarcely any medical men would be found willing to take upon themselves the rôle of repliers, an opinion fully justified by the event, for, himself excepted, only one medical man was found who did not refuse to take part in the debate. From the foregoing it will not be difficult for the reader to form some conception of the nature of the other obstacles which, as we suggested at the outset, have been placed in Dr. Brasol's way, and which he had to surmount before he obtained permission to deliver his lectures in public. Some idea, too, may now be formed of the energy, patience, and tenacity of purpose which were required to overcome them. Be that as it may, we referred to the circumstance principally for the purpose of recording an historical fact illustrative of what we might call the legalised opposition with which homœopathy has to contend, and to show that a debt of gratitude is owing to Dr. Brasol for the impulse he has given to the spread—not in Russia alone—of the knowledge of homœopathy.

The subjects of the three lectures delivered the year before last, on the 22nd of February, 22nd and 29th of November respectively, were "The Law of Similars," "Pure Pharmacology," and "Posology." The repliers were Drs. Werenius and Terner, and a lady doctor, Madam Manassein; also Dr. Tarchanow, Professor of Physiology at the Military Medical Academy of St. Petersburg. Then followed Mr. Goldstein, a Professor of Chemistry, and Mr. Heard, a teacher.

Should the reader expect to find in what follows a digest of the above-named lectures, we fear he will be disappointed; we are, however, sure that he will appreciate our reasons for declining to draw up an abstract of them when he remembers the great advantage in point of energy and force which the spoken always has over the written word. Further, in respect to a lecture on a subject so well known—to us at any rate—the question itself may possibly not possess so great an interest for us as the merits of its expounder, and the way in which it was explained, elucidated and developed. In view of these considerations we think that the reader will be ready to admit the reasonableness of our refusal to give an abridged report of these eloquent lectures, full, as they are, of the fire of conviction. In doing otherwise we should have failed in

our object, and at the same time have rendered the lecturer himself an ill service. The foregoing reasons are, we think, in themselves sufficiently weighty, but they receive yet further support from the fact that before long—if we are not mistaken—a full report of these lectures will be published in German, which will render them accessible to readers abroad. In the name of homœopathy, which in Russia has been placed in a conspicuous position, owing to the energies of the young doctor, we can, in the meantime, render him our hearty thanks. We have great pleasure in acknowledging that his lectures want nothing which sound logic, precision, and perspicuity of expression could give them. His method of expounding his subject was deserving of all praise, and his remarkable abilities as a lecturer were fully appreciated by his hearers, who frequently expressed their admiration by loud cheers of approval.

If we turn to the consideration of the speeches which were made in reply to the lecturer, and enquire who were the gentlemen who took upon themselves the duty of opposing him, we shall get a clearer view of the tendency and import of his lectures than we should were we to devote our time to criticising the lectures themselves. We shall, moreover, better grasp the significance and importance of homœopathy when we place it side by side with the opposition here shown to it,—an opposition which found it necessary at the onset to take an eagle flight far away from the field of exact science, and either to rest there, supported by faith in the perfection and infallibility of its knowledge, or from that safe distance to lash out against the therapeutics of homœopathic doses. In fine, the deportment of the opposition was such that the shallowness of its arguments and the weakness and untenableness of its positions were apparent, not only to men of science and erudition, but to every man capable of logically thinking out a question for himself. Without entering here into a detailed consideration of the spirit and character of the opposition, we shall endeavour in what follows to bring its main features into view, however difficult this may be. It will be difficult, because the opposition was composed of men who had either no scientific knowledge whatever of the principles of homœopathy, or only that very incomplete and false conception of them which the medical world labours so assiduously to disseminate. Indeed those who undertook to reply to the lecturer did not even think it necessary before doing so to give the subject a little previous study. The prevailing opinion respecting homœopathy is, that its teaching is so nonsensical and absurd that every man at all capable of reflection has no option but to leave it to attenuate and eventually disappear in its own nothingness. And when at last some one was actually

found who condescended to publicly expose this "nonsense," we can imagine how the withering glance, which was to accompany his conclusions and to crush his opponent, was rehearsed beforehand—that glance which strength casts at weakness when the latter not only dares to lift its head, but actually to challenge a conflict. Having worked himself up into a suitable frame of mind he sets out for the lecture room where he is to hear the lecture on this absurd subject—so palpably absurd that only the intellectually blind can possibly be misled by it. This is the verdict he has long ago pronounced upon it, and lo! he is now about to listen to a defence of it by a man who has been educated in the same school as himself, who has travelled along the same road to learning, and who, besides the knowledge which they acquired in common, possesses yet another one—the knowledge of homoeopathy, about which he, the listener, knows absolutely nothing. And as he listens, the conviction gradually dawns upon him that the part which he has undertaken to play is likely to be far more difficult than he had supposed, and that the "absurdities" which he had, in the simplicity of his heart, deemed so easy of demonstration, are extremely likely to have the same significance for him as reefs and rocks have for the storm-tossed mariner. He next notices that the artillery which he had prepared for the attack is either not of the kind required, or that its range is far too short, and by degrees the conflict of sentiments which takes place in his mind renders him anything but comfortable. In the first place he feels that his faith in the infallibility of his cause is considerably shaken, in the second, he is annoyed at himself for having so thoughtlessly promised to lend the opposition his support; then again there is the impossibility of drawing back, for the idea of having publicly to bear the discomfiture of acknowledged failure could not be entertained for a moment. The condition of things leading up to such a predicament may perhaps be compared to the inexperience of a child who, deceived by the harmless appearance of some little animal—seen, perhaps, for the first time—offers to play with it, but being suddenly bitten by it cries out "Oh! it bites," and flings it aside. The comparison is not altogether exact, because the disputant, unlike the child, is not only obliged to hide his annoyance at the pain occasioned by the bite, but is placed in the unfortunate position of being unable to cast the enemy from him and of having to bear the pain of renewed attacks.

Under such circumstances, it is not difficult to understand that the character of the opposition could neither have been orderly nor logical. No further explanation, either, is required

to show why it kept continually shifting its ground, but "drowning men catch at straws," and the repliers had to save themselves by dragging into the discussion extraneous matters, with which perhaps they were better acquainted than with the subject of the lecturer, but which were in no way connected with it—a well known stratagem, but worn so thread-bare that it cuts a sorry figure when exposed to the honest light of day.

The opposition of Dr. Werenius consisted mainly in the assertion that the law of similars (*similia*) from a theoretical point of view—from which he held that it could alone be considered—had no foundation whatever, and did not agree with what biology taught us respecting the manifestation of life. That science proved to us that life was produced only by the action of opposite elements, just as motion was possible only when opposing forces act and re-act upon each other. With regard to the attenuation of drugs, he maintained that this was not only beyond the reach both of physical and chemical analysis, but also of the human understanding; and the question as to whether the action of drugs so attenuated upon the human organism was in any way discernible must be answered in the negative, because the reality of such action had never been proved. The cures claimed to have been effected by the administration of homœopathic remedies in attenuated doses must in reality be ascribed to Nature alone. Contemporary science, moreover, deemed it more rational and practicable to occupy itself with the consideration of measures calculated to guard mankind against the disease, and it was concentrating its forces upon the discovery of the causes which generated disease, it being far better and easier to muzzle a dog than to cure hydrophobia.

This is a fair specimen of the kind of argument against homœopathy which Dr. Werenius put before his audience. He paid no attention whatever to the fact—which was so evident to every one present—that the objections he raised were in no way connected with the subject under discussion. The lecturer had neither referred to the relation of the law *similia* with the science of Biology, nor had he touched upon the subject of the attenuation of drugs. In short, the ammunition which had been prepared for storming the lecturer's position proved to be absolutely useless, as the lecturer himself was not slow to remark when his turn came to speak; when he pointed out that after chemical analysis came spectrum analysis, whose field of action began just where that of chemical analysis ended, and that Jaeger's neural-analysis in its turn commenced just where spectrum analysis ended. The argument, therefore, that that which cannot be detected or made

palpable by chemical analysis, cannot possibly be present, inevitably falls to the ground. Dr. Werenius replied that he was not acquainted with the principles of the spectral analysis (*sic*) supposed to have been discovered by Professor Jaeger, by means of which it was claimed that the actual effect of homœopathic doses could be measured; he rather regarded the whole matter as equally fanciful with that professor's endeavour to find the soul of man in his olfactory nerve. Besides, this so-called spectral analysis (*sic*) had never been subjected to the test of scientific criticism, and consequently could not be recognised as having any value at all. In one word, neither spectral analysis (Jaeger's, *sic*) nor the effectiveness of drug attenuation had received the sanction of Dr. Werenius; *ergo*—they were not. He said, in fact:—

“ Wenn ich nicht will, so darf kein Teufel sein.”

To which we would add—

“ Der Teufel stellt dir nächstens doch ein Bein.”

The next to reply was Dr. Terner, who commenced by expressing his utter inability to understand the lecturer when he claimed the right to describe homœopathy as “comparative pathology of natural and artificial diseases.” By the term “pathy”—Dr. Terner was kind enough to inform the audience—one always understood the method or means of cure, and by “pathology” we meant the study of diseases, their causes and symptoms. He would, therefore, rather describe homœopathy as “a system of scientific physiological therapeutics based on scientific pathology.” Further, the lecturer had spoken of the “pathogenesis of drugs.” Now the speaker understood what was meant by the pathogenesis of cholera or typhus, but the meaning of the term “pathogenesis of drugs” was quite beyond him. Yet another term was a puzzle to him. The lecturer had mentioned the “symptomatology” of drugs. The term symptomatology was well understood when applied to that branch of the science which treats of the symptoms of *diseases*, but when the term was applied to drugs it became incomprehensible.

Dr. Brasol thereupon explained that the term “pathogenesis” was used to express the sum of the phenomena of disease which certain drugs produced on a healthy organism, and it was in this sense that he had used it. Drugs might certainly be regarded as much a cause of the generation of disease as any other cause—say, for instance, the bacilli of Dr. Koch—and consequently he had a perfect right to apply to them a term which meant the genesis of suffering (*παθος*), and which he again repeated was a synonym for the action of certain drugs on a healthy organism.

The third opponent was Mr. H. Goldstein, professor of

chemistry, who found the term "law" as applied to *similia* quite incorrect and illogical. Science required that this term should be used with the greatest circumspection, and only used when there was every justification for it. He had a right to speak of the laws of dynamics, of the laws which determine the speed at which light travels, because these were well known, universally admitted, and, moreover, capable of measurement. The so-called law of similars, however, was only known and recognised by a very narrow school, and could not possibly be regarded as definitely established. From a strictly scientific point of view it had no existence. He then asked the lecturer whether all the propositions laid down by the most learned and illustrious Samuel Hahnemann in his *Organon* held good at the present day. The reply he received was to the effect that some of the propositions in the 5th edition of the *Organon*, respecting the theoretic pathology of diseases, were not at the present day considered valid, but his teaching as a whole not only held its ground at the present day, but would hold it in the future. "Then we are to understand, I suppose," continued Mr. Goldstein, "that there are two schools of homoeopathsists." He then asked the lecturer to explain the meaning of Hahnemann's assertion that enquiries into the causes of disease were not necessary, referring to that place in the *Organon* (a copy of which he held in his hand) where the comparison with the cannon ball was drawn. On the lecturer enquiring what edition of the *Organon* it was from which the extract was read, he received the reply that it was the first edition of 1810. It then became clear to Dr. Brasol why about 20 minutes before (during the interval between the delivery of the lecture and the commencement of the debate) Mr. Goldstein had asked him whether he had a copy of the *Organon* by him, to which he received a reply in the negative. Feeling, therefore, comfortably certain that Dr. Brasol had no rebutting evidence at hand, Mr. Goldstein went on to assert that the passage just cited was quite altered in the 5th edition of the *Organon*, and that the comparison with the cannon ball was omitted altogether. In resorting to such indecent means to build up an argument, the speaker soon found out that he had neither the sympathy nor approval of the audience; nevertheless he did not hesitate to make the rude remark that homoeopathic doctors, who undertook to criticise the principles of the reigning school of medicine, were not even acquainted with the standard works which formed the basis of their own teaching, and that under such circumstances he considered any further discussion on the subject superfluous. It so happened that Dr. Brasol was unacquainted with the

particular edition of the *Organon* from which Mr. Goldstein read this extract, and could not immediately find the passages—which he knew existed—explanatory of that extract. So he simply contented himself with observing that Hahnemann was certainly against the *indicatio causalis* method of enquiry as not giving sound and reliable results, but that he certainly never considered enquiry into the causes of disease, by itself, as either useless or superfluous. A full and detailed answer to this question Dr. Brasol reserved for the next lecture. Mr. H. Goldstein, continuing, said, that as the consideration of the subject which he had brought forward was to be postponed, he would take the opportunity of asking another question. Why did homœopaths complain that they were not allowed to prove the strength of their cause by properly-conducted experiments, when not more than two years ago (a fling at the Dittmann incident) such an opportunity was offered them, of which indeed they availed themselves, but which led to no practical results? It was not, however, too late now. He was authorised (by whom he was not at liberty to divulge) to place 800 beds, for the purpose of experiment, under the care of Dr. Brasol. It was only right to remark here that the great Hahnemann himself in his *Organon* (ed. i., p. 98) laid it down as necessary that experiments should be tried on patients who were of a delicate constitution, nervous, excitable, and extremely sensitive. Thanks to the researches of Charcot, we were placed in a position to judge of the significance of these conditions. We know now that on persons so constituted an injection of chemically pure water was sufficient to produce the most painful consequences.

(To be Continued.)

THE JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY,
AND LARYNGOLOGY.

THE first number of this new journal, to which we directed attention prospectively last year, has now reached us. It is edited by Drs. Norton and Deady, of New York. It is entirely unsectarian in character, and for this reason, if for no other, we wish it every success. Papers of scientific and practical value from any source will be admitted. This, we hope, will secure it a circulation amongst specialists who would not patronise a journal devoted to homœopathy alone, and will thus probably secure to some portion of suffering humanity advantages which they would otherwise miss. Further, it will demon-

strate that the "new school" has operators and teachers not a whit behind the "orthodox" in skill and experience.

We are particularly pleased with this the first number of our new contemporary, and hope it will keep up its double character for practical usefulness and scientific accuracy.

YELLOW FEVER IN FLORIDA.

THE epidemic of yellow fever raging in Florida during last summer and the early autumn excited general interest, especially amongst those on the spot and able to investigate it. Though extending over a considerable length of time it did not attack a wide area, being centred in Jacksonville, and extending very little beyond the limits of this city. It is notable for being one of the mildest on record.

Our contemporary, *The Southern Journal of Homœopathy*, devoted its October number almost exclusively to the consideration of this malady, having obtained contributions from many homœopathic practitioners of eminence in these regions, who have had personal experience of the yellow fever. There is so much of extreme interest in this number that we shall extract largely therefrom. We direct attention to the statistics appended at the close of this notice:—

"Of all the diseases to which the South is liable, none is so terrible in all respects as this. It is true we meet with other diseases which present a higher death rate, and it is true also that the ravages of a number of commoner diseases are annually far greater than those of the saffron scourge, to wit, cholera, diphtheria, and enteric fever. Typhoid fever creeps more stealthily upon us, prevailing at almost all seasons in some parts of the country, and every autumn in others, claiming as its own more victims per hundred attacked, and more in actual number annually, even when yellow fever prevails epidemically, than does the saffron enemy. But, in spite of these facts, to the people of the South there is a terror attaching to the very name of yellow fever which attends not the presence, even, of the other diseases mentioned, and to them it outranks in importance all others combined.

"When once it gains foothold on our soil every industry is paralysed, our people become panic stricken and flee for their lives; brother quarantines with the shot-gun against brother; home, family, business, friends, all are forsaken in the mad flight from the pestilence, and terror and confusion reign supreme; for death stalks abroad at noon-day, and with his sickle poisoned with the germs of the dread disease mows down our strongest men, our purest women and loveliest children.

Hopes are blasted, homes are desolated, lives are crushed, and sorrow and gloom hang like a great black pall over the face of our bright, and sunny land."

The contagiousness of yellow fever is still a moot question, and is likely to continue so for the reason that facts are constantly occurring which appear to confirm no one view, and are the opposite.

Dr. Orme writes:—"The general impression is that the disease is not contagious strictly speaking. To be contagious a disease must be inoculable, which yellow fever is not. Repeated efforts have been made at inoculation without avail. The skin of the hand has been scraped to abrasion and black vomit placed upon it and covered with court plaster without infecting the person. Black vomit has been swallowed, even, by persons who have not had the disease, without result."

"It is a quality of the infecting principle of yellow fever * * that it multiplies and propagates itself upon the atmosphere, under favourable conditions. Exactly what constitutes these conditions is not known, but something about it has been learned by experience. For example, it has been shown that a box of goods or clothing packed in an infected city, and, of course, containing some of the germs of the disease, is found to have the poison of the atmosphere in such package greatly intensified, so that being opened at a distant point those who inhale the air from the box will sicken, and if the atmospheric conditions be favourable, the disease may become epidemic—not from propagation from the first person sickened, but from the infection of the air.

"Thousands of physicians, nurses and friends have been in daily contact with the most malignant cases of yellow fever, handling them and their clothing with impunity—not taking the disease unless in the usual way from the epidemic influence. Times without number, people have fled from towns infected to country and village places, sickened and recovered or died, without infecting those in contact with them, or the atmosphere around. When the opposite effect has been observed, it could always be ascribed to trunks or baggage of one sort or another which may have contained the fomites or infecting principles, multiplied or intensified by being confined as before-mentioned.

"The Chief Sanitary Engineer of the Government acts upon this view of the non-contagiousness, when he, to some extent, allows people to go from infected to distant points, but detains their baggage for disinfection by fumigation." (*Southern Jo. of Hom.*, Oct. '88).

Dr. Holcombe (*ibid*) in an interesting article on the moral treatment of yellow fever, writes still more strongly on the

subject. Quoting Dr. Loomis, he says: 'one who has seen yellow fever in hospitals needs no argument to prove that it is not directly. La Roche, Prof. Fenner, Dr. Rush, Dr. Anstie Flint, Dr. Drake, Dr. Warren Stone and Dr. Miller. The last-mentioned says:—

"The nurses at Bellevue Hospital, New York, become so entirely free of all apprehension about the contagiousness of yellow fever that they often sleep on the same bed with the sick, and no ill results ever followed."

"It is stated on the authority of Dr. Dowell, of New Orleans, that at the end of the Mexican war thousands of American soldiers returned home, passing through Vera Cruz, where yellow fever was prevailing, came up to New Orleans without being quarantined, brought some cases of fever with them, and remained two months in the city with all their baggage, etc., without communicating the disease to a single inhabitant.

"During a great epidemic at Barcelona, Dr. Cherrin regards the following circumstances as verified facts. Thousands of sheets, pillows, mattresses, and other articles used by the yellow fever patients were washed at the lazaretto. These articles were often soiled with the blood, black vomit or excrement of the patients. Frequently the car men who carried these articles to the lazaretto took them from the bodies still warm. The individuals who washed them ate, lay and slept on these contaminated mattresses, and handled them in every possible way. Nevertheless none of these people, so much exposed, took the disease—not a washer-woman, or a car man, or an upholsterer.

"Similar exemptions have been observed in all of the epidemics which have prevailed in every part of the yellow fever zone. Volumes of evidence might be accumulated of this character. In the light of these facts how absurd and contemptible does the fumigation of mail matter appear! And how incredible is the folly and cowardice of those who are afraid to receive even those fumigated letters and papers; A thousand silly stories—mere coincidences—of the pedlar and his pack, the bonnet and the bandbox, the straw in the crate, the blanket in the bundle, the scented pocket handkerchief, etc., conveying the poison from place to place, are promptly credited by the timid multitude, while the accumulated evidence of thousands of intelligent physicians throughout many countries and for a hundred years is discredited and scouted.

"In Jamaica the best physicians are non-contagionists, and admit yellow fever patients to the hospital wards along with

all others, and declare that no one has ever contracted the disease from them."

In the local epidemic which occurred at Swansea (introduced from Cuba in the barque "Hecla"), Dr. Buchanan's investigations led him to the conclusion that "the evidence tending to negative personal contagion was about as strong as such evidence can by its nature ever be." (Fagge, vol. i. p. 859.)

The Mississippi Valley Medical Association on September 26th, it was resolved "That it is the sense of this meeting that yellow fever is not contagious in the ordinary sense of the term; that it cannot be communicated from the sick to the well, except in an atmosphere containing germs. . . . That the self-imposed quarantine regulations now in force in the States, north of the infected districts, are not only absurd but unworthy of the age in which we live. That the quarantine regulations to be effective should apply to the baggage, clothing and effects rather than to the person of the individual. (*Lancet*, ii. 1888, p. 1,036.)

We have given these extracts at length, quoting from high authorities in both schools, because some eminent teachers amongst us hold an opposite view.

Of the importance of some of the special symptoms of the disease Dr. Falligant of Havannah gives an account, of which the following is a summary. A *pulse* of over 140 in an adult, even early, is of serious import, if either hard and thumping, or threadlike and irregular, in the second stage the case is very grave and death will probably occur in 72 hours or less.

Unquenchable thirst is a bad sign. Dyspnoea early is not usually serious, but this is not the case if appearing in the second or third stages, especially if associated with sighing and moaning, and with throbbing of the vessels of the *coeliac atis*.

Vomiting early is not serious. Continuing or coming on late and containing "particles like bees' wings" points directly to the "coffee grounds vomits." This latter—black vomit—was at one time supposed to be always fatal; this is now known to be erroneous. Early hæmorrhage of red blood indicate a hæmorrhagic tendency, but dark coloured hæmorrhage, coming on after the primary access subsides, is intensely alarming. Early profuse sweats, with early emissions, are of good omen; extending on to the latter stages are "colliquative." Purple lips at the beginning, presage fatality. Dryness of skin and red glazed tongue indicate a typhoid condition. Hiccough early is unimportant; coming on in late second or early third stage indicates approaching dissolution. Retention of urine is not alarming; suppression

is fatal. On the other hand, Dr. Holcombe writes, "this alarming symptom may last several days without being fatal." When headache is severe during the second stage, without remission of the other symptoms, and when it disappears suddenly, but leaves pain in the stomach and cœliac throbbing, the case is grave.

Prognosis.—The symptom of most value as regards prognosis at an advanced stage is said to be albuminuria. If the amount of albumen in the urine diminishes as the case goes on, the patient is likely to do well; if it increases, a fatal termination is to be apprehended. (Fagge, vol. i., p. 857.)

Microbes.—"At the *Epid. Soc.*, on March 8th last, the prevention of yellow fever by inoculation was discussed. Dr. Donovan read a *résumé* of Professor Freire's work on the *Microbic Doctrine of Yellow Fever*. The latter claims to have discovered a particular germ, termed by him the "*cryptococcus xanthogenicus*." Similar microbes have been discovered in the earth cemeteries containing yellow fever corpses. Crookshank (*Manual of Bacteriology*, p. 208) says, "*Cocci*, .6—-.7 μ in diameter have been observed in this disease. They occur in chain, aggregated in masses, which distend the vessels of the kidney and liver. Dr. Finlay, of Havana, finds that a micrococcus disposed in squares can frequently be obtained by culture, but admits that the proof of the tetragenous micrococci being the cause of yellow fever is incomplete.

The testimony as to the efficacy of *homœopathic treatment* is unanimous, and there is a general consensus of opinion in favour of a plan somewhat like the following:—

"For the fever, *Gelsemium*, *Aconite*, *Belladonna*, *Bryonia*. For vomiting and cramp, *Cuprum* and *Veratrum Album*. Cold stage. *Camphor*, tincture. For delirium, *Stramonium*, *Belladonna*, *Bryonia*. For black vomit, *Lachesis*, *Phosphorus*, *Arsenicum*, *Crotalus*. For hæmorrhages, *Pulsatilla*, *Arsenicum*, *Carbo Veg.*; *Phosphorus*, the best of all remedies for black vomit, try *Cuprum* if they fail. If they have relapse, *Cuprum* and *Arsenicum* are to be thought of. For great restlessness I give *Stramonium*, with the best result. For the sighing respiration and frequent eructations, *Cuprum* and *Phosphorus*, with ice and charcoal poultice for the stomach. When we find the heart is weak in its effort to propel the blood, *Strychnia* in 1-60 grain doses was given, assisted at times with champagne and brandy. This should never be used in the stage of fever.

Auxiliaries of one kind or another are variously employed, according to circumstances.

Dr. Holcombe's direction for diet are:—

"For the first two or three days, in the febrile stage, he

needs very little, and yet a little nourishment. Offer him a little teacup of good black tea with a cracker or a small slice of toasted bread crumbed into it, about three times a day. If he wants nothing let him alone.

“The above directions are of extreme importance in assisting the action of remedies.”

Contrast these details with the scanty resources of the old school.

Even Hilton Fagge, whose works excel in its therapeutic sections, says the treatment is mainly symptomatic. He mentions that *calomel* and *jalap* have been used, and says that *quinine* has no specific influence on the disease. *Morphia* and lime-water, ice, etc., are suggested with appropriate regulations as to diet.

Mortality. The statistics of yellow fever form a most interesting study to practitioners of scientific therapeutics.

That the epidemic of 1888 in Florida is one of the mildest on record will be seen by comparing the statements of the two following old school authorities:—

“It is stated that the epidemic of yellow fever in Florida, which has now, with the onset of cold weather, almost or completely ceased, was introduced by bedding brought by persons escaping from Havana. Up to November 19th there had been 4,621 cases with 402 deaths, a mortality of 8.7 per cent.” (*British Med. Jour.*, Dec. '88).

“The mortality from the disease seems to vary widely in different epidemics, being sometimes as low as 15 per cent., sometimes as high as 75 per cent.” (Hilton Fagge, *Pract. of Medicine*, vol. I., p. 357.)

“We have received no statistics of the mortality during the recent epidemic under homœopathic treatment, but hope Dr. Fisher will favour us therewith as soon as published. The following figures, which we quote unabridged, refer, therefore, to preceding epidemics, when the mortality was much higher than it was last year. Nevertheless the homœopathic mortality of the severer epidemics was less than the general mortality of this unprecedentedly mild one.

“These statistics were collected by a commission appointed in 1878, by the American Institute of Homœopathy, of whose report we append an analysis.

“We have 1,945 cases of yellow fever treated homœopathically in the city of New Orleans, with a loss of 110 patients, a mortality of $5\frac{6}{10}$ per cent.

“We have 1,969 cases of yellow fever treated in cities and towns outside of New Orleans, with a loss of 151 patients, a mortality of $7\frac{7}{10}$ per cent.

“This makes a total of 3,914 cases of yellow fever treated

homoeopathically during the epidemic of 1878, with a loss of 261 patients, a mortality of $6\frac{9}{10}$ per cent.

"We have, moreover, reports of 555 cases treated homoeopathically in the great epidemic of 1858, with a loss of 33 patients, a mortality of 6 per cent.

"Also, reports of 2,100 cases treated during the several minor and much milder epidemics which occurred between 1853 and 1878, with a loss of 66 patients, a mortality of $3\frac{7}{10}$ per cent.

Making a grand total of 6,569 cases treated by homoeopathic physicians, with a loss of 360 patients, a mortality of $5\frac{4}{10}$ per cent.

"AMONG THE NEGROES.

"The number of cases reported as occurring in 1878, among negroes, including mulattoes, was exactly 900, with a loss of 27 patients, a mortality of 3 per cent.

"Some physicians did not distinguish between their patients as to race or color. The number distinctly reported as white was 2,209, of whom 194 died, a mortality of $8\frac{4}{10}$ per cent. This includes the returns from points like Memphis and Chattanooga, where the fever was very malignant and the mortality very great. In four of the New Orleans reports, 1,076 patients are described as being white, of whom 66 died, a mortality of $6\frac{1}{10}$ per cent.

"The number of cases distinctly reported as colored in the city of New Orleans, was 107, of whom 8 died, a mortality of a little less than 8 per cent.

"The total number of cases reported as being under 15 years of age, is 1,089, of whom 48 died, a mortality of $4\frac{4}{10}$ per cent.

"BLACK VOMIT RECOVERIES.

"The total number of recoveries after black vomit was 125. This dreaded symptom, formerly considered so fatal, has been growing less and less so since the epidemic of 1858, and a great many recoveries have been recorded during the late visitation by gentlemen of both schools. Children seemed to have it more frequently in proportion to numbers, and to recover from it more readily than adults.

"EXCEEDINGLY RELIABLE DATA.

"Among the returns are nine papers to which is attached especial value. These gave not only cases and deaths, but the name, age and address of every patient attended, so that with these documents in our hands, we can verify every statement, and challenge comparison with any number of the allopathic school who can furnish us with similar accurate data.

“These returns exhibit an attendance upon 2,010 cases of yellow fever, with a loss of 129 patients, a mortality of 6.4 per cent. There were 64 recoveries after black vomit. The number of children under 15 years of age amounted to 828, of whom only 40 died, a mortality of 4.8 per cent.

“In 1,680 cases, with 90 deaths, the sad calamity of two deaths in the same family is reported but six times under homœopathic practice, a fact contrasting most favourably with the repeated instances of plural losses under the old system.”

THE VALUE OF WATER IN THERAPEUTICS.

An interesting discussion (reported in the *New York Medical Record*, Feb. 9th, 1889), took place at a recent meeting of the Medical Society of the county of New York. The discussion was opened by Dr. S. Baruch, who said he had found the internal use of water of great value in the treatment of dyspepsia, both recent and chronic. In recent cases washing the stomach would often bring about a cure in a very short period, while in chronic ones longer time was required, and the remedy had to be supplemented by stricter diet, and perhaps by drugs. The sipping of hot water some time before breakfast was also of benefit in some cases. Washing the stomach had been employed with success in gastric and gastro-intestinal disturbances of infants, and free irrigation of the stomach for ileus was a remedy which should be resorted to before laparotomy. Dr. Baruch could testify to the good effects of irrigation of the intestine in catarrhal jaundice, but this treatment had proved a failure in his hands in jaundice from gall-stones, although others had reported success. In summer diarrhœa it lessened the number and changed the character of the movements, and arrested purging. Cold water acted on the human body chiefly by mechanical and thermal influence. By its use changes could be wrought in the innervation of different parts, and in the circulatory system to the extent of producing only slight contraction of the blood-vessels or of causing absolute death by shutting off all circulation. The agent was beneficial when applied to the surface in proportion to the reactionary powers of the patient. The application of such briefly stated principles might be left to each practitioner, but Dr. Baruch mentioned chronic diseases involving faulty nutrition as those in which the external application of cold water afforded much satisfaction, especially in robust patients who reacted well under drying and friction after the cold bath; and in gastric and cardiac neurasthenia it went far toward restoring the health. The

wet-sheet involved the presence of a competent assistant, but sometimes promoted reaction better than the bath. In some chronic diseases the applications should be local. As the internal use of hot water had enabled him to dispense largely with such palliative remedies as pepsin, so had the external application of cold water enabled him to dispense largely with so-called tonic medicines. Cold water to reduce the temperature, and to stimulate the nerve-powers to reaction from shock produced by cold upon a large surface, had obtained a wide application, as in hyperpyrexia from sunstroke, rheumatic fever, typhoid fever, &c. The author dwelt upon the greatly lessened mortality in typhoid fever in cases where the temperature was kept down by cold or tepid water, as shown by Brandt's statistics and others. He had become convinced that the ordinary treatment of typhoid fever should give way to the hydropathic method.

The discussion was continued by Dr. J. H. Dew, who treated the question chiefly from the physiological point of view. He first noted the following facts: 1. The chief component part of the human body in health was water; its relative proportion to all the solid constituents had been estimated to be two-thirds or three-fourths the entire weight of the person. 2. Water constituted almost the total volume of each one of the circulating fluids, including that of those of digestion. 3. It was the essential medium by which digestion was accomplished, absorption made possible, and the transportation of the elements of nutrition to the various tissues of the body was made easy. 4. As water entered so largely into the composition of the tissues it became of corresponding importance to every process in assimilation. 5. Water was the medium by which all waste matters were held in solution and conducted to their several points of exit. 6. Observations and experiments had shown that from three to four pints of liquid food were required to maintain normal functions and weight in an individual weighing one hundred and forty to one hundred and fifty pounds. 7. It was a clinical fact that persons thin in flesh were by habit, or for other reason, accustomed to take very small quantities of liquid food, while well-preserved and fleshy persons were copious drinkers of fluid in one form or another. 8. It was also a clinical fact that in every morbid or diseased condition of the system, whether organic or functional, the functions of digestion, absorption, assimilation, secretion, and excretion, embracing elimination, became in some way disturbed—sometimes one or more of these functions, at others all of them, to a greater or less degree in the same patient.

It thus became evident that water in its various applications

was of extreme importance in the treatment of disease and the restoration of the normal functions of the body. Many physicians objected to the use of water at meals, seeming to forget that it was rapidly absorbed and took the place in the circulatory fluids of the large quantity of water which these gave up during the digestion and absorption of the food in process of consumption. Water or liquid food was seldom taken in excess, but many persons took too little and suffered from deficiency in weight, dyspepsia, constipation, tenacious secretions, dryness and other disturbances of the skin, defective elimination, and all the symptoms brought about in consequence of such disturbances of normal function. The physician should always make careful inquiry as to how much his patients were taking of liquids in one form or another, and he would often be surprised to find that persons who should be eliminating from three to five pints were consuming but one or two pints.—*The Hospital Gazette*, March 2nd, 1889.

MICRO-ORGANISMS AND PHTHISIS.

It is to be feared that the belief that micro-organisms are the *fons et origo* of almost every ill that flesh is heir to has a most baneful effect on both physician and patient. For, to-day, many patients know as much as their doctors about "germs." The anxious friends of a patient showing symptoms of disease of the lungs appeal for a prognosis to the medical man. He has found tubercle bacilli in the expectoration and he knows the tenacity of life of these virulent organisms. He may use antiseptic inhalations, but as he does it he finds that they cannot be borne—they kill germ and patient together. He tries a Southern climate or an Alpine height, but the bacillus is "prepared to bide its time and bud and blossom afresh whenever it returns to favourable conditions." "It knows how to suffer but it never loses sight of its claims." (Ed. *Med. Journ.*, Jan. '89, p. 602).

Is it astonishing that the doctor loses heart while his patient is at the mercy of these implacable enemies, or that the victim gives himself up to despair? The patient certainly is no *malade imaginaire*, but what if the germs, though really existing, are but imaginary foes? What if they are not the cause but the product of disease? It should be welcome news to us that although "it is the bacillus which, *a priori*, should decide the lot of the patient," *this is but theoretically true*.

Dr. Hunter Mackenzie relates (*loc. cit.*) several cases where the patients "have led tolerably comfortable lives for years with tubercle bacillary sputa persistently present throughout

the period of observation." These were cases of pulmonary phthisis. The prospect is less favourable as is well-known when larynx or pharynx become involved. Germain Sée, quoted by Dr. Mackenzie, says, "the multiplicity of these parasites does not in any way indicate the gravity of the lesion." (Ibid). We shall begin to breathe freely again soon, and so we hope may our patients, in spite of germs and germicides.

ELECTRIC PROSTRATION AND SNOW- BLINDNESS.

SEVERAL cases of this form of prostration are reported from France. It affects workers under electric light. The light exceeds 100,000 candle-power, and it would appear that it is this excess of light, and not the heat, which produces the nervous symptoms. A painful sensation in the throat face, and temples is first noticed, then the skin becomes coppery red, and irritation is felt about the eyes; much lachrymation ensues, and these symptoms then disappear, while the skin peels off in five days. The effects are comparable to those produced by walking over fresh snow in the sunlight.

THE SYMPTOMS OF SNOW BLINDNESS consist of a certain degree of conjunctivitis, or conjunctival irritation—as if there were a foreign body in the eye—blepharospasm and photophobia. In the later stages there is not infrequently a certain degree of chemosis. The condition is usually regarded as the result of the combined influences of the intense sun-light reflected from the surface of the snow irritating the retina, and of the cold, and often rarefied, air striking upon the conjunctiva.

Dr. August Berlin, of Stockholm, writing in the *Nordiskt Medicinskt Arkiv*. vol. xx., No. 8, 1888, proposes a new theory in explanation of this condition. The author accompanied Nordenskjöld in his expedition to Greenland in 1888, during which he had frequent opportunity to observe the affection. The geographical distribution of the affection is very characteristic, as it follows closely the isothermal lines in the three continents bordering on the north pole, coming farther south in America and Asia than it does in Europe. The disease is also met with in very elevated regions, even down to the tropics. When occasionally seen in temperate regions, it is usually milder in degree. The time of the year in which it is most common in northern latitudes, according to the author, is the spring, although it may occur also during the summer. It usually affects but one eye, and that eye is the one which has been most exposed to the direct rays of the sun. It is

upon this fact chiefly that Dr. Berlin bases his theory of the causation of the disease.

The regions in which the affection occur are characterised by an intensely cold air and a low degree of humidity. As it is the humidity of the atmosphere that absorbs the heat of the sun's rays, they ought to exert a more intense action here than in lower latitudes. And that this is the case is evident by the fact that the exposed skin suffers more from the action of the sun than in other regions, a very painful dermatitis being frequently caused by even a short exposure to the sun. Now, snow-blindness, according to the author, is due to the same cause, and the process in the two cases is the same, viz., hyperæmia and then exudation, accompanied by an intense burning sensation. Erythema of the conjunctiva is the name given by Dr. Berlin to the condition known as snow-blindness, and that it is primarily an affection of the conjunctiva rather than of the retina, is shown, he thinks, by the fact that it is caused by the irritation from the fine particles of snow during a blizzard as well as the sun's rays.

The prophylactic treatment which the author proposes is simply a modification of the "snow eyes" used by the Esquimaux. Instead of a disk of thin wood with a minute transverse slit in its centre, he recommends goggles made of a moderately fine wire network without glass.—*New York Medical Record*, December, 1888.

ALBUMINURIA OF PREGNANCY AND ECLAMPSIA.

DR. DANFORTH read before the New York State Homœopathic Medical Society a practical paper on the above subject. He insists upon view of Barnes, that "the pathology of gestation is simply a chapter in extension of the physiology of that process. The author touches briefly upon the ætiology of these conditions (and their relation one to another) in so far as it throws light upon treatment. In the causation of albuminuria the pressure theory, we need hardly say, is abandoned. Dr. Danforth points out, first, that nerve irritability and vascular tension, naturally great in pregnancy, are increased to an abnormal degree—physiological passing into pathological conditions. Irritation of the cerebro-spinal centres, and of the kidney arise out of the above, the latter leading to albuminuria. Next, and still following the leading idea first referred to, the blood, normally hydæmic during pregnancy, becomes still more so by the withdrawal of albumen. In addition, it becomes poisoned by the imperfect elimination of waste stuff by the kidneys, etc.

En passant, three facts should be borne in mind: 1st, that albuminuria may exist without eclampsia ensuing; 2nd, that

eclampsia may occur without previous albuminuria ; and 3rd, that eclampsia may sometimes seem to cause albuminuria.

Passing on to treatment, which is classified under two heads, we summarise as follows :—

1. Prophylaxis during early months. Bowels, skin, diet, and exercise should be looked to, avoidance of excess of nitrogenous and stimulating food being the chief indication in diet. The urine should be early examined (every two or three weeks after the sixth month, especially in primiparæ), and if albuminous the microscope must be used to determine the source of the albumen. In the albuminuric stages the best prophylactic is *absolute rest*—mental, emotional, and physical. During this stage homœopathic treatment may be of the greatest value. The usual indications for *apis*, *arsenic*, and *antim. tart.* are given. *Glonoïn* is especially recommended as of frequent use. The urine is abundant and highly albuminous ; there is frequent micturition and burning as the urine passes. Associated with these indications of kidney congestion are symptoms of headache—congestive and throbbing. The pain is worse from stepping or jarring ; the brain feels too large and full ; the head is held with the hands, and the heart's action is laborious. *Kalina* is commended when much aching of limbs is present, and *merc. cor.* "is given when we have as our only guide the presence of albumen in the urine." *Helonias* is indicated by burning sensation and weight in region of kidneys, with general languor and drowsiness, the urine being profuse, clear, light coloured and albuminous. *Apocynum*, *cantharis*, *helleborus* and *terebinth* are mentioned, and, "to allay nervousness and vascular excitement," *aconite*, *bell.*, *caffica*, *gelsem.*, *hyoscy.*, *cham.*, *ignatia* or *veratrum v.* may be called for.

In extreme cases a milk diet during this stage may be of great service.

2nd. The induction of premature labour may become necessary. In determining the probability of the continuance of gestation to term, intense paroxysmal headache of congestive type, located in occiput, or affecting the whole head, gastralgia, with pain radiating into vicinity and aggravated by the simplest food, and visual disturbances, with or without neuro-retinitis, are important features. They point to the necessity of early delivery. The following will finally guide to a decision. If the patient be passing a normal quantity of urine (even though rich in albumen), which contains a safe proportion of solids (including urea), and if there be no marked symptoms showing disturbance of the nerve centres, she may be allowed to go on, with careful watching.

3rd. The treatment of actual convulsions :—*glonoïn*, *apis*, *veratrum viride*, *gelsemium*, *belladonna*, *aconite*, *hyoscyamus*, *actæa*,

and *opium* are commended on well recognised indications. A case is quoted which did well on *glonoin* 8x. followed by *apis*.

4th. After delivery the action of the skin and bowels must be promoted.—*North American Journal of Homoeopathy*, February, 1889.

RELATION OF URINARY ANALYSIS TO PROGNOSIS.

AFTER the narration of several important and instructive cases, illustrative of the above, Dr. Clifford Mitchell, formulates the following conclusions:—

1. That, when in the course of well established chronic nephritis, the urea sinks to 10 grms. daily, the condition is serious. 2. When in chronic nephritis the amount of urea sinks to 7 grms. or lower, convulsions will soon appear unless relief is afforded. 3. When nephritis is not clearly present, even if urea is low, and solids low, but tubecasts and general kidney symptoms are wanting, even with a moderate quantity of albumen, too much reliance should not be placed on a low urea figure in giving prognosis. 4. When albumen and tubecasts are entirely wanting and the patient does not exhibit well defined symptoms of renal disease, a very low figure of urea may be met with and yet nothing serious come of it. 5. Seven grammes of urea in 24 hrs., which would cause much anxiety in a well recognised renal disease, in certain conditions which may be termed anuria, even so low a figure may be of but passing significance and may not be associated with uræmic accidents.—*Hahnemannian Monthly*, February, 1889.

AN ARTIFICIAL MEMBRANA TYMPANI.

DR. C. M. THOMAS, of Philadelphia, advocates the use of a circular disc of fine oil-silk, such as is used in Listerian dressings, as an artificial tympanic membrane. It is to be accurately fitted over the edges of the remnant of the membrana. In his first case, where it was "so adjusted as to press, by its elasticity at its depressed centre, lightly upon the hammer handle," the improvement to hearing was most satisfactory, and he was led to use it subsequently with almost uniform success. The advantages claimed for it are that: 1st. It can be made to thoroughly protect an exposed drum cavity from external influences. 2nd. In not a small proportion of cases it is superior to the cotton-wool pellet as an aid to hearing. 3rd. It is comparatively unirritating and less likely than any other to re-establish, through its presence, an old discharge. 4th. It can be used as effectively in small as in large perforations. 5th. In a large percentage of cases it

requires but infrequent removal. Its only disadvantage is that it cannot be inserted and replaced by the patient himself.—*Hahnemannian Monthly*, February, 1889.

PRACTICAL HYPNOTISM!

An extraordinary case is engaging the attention of the police of Buda Pesth. A boy at the public grammar school, telegraphs the Vienna correspondent of the *Daily Telegraph*, has confessed to his father that he has for some time past taken money from the till in his shop, being ordered to do so by a man, who had made him the subject of experiments in hypnotism. The father thereupon went to the school authorities, and it was discovered that a whole class of boys was in a similar plight. They acted as "mediums," and by a process known as "suggestion" were made to steal money from their parents and bring it to the ardent scientist in question.

A CHINESE ANÆSTHETIC.

SOME of the most startling, not to say fearful, suggestions in connection with medicine emanate from China, and the only drawback to their practical utility, as far as Europeans are concerned, is that we will not give them a trial. Simplicity alone, as far as provincial practitioners are concerned, recommends the following, yet we feel satisfied this grand idea will be allowed to fall to the ground without a trial in this Conservative country. A report says:—A curious anæsthetic used by the Chinese is obtained by placing a frog in a jar of flour and irritating it by prodding it. Under these circumstances it exudes a liquid which forms a paste with a portion of the flour. This paste dissolved in water was found to possess well-marked anæsthetic properties. After the finger had been immersed in the liquid for a few minutes it could be pricked with a needle without any pain being felt, and numbness of the lips and tongue was produced by applying the liquid to them.—*Burgoyne's Monthly Magazine of Pharmacy, Chemistry, &c.*

BONE-SETTER'S DISLOCATION.

A COUNTRY lad in the north of Scotland got his leg hurt at one of the local factories. His mother, who had great faith in a neighbouring bone-setter, wanted the lad to go to him. Accompanied by his anxious parent, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it

very severely, in order, as the bone-setter said, "to get the bone in." The lad was liberal with his screams while this was going on, but eventually the bone was "got in," and he was told to go home, and in a few days he would be all right and fit to go to work. "Didn't Danny do the thing well?" said the joyous mother. "Yes, he did, mither," answered the lad, "but I wasna sic a fool as to gie him the sair leg!"—*The Hospital Gazette*.

ARROW POISON.

IN his very interesting communication to the Royal Geographical Society, Mr. Stanley described the terrible effects of wounds from the poisoned arrows used by the natives of the centre of Africa, and also the mode of preparing it from the ants and spiders which abound in that region. He says that, "when fresh, the poison is most deadly. Lieutenant Stairs and five men were wounded. Lieutenant Stairs' wound was from an arrow, the poison of which was dry, it must have been put on some days before. After three weeks or so he recovered strength, though the wound was not closed for months. One man received a slight puncture near the wrist; he died from tetanus five days after. Another received a puncture near the shoulder in the muscles of the arm; he died six hours later than the first case—of tetanus also. One was wounded in the gullet—a slight puncture—he died on the seventh day. I believe one wounded in the side died at night the same day. Tetanus ended the sufferings of all. We were much exercised as to what this poison might be, that was so deadly. On returning from the Nyanza to relieve the rear column, under Major Barttelot, we halted at Avisibba, and rummaging among the huts, found several packets of dried red ants, or pismires. It was then we knew that the dried bodies of these, ground into powder, cooked in palm oil, and smeared over the wooden points of the arrows, was the deadly irritant by which we lost so many fine men with such terrible suffering. Now we wonder that we have been so long in the dark, for we could create any number of poisons from such insects as we have seen. The large black ant, for instance, whose bite causes a great blister, would be still more venomous prepared in the same way; the small grey caterpillars would make another irritant which, mixed with the blood, would torture a man to death; the bloated spiders, an inch in length, which are covered with prickles most painful to the touch, would form another terrible compound, the effects of which makes one shudder to think on. These poisons are prepared in the woods. In the depths of the forest the savage makes his fire and prepares the fatal venom,

which lays low even the huge elephant. It is forbidden to cook it near a village. In the forest he smears his arrows, and having covered the points with fresh leaves, lest he himself might be a victim, he is ready for war."

There is good material for useful provings here! We have already provings of the *mygale lasiodora*, or large black spider of Cuba, useful in some cases of chorea; the *lycosa tarentula*, indicated in case of spinal irritation; the *tarentula cubensis*, or hairy spider, which causes "a perfect picture of carbuncle, even to sloughing;" the *arana diadema*; and the *theridion curassavicum*, which is also indicated in some cases of intense spinal irritation.

CORRESPONDENCE

LAW OR RULE?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I will not encroach upon your valuable space with anything more about either Wolf, Burnett, or Hahnemann in connection with sycosis or vaccinosis beyond asking those who have read Dr. Dudgeon's letter in your April issue, to particularly note the portion of my statement of suppressed vaccinosis which Dr. Dudgeon omits. Forty years ago Dr. Dudgeon laughed at sycosis: with what result? None; and yet the sneering process is not difficult.

How many years ago is it that Dr. Dudgeon laughed at Wolf's work, and again with what practical result? None, the work remains essentially true. And what will be the practical result of Dr. Dudgeon's laughing at vaccinosis? None.

And why has all this sneering been so barren of result? Because it is barren in nature. Dr. Dudgeon glances at a thing, he does not like the subject (and, perhaps, not the writer), he imagines he knows all about it, seizes his mighty pen and damns it with faint praise or stifles it in ridicule. And yet where is sycosis now? Being revived by the allopaths. In order to make my statement of suppressed vaccinosis appear positively imbecile, he omits the very essence of that part which refers to *suppressed* vaccinosis. Fie! Dr. Dudgeon: always to the *jury*, and *never* to the *judges*?

Now as to Dr. Dudgeon's "*Rule*" of *Similaris*:—

I take it that a law of nature is that principle inherent in nature herself, quite independently of man, and according to which nature does her work.

It is not necessary to the existence of a law of nature that man should know anything about it. The law of gravitation did not come into existence when Newton discovered it, it was there as much before as after its discovery. In the sphere of man's knowledge Newton removed it from the region of the unknown and demonstrated it as the physical cause of known phenomena.

It is probable that Newton was led to discover this "law" of gravitation because he made it a "rule" to think about the why and the wherefore of natural phenomena. Just as many make it a rule to laugh at what they do not comprehend.

What Newton did for the phenomena depending upon the law of gravitation, that Hahnemann did for the phenomena depending upon the law of similars—*i. e.*, Hahnemann demonstrated the law of similars as the mental why of certain therapeutic phenomena.

The law of similars did not come into existence when Hahnemann discovered it; it was there as much before as after its discovery.

Upon the law of similars homœopathy has been erected as a scientific system of drug therapeutics.

Rule is something that man takes as a guide. Rules, unlike laws (laws are discovered), are made by man himself, and he can change them, vary them, unmake them, discard them, and then make them afresh.

Laws of nature are a part of nature herself, and which man can neither make nor unmake.

In sum: law in nature is immutable, divine; rule is human and mutable. God makes laws of nature; man makes unto himself rules.

The adjective "similar" as applied in our medical language refers to the action of a natural body (a drug), which action is absolutely beyond the control of man.

Personally I make it a "rule" to study drugs by learning the signs of their action so that I may be able to apply the law of similars in the drug treatment of disease; when I succeed in curing according to the law of similars I do not originate, add to or take from the law; the law operates, I render it operative. "Rule" of similars is unmitigated nonsense, and is not even English at all in the sense in which Dr. Dudgeon would fain have us employ it. This ends the matter so far as I am concerned.

Your obedient servant,

J. C. BURNETT.

London, April 8rd, 1889.

THE HOMŒOPATHIC DIRECTORY FOR 1889.

(Keene and Ashwell, London).

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—After carefully perusing a copy of this Directory, just to hand, I embrace this opportunity of expressing my opinion thereon through the medium of your valuable journal. Without stopping to complain of the clumsy binding and the extremely bilious tint of the paper, I will proceed to point out to the public generally, and to the worthy publishers in particular, a *few* of the many absurd inaccuracies which adorn (?) its pages, and which will undoubtedly tend to excite that severe criticism which the compilers of the work certainly deserve. Turning to page 8, second name from top, I notice L.M. and R.C.S.I.! What on earth does this mean? On page 7, fourth name from top, I observe M.R.C.S. Edin. is appended to this gentleman's name! I am strongly of opinion there is *no such qualification!* On pages 10, 12, and 80, the same mistake is made. Page 81, second name, I notice *St. Andrew's, 1862*, the *degree* being omitted altogether! Then, again, look at the fourth name on page 88, and we see this gentleman credited with having obtained the M.R.C.S. diploma on *two* occasions! *Most unusual, I should say, and probably the only case on record!* The third name on page 86 has C.M., Edin., instead of L.M., and at the last name on the same page we find M.R.C.S.F. Eng., giving, of course, the *source* of the diploma twice over. The "address" of the first gentleman on page 87 is "not communicated," yet we find he is "at home till 11 a.m." Now this is very funny, and as perplexing to my mind as the L.L.M. qualification credited to the third name on the same page. Passing on to page 42, we find Dr. T. G. Vawdrey is practising in Birmingham, while page 46 tells us he is wooing fortune in Plymouth. Page 42, moreover, reveals the fact that Birmingham does *not* possess a single homœopathic chemist, while on page 48 we see the little dirty town of Bolton rejoicing in the possession of *three* chemists. Now, I happen to know Bolton very well, and when there a few weeks ago looked in vain for a homœopathic pharmacy. On page 44, under *Glasgow*, we find Dr. T. Simpson holding out in that Scotch health resort, while page 81 informs us he is flourishing in Liverpool and Waterloo.

The errors I have pointed out are clearly avoidable, and ought not to occur. The exhibition of a little care and common-sense in correcting the proofs would prevent the possibility of all these absurd mistakes accruing.

Of the *Homœopathic Directory* we ought to feel proud, but the present edition must inevitably be held up to ridicule. What must be the feelings of our allopathic brethren and others, when looking through the pages of this book? Bah! the very thought produces intense facial hyperæmia.

I need scarcely say that I shall be glad to render Messrs. Keene & Ashwell any assistance within my power in preparing their next edition.

Faithfully yours,
MEDICUS.

April 4th, 1889.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

Communications, &c., have been received from Mr. CAMERON, Dr. MADDEN, Dr. J. R. DAY, Dr. MOIR, Dr. GOLDSBROUGH (London); Dr. STONHAM (Ventnor); Dr. CAPPER (Liverpool).

BOOKS RECEIVED.

Diseases of the Veins, etc. By J. C. Burnett, M.D. Third edition. London: J. Epps & Co.—*The Therapeutics of Kronenquelle Water.* By P. James, M.D. London: Trübner & Co.—*Homœopathic World.* April. London.—*Hospital Gazette.* April. London.—*The Chemist and Druggist.* April. London.—*The Monthly Magazine of Pharmacy.* April. London.—*The Dietetic Gazette.* March. London.—*The Forty-Seventh Annual Report of the Liverpool Hahnemann Hospital and Homœopathic Dispensary.*—*The Annual Report of the Health and Sanitary Condition of Tunbridge Wells for 1888.* By W. Stanford, L.R.C.P., Medical Officer of Health.—*The North American Journal of Homœopathy.* March. New York.—*The Medical Record.* New York. March.—*The Chiro-nian.* New York. March.—*The American Homœopathist.* March and April. New York.—*The New York Medical Times.* April.—*The New England Medical Gazette.* March. Boston.—*The Thirty-Third Annual Report of the Boston Homœopathic Dispensary.*—*The Hahnemannian Monthly.* April. Philadelphia.—*The Homœopathic Recorder.* March. Philadelphia.—*The Clinic.* March. Chicago.—*The United States Medical Investigator.* February. Chicago.—*The Medical Advance.* Ann Arbor.—April. *The Medical Era.* Chicago. March and April.—*The Medical Counsellor.* March. Ann Arbor.—*The Californian Homœopath.* April. San Francisco.—*Populäre Zeitschrift für Hom.* Leipzig. April.—*Allgemeine Homœopathische Zeitung.* April. Leipsic.—*Bulletin Gén. de Thérapeutique.* Paris. April.—*Revue Homœopathique Belge.* Januaro. Brussels.—*La Médecine Hypodermique.* April. Rivista *Omiopatica.* March. Rome.—*El Criterio Medico.* February. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORK, Watergate House, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:0:—

ON CARLSBAD AND ADJACENT SPAS.*

BY THOMAS SIMPSON, M.D.

PERHAPS I may be permitted to preface the short paper prepared for this occasion by a formal and grateful recognition of the courtesy, by virtue of which I am permitted to realise my adoption into this venerable and honourable society. The names of the illustrious living members are quite familiar to me, so are the words and works of the illustrious departed whose loss we deplore, and whose shades haunt us with no vexing mood, now all the cares of life are over, and I presume the noblest tribute we can pay to their memory is to imitate their self-denial, their zeal, their modest but earnest endeavour to perfect our art; and amid the various duties which absorb our attention, and occupy our time, to remember the duties devolving upon us, to carry out the work so nobly undertaken, so faithfully pursued by such worthies as Henderson, Dunham, Neidhart, Dunn, Gwyn, Bayes, Stokes, Mathieson, Black, &c.; remembering the duties we owe to the cause we have espoused, by diligently devoting our leisure to the purging and perfecting of the *Materia Medica*, the construction of a reliable therapeutic

* Read before the British Homœopathic Society, May 2nd, 1889.

guide, and the confirmation of provings by clinical experience. The field of labour is almost illimitable, the labourers are few, but by each one fulfilling the functions for which he is most competent, our hopes may one day be realised.

The subject of this paper may appear at first sight to be irrelevant to the general scope of specific medicine, but when we contemplate the infinite variety of morbid conditions with which the physician has to deal, we dare not dispense with collateral agencies which have proved valuable acquisitions to therapeutics. So much will depend upon our accurate knowledge of these agents, however, that vital issues are often involved, and it is desirable that our testimony should be the result of personal observation and experience, that we may speak with confidence of that we do know, and testify of what we have seen.

Under this conviction we resolved to spend a few weeks of our summer holiday at the Continental Spas, and we propose to confine our remarks to the medicinal and hygienic influences of the climate and waters of Carlsbad and Marienbad, reserving notice of Wiesbaden, Kreützmak, Schualack, Aix-la-Chapelle, &c., to a more convenient season, and that we be not tedious, it will be well to omit such information as can be gathered from guides and brochures innumerable, and confine our attention to the medicinal properties and hygienic advantages of these notable resorts.

The question naturally arises, may mineral waters be considered, in a general way, as homœopathic remedies? They have enjoyed a time-honoured reputation, and every year their curative virtues have been acknowledged—a vast number of inveterate diseases (not amenable to ordinary medication) have been entirely removed by their administration, so that we should suffer loss were we to ignore (through prejudice) such valuable resources. Mineral water cures are not opposed to homœopathic principles; it is *not* the number, or the arithmetical proportion of the various elements which determine the question of the medical properties, it is their physiological action. Indeed, when we consider the origin of mineral springs in their subterranean laboratory, and picture to ourselves the telluric and magnetic principles, the heat that accompanies the waters on their gushing

out of the earth, with the law of expansion and diffusion, and we observe the various proceedings which take place in several substances by oxidation, condensation, radiation, friction, pressure, electric action, &c., we must admit that we have in them something more than a mere mechanical combination, or a simple mixture of various ingredients, they are really rational remedies, simple and natural medicaments, prepared in the vast subterranean storehouse and modified by their evulsion through various strata, and other potent influences. From these facts we infer that there exists a vast difference between products wrought by nature, and artificial imitations. Forty years ago, Weltzer showed the difference between natural and artificial Pullna water. Half a pound of the former produces the most striking and visible effects, though it contains but 1 dram of purgative salts, while the same weight of the very same salts prepared by the chemist, and administered with the same ingredients, is never attended with the same results; there is, therefore, this between artificial and natural mineral waters, the former can be used only as a digestive or refreshing draught, but never as a substitute for the natural draught; the same may be said of exported waters, though they be natural. Chemical analysis may show the same composition as at the springs, yet a real and an important change has evidently taken place in the intrinsic virtues of the water. Besides this, watering places afford many advantages, all of great importance; for instance, the change of residence, the diversion from the turmoil and tumult of daily life by change of scene and society are all wanting in drinking similar waters at home—not to speak of the various *baths*, which in many cases powerfully assist in accomplishing a speedy and a perfect recovery; and we may safely affirm that mineral waters have an original right to rank with our best therapeutic agents, and to be generally adopted as such—and perhaps few such agents can compare to Carlsbad, whose reputation dates back to the 12th century. It has been facetiously described as a town builded on the lid of a boiling kettle, and this pretty well describes its character as a thermal spring, and it is with *this* aspect we are concerned in this paper. Carlsbad is a most attractive and delightful resort during the summer

months, the scenery and surroundings are truly romantic, and there is a kindly tone in the social life which is in striking contrast with the anxiety and hurry of North German life. The Austrian geniality is charming, and every pleasant feature of life abounds in this place, but we must not digress from our topic (Carlsbad as a curative mineral spring). A little topography may not, however, be out of place. Carlsbad, as you are aware, is an Austrian town of over 12,000 population, and about 900 dwellings, situated in the north-west corner of Bohemia and near the frontier. The main source of its prosperity is its numerous and diversified mineral springs; about 33,000 visitors came from different parts of the world in 1888, and the stream of visitors has been flowing during 500 summers.

The springs received their present name from Charles IV., Emperor of Austria and King of Bohemia. The local legend is that he discovered them in the year 1358, while on a hunting excursion. A dog, too eagerly pursuing a deer, fell into one of the hot springs, his yelping brought the Emperor first upon the spot, where the thermal water, wreathed with clouds of vapour, pulsed out of the cleft of the rock. The huntsmen, rushing in after their leader, named the place Charles's Bath; and *Carlsbad* it has been called to the present day. The town occupies the beautiful valley of the Tepl. The houses are beaded along the rapid and tortuous stream for a distance of two miles, from its confluence with the river Eger—a stream which falls into the northward-flowing Elbe. The town occupies both sides of the stream, and towards its centre the houses are crowded against the hills on either side; so that a building may have five stories in front and only two or three in the rear. The finer boarding-houses are built upon the hills which wall in this narrow valley, and, consequently, their elevation gives them a purer atmosphere than is to be found in the lower levels, but the town itself has an elevation at the river level, opposite the Sprüdel Colonnade, of 1,214 feet above the Adriatic Sea, and this height in the latitude of the place (50° N.) insures cool nights after the warmest days. The heat is seldom excessive, though the climate is somewhat variable. During our brief sojourn of six weeks rain only fell during two hours. The mean

temperature in summer is $66\frac{1}{2}^{\circ}$ F.; in winter, $38\frac{1}{2}^{\circ}$. The air is pure. Winds from the north and west prevail. Eighteen "wonder-working" springs of various degrees of warmth are now utilised in this pleasant valley. They are ranged in a nearly straight line that extends from north to south about 1,000 yards. It is presumably a crack in the lid of the "boiling kettle." Deep borings have been made into the crust at various points, and Dr. Pichler says that the borer, after piercing this calcareous crust, upon which the town is built, penetrated into a vast subterranean reservoir, which it was not possible to fathom. Every effort to measure the depth of this gulf has failed. From these deep caverns the mineral waters find an outlet under high pressure, and sometimes with amazing force. The Sprüdel, the most famous, most abundant and the hottest of the springs, after spouting and fuming for centuries through its covered way, took a fancy in recent years to force a new outlet for itself, and it appeared, to the consternation of the Carlsbad people, at the bottom of the adjoining river Tepl, which it warmed, and set a-steaming. Total cessation of the Sprüdel bathing and drinking cure was for a time apprehended by those most interested with dread; the engineers went to work at once, but months of toil were needful to replace the spring; it was necessary to replace the bed of the river, to pave it for many rods with massive slabs of granite, clamped and cemented, while the banks of the streams were sealed with walls of cement. This done, the runaway stream was forced back into its ancient channel, where it plays to-day, as of yore. It is a wonderful sight (until custom has made it familiar) that hot, pulsating restless spring. The mineral ichor rises and dances in clouds of steam; it fumes, it spouts in intermitting jets, varying in height according to the varying pressure of the escaping gases, and the mineral vapours stain the girders of the high colonnade above it. The utmost ambition of this hot fountain of Carlsbad is to leap to a man's height and to scatter a few drops now and then, outside of the great iron basin in which it plays. Two little maids of 12 dip up the water for the guests, that file slowly past the spring every morning for two hours at a time. These little priestesses of the fountain dispense these thermal draughts to a multitude of people gathered from every part of Europe,

and here probably the famous springs will supply the need of generations yet unborn.

The theory of the Carlsbad springs is a simple one; the surface water of the region, the rain and melting snow, the Tepl water itself, penetrates through the granite rock to a great depth, diminishing more and more of its constituents as they sink deeper, and receiving more and more of the earth's increasing heat, and from its high temperature we gather that the reservoir cannot be less than 8,000 feet below the surface. The waters have now received from the rock all their mineral constituents, the carbonates of lime, soda and magnesia, &c., and now a quantity of carbonic acid gas is set free by the heat forcing the mineralised water back, as a hot spring. It returns by channels, encrusted with mineral depôts, smoother by far than those in which the surface-water trickles down, and the hottest spring is naturally that which comes most directly (by the shortest channel) from the common reservoir. *This* is the "Sprüdel," which loses the least of its heat on its way to the surface. The other springs all issue from the same source, but by narrow and tortuous channels, and so are cooler when they reach the surface. The chemical constitution of all these springs is identical, except that the cooler springs retain more of the carbonic acid gas. They contain only such substances as they can dissolve (under heat and pressure) through the granite rock through which they have infiltrated. The waters have a broth-like taste, but less pronounced than the famous spring at Wiesbaden. (Of course the mineral chicken-broth, though an efficient medicinal agent, is not at all nutritious).

It will be sufficient for our purpose if we designate the Carlsbad waters as belonging to the class alkaline saline springs, their leading constituent (sulphate of soda), places them in the group of the so-called Glauber salt waters.

The only practical difference between any two of the springs is the difference in temperature, and in the amount of free carbonic acid, which is increased as the temperature diminishes, and we ask, what kind of cases do they relieve or cure? What are these springs valuable for? In what do they fail? Who should *adopt* the cure and who should *abjure* it? These are the searching

questions which the consulting physician is expected to answer satisfactorily, and we attempt to answer them briefly. The foremost class of indications for treatment at Carlsbad is for the relief of abdominal complaints, especially in disorders of the stomach, liver or spleen.

1. For dyspepsia in its protean forms, that truly chronic dyspepsia which arises from chronic catarrh of the stomach, and which resists ordinary treatment so frequently that one is grateful for so efficient, so speedy and so benign an agent of relief as is to be found in this delicious spot. Another form of deranged digestion, occurring in pale anæmic persons, as in chlorotic women, in whom occur so frequently paroxysmal pains after food from stomach through to back, indicating ulcer, and ending in copious hæmorrhage; such states the Marktbrunn and Schlossbrunn springs remove with rapidity. The vast crowds of pale-faced ladies who throng these wells testify to their value (two, three, or four half-glasses at intervals of half-an-hour). In recent cases and where there is indicating of hæmorrhage occurring, the temperature of the draughts should be 100° F., but if no such danger threaten, or the ulcer has healed, higher temperatures are advised—138° to 145° F. Especial care is necessary to enforce a very light unstimulating diet in these cases, even skim-milk or the grape cure being recommended with manifest benefit.

The *bon vivant*, on the other hand, experiences benefit from a sojourn at Carlsbad by passing through ordeals of a painful character. He is absent from the morning promenade, and on enquiry we find that a fit of gout has imprisoned him, he is suffering from effusion into one of the principal joints, and abundance of uric acid is found in the deranged secretions. In spite of the treatment, all seems to be going wrong, but in a few weeks, the redundant tissues have given place to firm fibre, the capricious appetite has given place to vigorous digestion, his step is firm and his spirits buoyant. In such subjects one most unenviable concomitant or sequel is not infrequent, viz.:—the outbreak of a crop of painful boils, which may be succeeded by others, during many months after leaving Carlsbad.

Chronic constipation and chronic diarrhœa are both cured at Carlsbad, and, often indeed at the same spring, especially is the Sprüdel water useful for diarrhœas

which the Marktbrunn waters have aroused. The forms of constipation amenable to treatment are those induced by prolonged abuse of purgatives, too sedentary a life, and too substantial a dietary, inducing intestinal torpor.

Diarrhœa, the result of chronic intestinal catarrh, yields promptly to the *hotter* waters; and the cure is proverbially invaluable in diseases of the liver and biliary ducts, enlargements of various kinds—even the fatty liver occurring in one otherwise healthy; so may cirrhosis in its earlier stages, and jaundice, from obstruction of the ducts, or from duodenal disease, and in any but malignant cases or advanced cirrhosis. Resident physicians employ the waters to check the excessive secretions of bile (polycholia) which often exists as an isolated condition; accordingly, Dr. Kraus strongly advocates their use in gall-stone-colic. The concretions are found in a porous state, and often a copious discharge of gall-stones is observed, and a long-standing illness cut short, and it is difficult to avoid the conclusion that the Carlsbad waters hasten the elimination of morbid products from the system. Enlargements of the spleen are often cured here in six months.

There is a class of ailments which may be described as general perversions of nutrition (which is represented by gout), rheumatism, anæmia, corpulence, and diabetes mellitus; all these, except the last in its advanced stages, are cured by the Carlsbad waters.

Local writers include many other ailments as vesical catarrh, viz., hæmorrhoids, hypertrophy of prostate, inflammatory deposits in the peritoneal cavity, &c. But Carlsbad is by no means a cure-all, and we may suggest as counter indications, phthisis, malignant tumours, marasmus, brain softening and Bright's disease; these are better treated at other springs.

When acute febrile symptoms are present they should be subdued before commencing the cures. A marked disposition to hæmorrhages, vertigo, the apoplectic habit, or any serious lesion of the arteries or valves of the heart, are *not* benefited by treatment at Carlsbad.

Not less important than the drink cure and the bath cure is the proper direction of the patient's diet and regimen. This plays a vital part in the treatment.

The Carlsbad cuisine is indeed somewhat provincial, but it supplies all the essentials; and for perfect bread,

good beer and delicious coffee, Carlsbad is famous. It is, however, destitute of good drinking water, but the want is compensated by the abundant supply of the neighbouring Giesshübler spring, of which 3,000,000 of bottles are exported annually by Mattoni the proprietor.

It is a mildly alkaline and acidulous drink and a truly refreshing and delicious beverage; it is used alone or with wine. A draught at the spring on a sultry day is an experience not to be forgotten. It sparkles like champagne when mixed with syrup, and is a favourite table water in Austria. Giesshübler is a veritable garden of delight, and the baths are perfectly appointed in every respect. The whey cure is given here. The resident physician is Dr. Kämmerer. For a quiet retreat amid surroundings of idyllic beauty, *this* spot can be recommended to a large class of patients who do not require the more potent springs upon the Tepl. Two other neighbouring springs may be glanced at. After leaving Carlsbad, Marienbad, a Bohemian town situated in the territory of the ancient Abbey of Tepl (to which the springs belong). It is two hours by rail from Carlsbad, though the distance is only 19 miles, situated in a charming forest country 2,000 feet above the sea level; the adjacent region is a charming forest country, with beautiful walks and drives in every direction. The springs are but of yesterday compared with Carlsbad. In 1770 the Abbot of the Tepl convent resolved to use it and to bring it into notice. The accounts of the early cures read like miracles.

It is a lesser Carlsbad, quieter and less crowded, and many persons resort hither after residing there for six weeks. The waters belong to the same class as the former place, and springs from the same granite formations. But they are all cold. They are clear when drawn, but become turbid on exposure, depositing a brown sediment. The different springs are more various in their composition. The Kreuzbrunn is the most celebrated of the six springs that are used; *this*, the Rudolfsquelle and the Waldbrunn are used for drinking; the Ferdinands, Carolinen and Ambrosiusbrunnen both for drinking and bathing. But bathing is less in vogue here than at Carlsbad, though every convenience is provided, including the carbonic acid baths and the peat baths. The peat here is rich in mineral products; a

bath of ten cubic feet contains no less than ten pounds of sulphate of iron.

In general the indications for treatment at Marienbad are similar to those at Carlsbad. The Marienbad waters are valuable in cases of nervous prostration, but the main distinction between the two places remains to be noted; it is that of climate exposure and environment; The climate of Marienbad is pre-eminently a "wood" climate; the place is surrounded by vast pine forests; the air is pure and cool, and the southern exposure is favourable. No more perfect resting place can be found than in the sylvan spots among the Bohemian hills.

Franzensbad is situated on a turfy plain near Eger at an elevation of 1,400 feet, an hour's ride from Carlsbad, a quiet town with good hotels. There are eleven springs (all private property), with very superior bath accommodation. Season from 1st May to end of September. About 10,000 ladies visit this place during the season. The waters are deservedly renowned for the cure of female diseases; they are chalybeate and tonic.

The names of Dr. Kafka and Dr. London, at Carlsbad, Dr. Carl Klein at *Franzensbad*, Dr. Heidler at Marienbad, may be mentioned as among the most distinguished physicians in the different places respectively.

Such are these healing waters. A few words on the way of reaching them most easily may be opportune. From Paris the route is pleasant throughout by partial day's journey only. Day express to Basel, sleep there; next day to Zurich, sleep; thence to Rorschach, crossing Lake Constance to Lindau for the night; thence to Munich, sleep; thence to Carlsbad. The whole route lies through beautiful scenery, and the finest hotels welcome you at the end of each day's journey. Arrived at Carlsbad it is better to spend two or three days in a hotel till you choose suitable rooms.

Mr. Auger's hotel is a sumptuously arranged and popular *restaurant*, and *Fianartz Levi* has quite spacious apartments at moderate rents.

In conclusion, let me say to persons desirous of choosing a healing spring, mineral waters are at once among the most effective and the most delicate of the agents at our command; they must not be chosen indiscriminately or taken without judicious counsel. Take the advice of a specially qualified physician; be on your guard against

the amateur advice which is everywhere so freely given. Your neighbours will urge in their ignorance and infatuation to pursue the course they adopt, to eat and drink like themselves. Your own stomach will be a willing accomplice. You must not yield to such plausible, such mistaken zeal. "Too much water drowned the miller," said Sancho Panza. Many an invalid on hearing that Carlsbad, or Mont Dore, or St. Moritz is an effective spring, chooses one of them, or more than one it may be; to these ingenious persons we say, "You had better remain at home;" but to the invalid who will accept sound advice, first in choosing, and then in adopting the course prescribed, we say, "Your prospects are encouraging." The perfectly healthy are the severest critics of Carlsbad. Dr. Johnson, who held that sickness was criminal, would have denounced the place and the cure; but too many recoveries from grave conditions have been verified to allow of any doubt as to the efficacy of the sulubrious waters of the Tepl or other springs to admit of doubt on such a vital question; even when it is beyond our power to demonstrate the *modus operandi*, the fact remains that invalids repair to them in search of health and leave cured.

For those who choose well and use discreetly these are veritably healing streams.

DISCUSSION.

Dr. JAGIELSKI said Dr. Simpson had taken up the points in an admirable way. Dr. Jagielski had made a special study of Marienbad, called "The Cold Carlsbad," and seventeen years ago he had written a book on it. He hardly knew which point to take up. Carlsbad was well known all over the world to cure many diseases, particularly those of the mucous membranes of the intestinal tract, dyspepsia, jaundice, gall-stones, stones in kidneys and bladder; amongst the most important, also, was "diabetes mellitus," for which Kafka had extolled it. Stout people lose their obesity. He thought it had not been so much used by homoeopaths because they were, less than others, under the necessity of sending their patients away.

Dr. CLARKE had enjoyed the graphic description Dr. Simpson had given of Carlsbad and its waters. He had some experience with Carlsbad in the persons of patients who had been there. One, a diabetic, had experienced great benefit.

He had been also benefited by *uranium nitricum*. Patients who were gouty often received great benefit from a course of mineral waters, and he had observed that they were much more amenable to the action of homœopathic medicine afterwards. He had used Carlsbad salt homœopathically according to the symptoms given in Allen, which are very definite and characteristic, and with marked results. He had only given it in the 200th attenuation.

Dr. DUDGEON said he had listened with unalloyed pleasure to Dr. Simpson's paper. His first experience of Carlsbad was somewhat unfortunate. A patient of his one day announced to him that he was going to Carlsbad. Dr. Dudgeon advised against it; but the patient went, and after a time he returned, a mere wreck of what he had been, suffering from all kinds of things, and among others prolapse of the rectum. He went from Carlsbad to Franzenbad, which did him no good. On the other side was the case of a man and his wife, who both had diabetes, the wife passing pus at times as well, and these were both benefited. Dr. Kafka had written on the subject. Many persons go to Marienbad to get their fat reduced. The Society was much indebted to Dr. Simpson for coming all the way from Liverpool to read his interesting paper.

Dr. DYCE BROWN said that there were two modes of employing the Carlsbad waters. That in general use for gout, sluggish liver, constipation, &c., he considered their allopathic use. But it was interesting to know that their purely homœopathic employment was found very successful by Dr. Kafka. He had informed Dr. Dyce Brown that in some cases of chronic diarrhœa, and even of ulceration of the bowels, he had had marked success with tea-spoonful doses three times a day. As to the use of these waters in diabetes, he thought they were homœopathically indicated, looking to the emaciation, profuse diuresis, and action on the liver produced by them after a long continuance of them. It was of special interest to homœopaths to note the points he had named.

Dr. FISCHER was grateful to Carlsbad. In 1877 he returned from Australia with his wife, who had fatty heart. Dr. Kafka advised her to go to Carlsbad. In three weeks she was marvellously better. Dr. Fischer studied Carlsbad and became an enthusiast for Carlsbad. In cases of cough, enfeebled action of the heart, difficult breathing, he had thought of Carlsbad. He had dissolved calculi with Carlsbad water, taken hot in the morning. Especially was this the case with biliary calculi. He used the waters in diabetes. Carlsbad biscuits, made of Carlsbad water, are sent all over the world. Carlsbad salts had not given the same results as Carlsbad water. In affections of the liver, obesity, catarrh of stomach

and bronchi, it is well to let the patients be under the influence of Carlsbad water; homœopathically indicated remedies will act better when this is done. Dr. Fischer made a proving of Carlsbad waters when there, drinking large quantities. He had great secretion of urine and symptoms of apoplexy, and had to get away from Carlsbad in a hurry. The waters were very exciting.

Dr. GALLEY BLACKLEY said he wished that Dr. Simpson in his paper had given more definite indications for the use of Carlsbad waters in different conditions. He mentioned a case in which he had lately tried Carlsbad salt in the 3rd decimal dilution for heartburn in pregnancy, with some effect. Gouty irritation of the brain, dull uneasy feeling about the scalp, with inability to concentrate the thoughts upon the matter in hand, were symptoms which he had seen cured by a sojourn at Carlsbad. He would also like to know what Dr. Simpson had seen or heard of the treatment of genuine diabetes at Carlsbad. He had just been reading the latest contribution to the subject, that of Dr. Schnee, of Carlsbad, but was not much impressed with it. Dr. Schnee treats diabetes as a manifestation of what he calls hereditary lues (syphilis); he allows wheaten bread containing 20 grs. of *chromate of potash* to each loaf, and claims for his treatment great success.

Dr. FAHNENSTOCK was much interested in the paper. In America the Carlsbad water was chiefly known as a remedy for true diabetes mellitus. He had hoped to get some definite information; the remarks appeared to him rather general. Possibly increased altitude, change of diet and surroundings, and the moral effect of taking something for a special disease, work wonders. In relation to the use of Carlsbad in fatty degeneration of the heart, he thought it was a difficult thing to diagnose. There is frequently merely a superfluous fat, which is called fatty degeneration of the heart. If taken in small doses the water will relieve these symptoms without the regimen and diet. Then it may be taken as a genuine effect of the salt.

Dr. CARFRÆ (in the chair) said the last speaker had referred to the utility of the waters in cases of *fat in and about the heart*. He (Dr. Carfræ) thought it would be pretty generally acceded that cases of fatty disposition, in abnormal quantities about the heart or elsewhere, will be benefited by a course of Carlsbad waters. But, in discussing this subject he wished to draw the attention of the members to the importance of differentiating accurately between *fatty disposition in and about the heart* and *fatty degeneration of the heart*. The waters might be very helpful in the one and very injurious in the other condition. If Dr. Simpson and Dr. Fischer refer to the same pathological

condition, *fatty degeneration of the heart*, there is a distinct discrepancy of opinion between the two speakers: the former mentioning that disease as one in which the waters are contra-indicated; the latter speaks enthusiastically of their curative power for that very same condition. He had tried *sulphate of magnesia* in small doses in chronic diarrhœa, and it had acted very satisfactorily.

Mr. CAMERON asked what was the geology of the place.

Dr. MOIR asked if Dr. Simpson could say anything of the effect of the waters on healthy persons. If they only reduced the abnormally stout, that was not a pure effect, but curative. Did Carlsbad waters make healthy people thin?

Dr. SIMPSON, in reply, was greatly obliged to the members for the kind way in which his paper had been received.

In regard to the homœopathic use of the waters in diabetes, Drs. Loudon and Kafka were quite clear that they were absolutely curative if the case was taken early. In fatty accumulations about the heart, these authorities were definite in saying that this was successfully treated.

Dr. SIMPSON went for his own personal benefit, for catarrh of the stomach. This was cured; and he did not object to the carbuncular boils which laid him up for six weeks and did not altogether leave him for six months. The best method of taking the salt—if it was desired to imitate the treatment at home—Dr. Simpson said, was to take one teaspoonful of the “bubble salt” (Sprüdel) in a wineglass of hot water. This was for chronic catarrh of the stomach. For diarrhœa a bigger dose is required.

CLINICAL REPORTS.

BATH HOMŒOPATHIC HOSPITAL.

By PERCY WILDE, M.D.

Introduction.

CLIMATE and local conditions must largely determine the type of cases which come most frequently under observation in particular districts, and this is very strikingly exhibited in examining the records of our hospital. The absence of acute inflammatory diseases is extraordinary even when the mild climate is taken into account. We meet with cases, more especially in private practice, where patients have had a “severe chill,” but it is seldom that such cases go on to inflammation of the lungs or pleura. Pneumonia is comparatively rare, the cases which come under observation being of the asthenic type, and more commonly met with in elderly people.

We have had four cases of inflammation of both lungs in patients, with ages ranging from 63 to 84, and all of these made a good recovery. Without detracting in any way from the value of *phosphorus*, which was the chief remedy employed in each case, I think that the inflammatory symptoms would have been more severe in other and more exposed places, and that the non-inflammatory nature of the climate had a distinct share in the very favourable results obtained.

A short, dry, hacking cough, with pain in the side, is much more likely to be symptomatic of relaxed throat and muscular rheumatism, in Bath, than of pleurisy. A severe cough with copious expectoration is most often a catarrh of the pharynx and larynx, although it is as a matter of course called "bronchitis." Such conditions have a basis very frequently in catarrh of the bile duct, or "sluggish liver," and unless such conditions are regarded, the best indicated remedies may be given in vain.

Another deficiency which Bath presents, as a field for testing the action of medicines, is the peculiar absence of epidemics. Typhoid fever, diphtheria, summer diarrhœa, are rare diseases with us. The cases which have come under notice have exhibited the value of the homœopathic remedies most strikingly, but they have not been in sufficient number for statistical purposes. We had only one severe epidemic of measles during the past seven years, when 130 cases were treated. The worst cases were in children who had attended a Board school, the sanitary conditions of which had long been imperfect, and the fever was of a distinctly typhoid type. In these cases *ailanthus* and *baptisia* gave most satisfactory results.

The absence of epidemics in Bath cannot be accounted for as the result of any superior system of drainage. The drainage is good, but a large number of the poor live in districts liable to be flooded, and the water finds its way into their houses through the pipes which ordinarily carry the sewage to the river. The water thus impregnated must soak into the soft stone of which the houses are built, and should constitute a considerable source of danger, but it does not manifest itself in the production of epidemics. I think this is due to the fact that, even in the poorer parts of the town, the houses are not closely packed. It is one of the unique

features of the city that almost every house commands an extensive view in one direction or another, and this means an uninterrupted circulation of air between the house and the breezy hills which surround the city. It is this open character of the town, together with the supply of good water, which makes all complaints of epidemic character so rare.

On the other hand, I think the damp rooms in which many of the poor live, owing to the conditions I have mentioned, cause anæmia and bone disease in the young, and, perhaps, tend to promote the growth of tumours of various kinds in the adult. I have no very definite grounds for the deduction, but I think that epithelioma cervicis occurs with greater frequency among these people than it does elsewhere. Rheumatism and functional disorders of the liver are also a direct result of such conditions; but it is generally rheumatism of a sub-acute and asthenic character. On the whole I think we have less rheumatism of local origin than in the north and east of England, but the reputation of the city for the treatment of such cases brings us a very large number of chronic rheumatic and arthritic affections from a distance, so that we have peculiar opportunities for their study.

The drinking water of Bath is particularly rich in lime, but this has no effect in producing either goitre or calculus, the few cases of these complaints that we see have been almost all imported.

I have made these prefatory remarks because I believe that climate and local conditions have a marked effect upon the action of remedies, and must be always considered in arranging the general treatment of patients.

TUMOURS.

Under this heading we include all growths, both malignant and non-malignant.

Speaking generally, our experience does not lead us to make every tumour the subject of a surgical operation. So much has been done by medicine both for the cure and the arrest of these growths, as the cases recorded in our literature show, that greater results still may be expected, but there is little hope of advance until those who report cases take the trouble to diagnose the nature of the tumour which they have treated.

The practitioner who sets himself down to cure "a tumour the size of a walnut" or "a tumour the size of a hen's egg," by "specific" medicines, is hardly likely to do justice to his patient or service to his profession, and if he blunders on an occasional cure, his report of it serves no practical purpose. We are all liable to make mistakes as to the precise nature of a tumour, but they cannot be said to present such difficulties as to render any attempt at diagnosis impossible.

I believe there are some homœopathic practitioners who scorn pathology, but it is evident that the "Repertory" will not help them to distinguish between an enlarged gland and a serous cyst, and as it is highly improbable that the remedy which will cure the one will cure the other, they must work in the dark and neither do justice to their patients or themselves.

I think that certain remedies have the power of checking the growth of particular tissues, and that it is by studying the nature of the tissues which enter into the composition of morbid growths, and applying those remedies in succession which stand in specific relation to these tissues, that a distinct advance will be made in the medicinal treatment of these diseases.

Serous Cysts.

This cyst is perhaps found in its simplest form as an enlarged Graafian follicle in the ovary. It has a thin wall and increases in size by the augmentation of its fluid contents. The size obtained by these cysts is enormous and the only surgical treatment is by the removal of the whole tumour. The operation of ovariectomy has been rendered less dangerous by the skill of modern surgery, but it is an operation always dangerous and not seldom impossible because of the general condition of the patient, and then we have nothing before us but a painful death.

When such tumours are due to unilocular serous cysts, we have a comparatively simple condition as the basis of the whole disease. If we can stop the secretion of fluid in the interior of the cyst, if we can get rid of the fluid already there, the tumour is cured. Tapping does not answer, because the fluid collects again. What we want is a medicine which will check the secretion

and cause the absorption of fluid within the walls of a cavity. I think we possess such a medicine in *apis*.

I have only had two opportunities of putting my views into practice in connection with ovarian tumours.

The first was a patient who, while being treated in the hospital for another complaint, called attention to a swelling over the right ovary which she had noticed, but which did not cause her any great discomfort. There was a good deal of fat over the abdominal walls, and the diagnosis was not very clear, but I pointed out the probability of the existence of ovarian tumour, and intended to keep the case under observation. The patient shortly after left the hospital, and I did not have the opportunity of examining her again until eight months later, when she applied for treatment because the swelling had steadily increased in size, and had now become a cause of trouble to her. She would probably have applied earlier, but suffering from a weak spine, and spending most of her time in the horizontal position, it had reached very large proportions before the discomfort had become very great.

The state of the patient's heart prohibited any surgical interference, and unless relief could be obtained by medicine there was no hope of saving life.

I prescribed *apis* 3x, 5 drops three times daily. At the end of the first week there was a decided diminution in the size of the tumour, and by the end of three weeks its existence could not be ascertained by careful examination. This is now over four years ago, and there has not been the slightest return.

The case was undoubtedly one of unilocular serous cyst, and the rapidity of its disappearance was very remarkable.

The second case was a young, healthy married woman, who applied at the out-patient department on account of a tumour in the abdomen. The appearance she presented was that of a woman in the sixth month of pregnancy. On removing the clothes she showed a well defined tumour rather to the right of the middle line, presenting distinct fluctuation and "percussion thrill." The abdominal walls being thin it could be easily examined, and the hand being pressed down well on either side it could be manipulated. It felt like a large bag of fluid from 6 to 7 inches in diameter.

She stated that she had first noticed it six months previously, and it had steadily grown larger. She had therefore consulted a local surgeon, who advised her to go to London to have it removed. She consulted me with a view to the avoidance of an operation.

This was clearly a case of unilocular serous cyst, and I gave her *apis* 3x, as in the last case. At the end of the first week she was sure that the swelling had diminished, and I did not examine it. At the end of the second week she said that it had so much diminished as to cease to trouble her, and after the fourth week she did not return.

This was nearly two years ago, and she recently came to the hospital for a slight ailment, and I had the opportunity of examining her. No trace of the tumour could be found, and she stated that she could not detect its presence after the third week of treatment.

I did not intend to record these cases until I had a further opportunity of testing the action of the remedy in this condition, but having had only two cases in seven years, I must look rather to my colleagues for further experience of its action. I need hardly say that it is only in ovarian tumours which are serous cysts that we can expect this remedy to produce such satisfactory results.

REVIEWS.

Auxiliary Methods of Cures. By DONALD BAYNES, M.A.,
M.D., &c. London: Simpkins, Marshall & Co.

In these days, when drug-treatment can be assisted materially by "auxiliary methods of cure," it is important for an "all-round" physician to have a knowledge of such, as one or other of them is often a great help in the treatment of tedious nervous disorders. Dr. Baynes' little work does not pretend to be original, but simply to give the profession a short, but clear, account of the mode of carrying out the various methods he treats of, with the cases suitable to each.

These auxiliary methods of cure are—1. The Weir-Mitchell system, which has been of such use in chronic hysteria and neurosthenia. 2. Massage. 3. Ling's Swedish movements. 4. The "hot water cure," which has been so fashionable, but which we have employed for years, having learned its value from the hydropaths. 5. Electricity.

Dr. Baynes has done his work well, and has compressed much information into a small compass. To those who wish to know about these methods, we commend Dr. Baynes' book as worth possessing.

Studies in Clinical Medicine. A Record of some of the more interesting Cases observed, and some of the Remarks made, at the Author's Out-Patient Clinic in the Edinburgh Royal Infirmary. By BYROM BRAMWELL, M.D., &c. Edinburgh: Young J. Pentland, 17, Teviot Place. Vol. I. No. 1. May 3, 1889. Pp. 26.

WE have before us the first number of a periodical which it is intended to issue fortnightly during the medical sessions of the University of Edinburgh. It consists, as the title page informs us, of some of the more interesting and instructive cases which come under Dr. Bramwell's notice at his out-patient clinical class, together with the comments which he makes upon them. The novelty of this contribution to medical teaching consists in the proceedings at the class being reported *verbatim*. The questions Dr. Bramwell puts to the patient, the patient's answers, and the comments he makes are here given word for word, precisely in the same manner as the *Times* reports the proceedings in the Parnell case. The method is the same as that which is adopted at Professor Charcot's Poly-Clinique at Paris.

Our perusal of the first number leads us to regard this addition to our periodical literature as one more instructive to junior members of the profession, more useful to the seniors, and more deeply interesting to all than any that comes under our notice. For the first time, the busy general practitioner is to be placed in all but actual contact with the work which is daily going on in one of our most important medical schools. There is a life, a realism about such reports as these of Dr. Bramwell's that we have not met with hitherto. To enable the busy practitioner to keep himself *au courant* with the progress of medicine in diagnosis and pathology, and indeed in therapeutics, these *Studies in Medicine* give promise of being one of the most useful works with which he can make himself familiar.

In the number before us we have several interesting cases examined, commented on, diagnosed and prescribed for.

The first is one of localised Jacksonian epilepsy, which Dr. Bramwell traced to a gumma irritating the motor cortical centre for the right hand—his diagnosis being obviously aided by the experiments of Ferrier and Victor Horsley—with diagrams from whose works he illustrates it. The patient was a shoemaker with the history of a chancre

five years previously. He complained of attacks of cramps and numbness in his right hand coming on at night; numbness and powerlessness in the right hand and arm with occasional spasmodic contraction of their muscles. He had never lost consciousness, but after an attack his tongue was stiff and he had a difficulty in speaking. He knew what he wanted to say but he could not speak the words distinctly. The tongue felt numb and cold after an attack. He also had headache, chiefly on the left side towards the front, and always worse at night, preventing him from sleep. His sight had been gradually failing for five years. The left side of the head was slightly tender on percussion. He had some small reddish-brown papules on the right hand, and on the extensor aspect of the left forearm, but none elsewhere. After describing the connection between the symptoms, the history and the lesion, Dr. Bramwell proceeded to discuss the treatment, and in doing so said that he knew "of no cases in which it is possible to obtain more brilliant therapeutic results than in some cases of gummatous intracranial syphilis. * * The essence of the treatment in cases of this kind," he continued, "consists in rapidly saturating the patient with the *iodide of potassium*. At least 90 grains should be given three or four times in the day. If you want to obtain brilliant results you must give large doses. Small doses are useless. You might almost as well give as much water as 5 grain doses—I usually begin with 90 grains given in a tumblerful of water three times a day, an hour before meals. If this dose does not seem to be sufficient, I do not hesitate to increase it largely. If at the end of a fortnight the symptoms have not materially improved under this mode of treatment, the drug should, I think, be discontinued altogether. When the symptoms persist without any material abatement after the system has for a fortnight been saturated with the *iodide*, the lesion is in all probability not syphilitic. It is of great importance to remember that in many cases of cerebral syphilis the *iodide* is quite powerless to remove the symptoms." Dr. Bramwell then pointed out that while all powerful in removing a syphilitic gumma, and so promoting absorption of the inflammatory products around, it is altogether different with some of the destructive lesions of the nerve tissue which have resulted from syphilis. This he illustrated by a reference to hemiplegia resulting from cerebral syphilis.

This patient returned in ten days free from headache, sleeping well and having only felt a slight numbness in the hand once or twice during the week. The papules on the forehead had disappeared. It is interesting to notice that on asking the patient if he had had any running from the nose

or eyes, he replied that for a day or two he had a slight cold in the head. On this, Dr. Bramwell remarked to the students, that "in those cases in which the *iodide* rapidly produces improvement in the symptoms, it generally causes little or no iodism. On the other hand, if marked iodism is produced by the drug, I am generally in the habit of concluding that the case is not specific (syphilitic)."

Three weeks later this patient was quite well. The non-occurrence of iodism when the *iodide* is given in a case of syphilitic gumma, seems to suggest that it is a specific in harmony with the definition of a specific given by Dr. Drysdale, "a medicine which cures with the absorption of its whole physiological into its therapeutic action."* At the April meeting of the British Homœopathic Society Dr. Hughes, in the course of some remarks upon a case of syphilitic liver exhibited by Dr. Moir, said that he "thought that tertiary syphilitic deposits were what might be termed extra-vital, and that they were therefore not amenable to treatment by homœopathic remedies. A drug having a solvent action, such as the *iodide of potassium* appeared to have, was required and must be given in full doses." Dr. Fisher, of Montreal, disagreed with this and thought that "we could do as much good with homœopathic remedies in tertiary syphilis as with any others." Dr. Edward Blake pointed out that *iodine* and its combinations induced symptoms resembling syphilis, and illustrated his point by reference to Hebra and others. If, however, *iodide of potassium* cured gummata homœopathically an infinitely less dose than thirty grains should be sufficient to do so, while on the other hand a dose of such magnitude would produce aggravation of the symptoms. Dr. Bramwell's patient, was rapidly cured without any aggravation or the indication of any of the pathogenetic phenomena of the drug worth noticing.

The next case—a woman 28 years of age—is one of mitral stenosis, the chief interest of which lay in the fact that the patient had had polio-myelitis acuta—infantile paralysis—when only three weeks old.

The next two cases are instances of ulceration of the stomach. There is nothing in the pathology of either calling for remark, both were simple characteristic specimens of this lesion.

With regard to the therapeutics, Dr. Bramwell's remarks are full of interest. After a reference to the need of a simple, plain and nutritious dietary, he says, "the second indication is to administer remedies which will promote the healing of

* *Brit. Jl. Hom.*, vol. xxvii., p. 475.

the ulcer. * * * In cases of chlorosis complicated with ulceration of the stomach, I find *arsenic*, given in the form of Fowler's solution, along with a teaspoonful of *liquor pepticus* (Benger's), a most valuable remedy." He also, it must be added, notices *bismuth* and *nitrate of silver*, *opium* or *morphia*, and a blister over the stomach when there is a tenderness on pressure. His dose of Fowler is half a drop or a drop. Then in commenting on the second case he makes the following remarks on "*The Therapeutic Value of Arsenic.*"

"You will find *arsenic* a most valuable remedy; it is, I believe, one of the most important drugs in the Pharmacopœia. It is useful in all forms of anæmia, but especially in idiopathic or pernicious anæmia, in many cases of which it is a specific. It is often most useful in many cases of stomach disease, such as ulcer associated with anæmia. In some cases of chronic dysentery it is an important remedy. It may seem strange to you that *arsenic*, which in large doses produces diarrhœa, is useful in the treatment of some cases of diarrhœa. In many forms of cardiac disease *arsenic* is most useful, especially so in some cases of fatty heart. I was led to suggest the administration of *arsenic* in cases of pernicious anæmia, because of its value in the treatment of fatty heart. In some cases of angina pectoris *arsenic* is a very valuable remedy, and in many valvular lesions with failing cardiac nutrition it does great good. In many skin diseases it is most useful, more especially in chronic inactive psoriasis and in chronic scaly eruptions generally. In lichen planus it is an important remedy. In many cases of pemphigus it acts as a specific. Mr. Jonathan Hutchinson has also pointed out that in the recurrent form of herpes, such as herpes præputialis, *arsenic* often acts as a specific: he also states the very interesting fact that the long continued administration of *arsenic* seems, in some cases, to produce herpes zoster. In neuralgia, *arsenic* is often a valuable remedy, and it is useful in many chronic nerve diseases; in chronic nerve degenerations such as progressive muscular atrophy and locomotor ataxia, it is one of the best remedies which we possess. It seems useful in some cases of pseudo-hypertrophic paralysis. In Hodgkin's disease and lympho-sarcoma it is by far the most important remedy. It also appears to do good in some cases of leucocythæmia. In some cases of pernicious malarial fever in which *quinine* fails to cure, *arsenic* is very valuable."

Imagine Syme, Simpson and Christison returning to earth and hearing such teaching as this in their former hospital! The very kind of teaching they did their utmost to prevent! The very kind of teaching they each and all let nothing hinder them from endeavouring to suppress! But truth will

out, and this teaching is true, just in proportion as homœopathy is true. There is not one of these applications of *arsenic* which is not an illustration of the truth of homœopathy. With the single exception of pseudo-hypertrophic paralysis, in which *phosphorus*—in many respects a very similarly acting medicine to *arsenic*—is much more likely to be remedial, every one of the conditions in which Dr. Bramwell speaks of it encouragingly is similar to the pathogenetic results of the drug.

“It may seem strange to you” said Dr. Bramwell, “that *arsenic*, which in large doses produces diarrhœa, is useful in the treatment of some cases of diarrhœa.” Why should this “seem strange”? That a drug, which “in large doses produces” a certain morbid condition “should be useful in the treatment of some cases of” that morbid condition, has been well known for nearly a century, and during all these years has been extensively acted upon by thousands of physicians in different parts of the world! Why then should such a doctrine “seem strange?” Simply because this doctrine has throughout the entire period been boycotted by the medical press, repudiated by the medical schools, and rendered the object of an *odium medicum* throughout the profession! But it is true, and, moreover, it is felt to be true, and as a result, the teachings of those who have accepted it as true are now being empirically adopted more widely than ever. Were “the reason why” these applications of *arsenic* were originally adopted admitted, Dr. Bramwell would be in a position to point out to his students, not only that *arsenic* was useful in the treatment of “some cases of diarrhœa,” but to teach them how they might recognise these “some cases” when they met with them. Not being handicapped by an *odium medicum*, Dr. Pope, in his lectures on *Materia Medica*, at the London School of Homœopathy, was at liberty to do this, not only in the case of diarrhœa, but in each of the other instances mentioned by Dr. Bramwell, as a reference to our July, August and September numbers of the year 1886 will prove.

Here is the weak point of the present opposition to homœopathy. The practice of those who have long sought for their remedies through homœopathy, may be copied and taught in its *crude form*, but no reference to the doctrine which led to it all is permissible, and, hence, no differentiation of cases is possible.

Better far, however, this rough empirical homœopathy than the old reliance upon drugging a patient with antipathic palliatives. There are stages in all progress. This empirical adoption of homœopathy, which has now been going on for

more than twenty years, is an important advance. One more step and its scientific examination will lead to its being practised scientifically.

Homœopathic League Tracts, vol. 1 and Nos. 19—22. London :
J. Bale & Sons, Great Titchfield Street, W.

SINCE last we had an opportunity of introducing to our readers the excellent work of this very useful missionary body, the first eighteen *Tracts* have been published as a volume. We know of no better book explanatory of homœopathy, and at the same time setting forth the results that have accrued from it, wherever it has been adopted as the basis of the medicinal treatment of disease, than this one. Each *Tract* is well and carefully written, and entirely devoid of those medical technicalities, which so often puzzle non-professional readers when they endeavour to render themselves familiar with the, to them, important facts relating to practical medicine.

We trust that it will have a large circulation, and that all, who desire to benefit their invalid friends and others, who are as yet ignorant of the opportunities which homœopathy places within their reach, will give and lend it amongst them.

The eighteenth tract—*Allopathic Misconceptions of Homœopathy*—is one of the best and most useful of the series. It exposes the "bogus experiments" of Andral, shows that Sir Benjamin Brodie's account of homœopathy was a mere "man of straw of his own manufacture," that Dr. J. C. B. Williams—one of the most inveterate and at the same time ignorant haters of homœopathy whoever practised medicine—"utterly failed to comprehend what it is," that Professor Gairdner, in his latest expression of objections to homœopathy, was hopelessly "at variance with fact,"—nothing unusual with him when treating of homœopathy, by the way—and that Dr. Lauder Brunton, when he attempted to show that homœopathy was untrue gave vent to nothing but "paradoxical nonsense." These "misconceptions" are accurately set forth, and each one conclusively replied to.

The sceptical spirit which still predominates in therapeutics and consoles itself with the assurance that something is going to turn up some day that will place the treatment of disease on a sound scientific basis is very well described.

The utter failure of bacteriology to contribute to the cure of internal diseases, the uselessness of experiments with drugs upon the lower animals for the purpose of enabling us to select them in diseases of human beings, and the impossibility of any use being made of experiments upon human beings—the only true source of all knowledge of drug action—*unless*

the homœopathic rule of *similia similibus curentur* directs their employment, are all very clearly pointed out.

Some of Dr. Mitchell Bruce's appropriations from homœopathy are then narrated, and a brief reference is made to the boycotting of the very men from whom these therapeutic facts were appropriated. Then, alluding to "the reasons why our colleagues of the old school still maintain their hostile attitude towards us, though they are so largely indebted to homœopathy for the boasted progress of therapeutics," the writer says:—

"There is the difficulty of bringing men to acknowledge they have been wrong in their conduct towards their homœopathic colleagues; the reluctance to admit that methods and labours, which they have been continually vaunting as the only possible means of developing scientific medicine, are fallacious; the negative answer their controversialists always give to the question, 'Have any of the rulers or Pharisees'—the big-wigs of the profession—'believed in him?'—though, as a matter of fact, we can point to many illustrious converts from the old school, including no less than five Professors of Pathology in ancient universities, Edinburgh, Zurich, Tübingen, Vienna and Montpellier—and above all these is the well ascertained fact that homœopathy does not pay. It diminishes the duration of diseases, it renders the frequent visits of the practitioner to watch the effects of his remedies superfluous, and it enables patients to treat themselves for most of the slighter ailments, and many of the serious diseases which, under the ordinary system, have hitherto required the aid of the family medical attendant."

Hence, the speedy general adoption of homœopathy by the profession cannot be anticipated. But it will come. The Margaret Street Infirmary's successful stand for liberty of opinion and freedom of practice, the opening of new homœopathic hospitals, and the fact that Hahnemann, though dead these four-and-forty years, is remembered, and the principles associated with his name are both directly and indirectly being increasingly taught and acted upon, while the schools founded by Galen, Paracelsus, Sydenham, Boerhaave, Van Helmont, Stahl, Cullen, Brown and Broussais, "are nothing but mere *nominum umbra*," render it certain that come it will.

The Gains of Medical Liberty (No. 19) briefly notices the more conspicuous and organised outbursts of intolerance of homœopathy and homœopathic physicians, which were so frequent but a few years ago; outbursts which are scarcely possible now. While, however, we may congratulate the profession on the cessation of those stupid exhibitions of passion which disgraced it, "there is still much to be done before

medical liberty is duly established," and " it is to be hoped that before another half century has elapsed, the complete triumph of liberty of opinion and practice in medicine will be secured, and medical science no longer be open to the reproach of turning a deaf ear to its prophets or persecuting its cultivators."

The Times on Homœopathy (No. 20) is a reprint of the very excellent leading articles which appeared in *The Times*, on the 4th and 20th of January of last year, at the commencement and conclusion of the well known and most interesting correspondence initiated in that journal by Lord Grimsthorpe.

British Homœopathic Hospitals (No. 21) gives interesting sketches of the history progress and present position, with woodcuts of several, of The London Homœopathic Hospital and its Convalescent Home at Eastbourne; Hahnemann Hospital Liverpool; Birmingham Homœopathic Hospital; The North of England Children's Sanatorium, Southport; St. Mary's Convalescent Home, Hastings; Buchanan Cottage Hospital, St. Leonards; Leaf Homœopathic Hospital, Bournemouth; Bath Homœopathic Hospital; Devon and Cornwall Cottage Hospital; St. Lawrence Convalescent Home, Slough; Bristol Homœopathic Hospital; Bromley Homœopathic Hospital and Infirmary for Consumption and Disease of the Chest.—This last though not a homœopathic hospital in the same sense as the others is especially deserving of notice in such a tract as this, from the fact of it being the first institution in this country where the right of medical officers to treat patients as their knowledge, experience and conscience dictate, has been successfully asserted."

The Small Doses of Homœopathy (No. 22) consists of Hahnemann's well known paper entitled "*How can Small Doses of such very attenuated medicines as Homœopathy employs still possess great Power?*" together with some comments upon it. The writer sums up the case for the employment of minute doses as follows:—

"1. The minuteness of the organic molecules of which the human frame is constructed would seem to demand a corresponding minuteness in the agents that would best act on them; and proofs that this is so are numerous, such as the inconceivable minuteness of many morbidic viruses which are capable of deranging and even destroying the structure and functions of the body, and the smallness of the quantity of certain medicines which will powerfully affect even the healthy human body.

"2. The vast increase in disease of the sensitiveness of parts of the organism for their specific stimuli, from which we might infer the necessity of giving in disease very much smaller doses

than those required to act upon the healthy structures. The necessity for diminishing the dose is further apparent from the fact that, in the homoeopathic treatment of disease the medicine whose elective affinities have previously been ascertained by provings on the healthy, acts directly and immediately on the diseased parts, and we do not need to produce the physiological effects of the medicine on healthy structures, as is the case in antiseptic practice, but we only seek to cause an amount of action on the hypersensitive diseased part just sufficient to stimulate it up to the normal level, for which the smallest doses suffice.

"3. The homoeopathic pharmaceutical processes are the very best yet devised for reducing the amount of the drug in their preparations in a uniform and exact manner. We have the testimony of many distinguished men of the old school to the excellence of Hahnemann's pharmaceutical processes, which have been adopted in some of the leading pharmacopœias of official medicine.

"4. The truth of Hahnemann's teachings with respect to the advantage of small doses in the treatment of disease is borne witness to by the practice of orthodox authorities, who, when they prescribe medicines having a specific relation to the disease, frequently imitate the doses of the homoeopathic school. Of course when they wish to produce their favourite *tours de force* of purging and narcotising, they must still employ the old-fashioned big doses; but as a considerable portion of their practice now consists in conscious or unconscious homoeopathy, they have to adopt the small doses which reflection and experience convinced Hahnemann were essential in order to obtain a mild, safe and permanent cure, and to avoid disagreeable aggravation of the malady."

CLINICAL AND THERAPEUTIC NOTES.

. The Editors count upon the co-operation of contributors to keep the pages of this department well filled.

Deafness.—Jan. 6th. M. H., æt. 5. Deafness both ears, worse left, after earache, with which was associated a *profuse discharge of thick cerumen*. Syringing removed a lot of thick black wax, but did not improve the deafness. For some days the patient took *pulsatilla* without relief to the deafness. Her appetite was bad and she was very drowsy all day. These symptoms have been removed by the *pulsatilla*. Prescribed *hepar sulph.* 30 three times a day, and on the 9th found the

deafness quite gone. The symptom in italics is found under *hepar*.

* * * *

Ophthalmia.—Jan. 4th. A servant maid, of scrofulous constitution, got a "cold in the left eye" about a week previously to date. The eye has all the week been red, especially the outer side of cornea. In this situation it is now intensely injected. Running up to a small vesicle about $\frac{1}{8}$ in. from margin of cornea are large red vessels. There is a feeling as of sand in the eye, and the lids stick a little in the morning. *Sulphur* gave no relief. After two days of *rhus tox* 80 only a very slight trace of redness was left, and the vesicle had disappeared. No abnormal sensation noticed.

* * * *

Hypertrophy of Anterior Lip of Cervix Uteri.—A married woman, having had one child, and pregnant about two months, came complaining of "misplacement." She had dragging and pressure downwards, and something nearly protruded from the vulva. This condition had only been present a few weeks, and had not followed any violent exertion. On examination the finger encountered a smooth, elongated, soft body which proved to be continuous with the anterior lip of the cervix. Even when lying down it was less than an inch from the vulval orifice. Exposure by the speculum showed that the neighbourhood of the os was much abraded and fissured. This appears to be a case of unequal hypertrophy of the vaginal cervix, increased in degree by the increased vascularity and weight of the pregnant uterus.

Readers are asked to suggest treatment.

MEETINGS

ANNUAL GENERAL MEETING OF THE GOVERNORS OF THE LONDON HOMŒOPATHIC HOSPITAL.

This meeting took place on the 3rd of April in the Board Room of the Hospital, Lord Ebury occupying the chair. The Report, of which the following is a summary, was read by the Secretary (Mr. G. A. Cross).

Mr. Cameron and Dr. Yeldham who recently inspected the Hospital, reported: "We have to-day carefully inspected the Hospital from top to bottom, and have great pleasure in reporting that we found everything in the most satisfactory condition."

Patients.—The number of in-patients has been 711. The following table shows the progressive increase of in-patients during the past seven years:—

1882-3 1883-4 1884-5 1885-6 1886-7 1887-8 1888-9.
487 ... 543 ... 656 ... 657 ... 711 ... 712 ... 711

The number of out-patients has been 9,486, against 8,882 in the previous year.

1882-3 1883-4 1884-5 1885-6 1886-7 1887-8 1888-9.
7,467...8,404...9,007...8,844...8,824...8,882...9,486

The increase in 1884-5 was due to special and temporary causes; that in the present year to the fact that the work of the medical staff has been uninterrupted by changes.

The deficit, which was the one blot upon the report of 1888, has, we are glad to learn, been made good through retrenchment in expenditure made in conformity with the recommendations of a committee appointed to examine into the financial position of the Hospital. This year the Board meet their subscribers with a balance in hand, the income having been £5,019 18s. 1d., and expenditure £4,370 4s. 6d., the net result being, as Mr. Micawber would have said, "happiness."

That modern, and we should suppose very popular, method of raising money for charitable purposes, "Cinderella dances" has placed £106 8s. 6d. to the credit of the Hospital and a great deal of amusement, we do not doubt, to the credit of the amusement account of many young people. The Hospital Sunday Fund produced £208 6s. 8d. against £203 2s. 6d. in 1888. The Saturday Fund however shows a decrease, it having provided the Hospital with £78 14s. against £94 8s. 10d. last year.

Legacies.—The legacies received during the year have been that of the late Miss Louisa Eliza Harrison, £100; Mrs. Janet Blyth, £100 an instalment of the first legacy left to the Hospital by the late Mr. George Sturge; and an award of £150 from the estate of the late Miss Louisa McKellar.

The next paragraph in the report refers to the establishment during the year of a Convalescent Home at Eastbourne, of which we have given a full account in previous numbers. During its first half-year eighty-two persons, including twenty invalid nurses of the Hospital have been received.

Very appropriately are the valuable services to the Hospital and Convalescent Home acknowledged by the board. The report says:—

"The board cannot leave this pleasing subject without acknowledging the indefatigable exertions of their chairman, Major Wm. Vaughan Morgan, in the foundation and organisation of the Home. To his energy and influence the existence of the Home is mainly due, and in the establishment of this

new institution a fresh debt is added to those which homœopathy already owes to him."

Some of the largest donors to the home are also named.

The following hopeful expression concludes the reference to the Eastbourne Home:—

"The board now hope that in the near future it will be placed in their power to enlarge the Home so as to admit of the accommodation of men patients as well as women and children, thus completing the original scheme. To accomplish this the sum of £3,000 will be necessary, of which £1,500 remains to be provided, and promises of help would be most welcome."

Of the admirable Nursing Institute connected with the Hospital we are informed that it shows the same average number of nurses employed in Out-nursing duty as last year. The receipts from this source have been £1,509 17s. 9d., as compared with £1,481 11s. 6d. for 1887-8, 1,651 11s. 1d. for 1886-7, and £1,185 15s. for 1885-6. The board urge most earnestly upon those practising homœopathy the great advantage to their patients afforded by the attendance of nurses trained in the wards of the Homœopathic Hospital. All supporters and friends of the Hospital are asked to bear in mind when cases of sickness come under their notice that a large staff of nurses has been trained expressly for private nursing, some having been especially trained for accouchement cases.

The board has been strengthened during the year by the addition of the Hon. Justice Pinkey, Mr. Wm. Pite, Mr. T. D. Galpin and Mr. C. Hater.

The board record their regret at the deaths of Her Royal Highness the Duchess of Cambridge, the Patron of the Hospital, of Lord Alfred Paget one of its Vice-Presidents, of General Sir James Alexander, for seven years a member of the board and of Miss Kindersley one of the lady visitors. After presenting their acknowledgments to their honorary officers they inform us that Medical students and practitioners enquiring into homœopathy have, as in former years, attended the Hospital under the guidance of the medical staff, and the board feel that good work is constantly being done in this way towards widening the circle of professional men who accept the principles of Hahnemann; and that the usual arrangements for such instruction remain in force, and all students and medical practitioners are invited to visit the wards and out-patient department in order to become acquainted with the methods of homœopathic practice.

The report concludes in the following terms:—

"The Board reflect with feelings of encouragement upon

the past year as one of much activity, of fully sustained progress, and of great usefulness. The increased applications of the poor sufficiently assure them that the practice of the Hospital is highly successful. The number of medical men and students visiting the wards from America and other Hospitals of the metropolis convince them that the institution fulfils its mission of demonstrating the scientific value of the medical principles of Hahnemann, so far as the prejudices existing in some branches of the medical profession will allow. Recognising that the mission of the Hospital, while providing for the sick, is to corroborate the principles of scientific medicine as discovered by Hahnemann and to foster a desire for medical progress they believe that the practice and policy of the Hospital has had some beneficial effect in dispersing prejudice in many ways. Chiefly, however, they are thankful that the Hospital has been able, through the liberality of those who have themselves experienced the blessings of Homœopathy, to bestow on a really great number of the needy sick the advantages of treatment under a system so scientific in theory and so gentle and effective in practice. They trust that, as in former years, the Divine blessing may continue to rest upon the earnest endeavours which the donors and subscribers enable them to make, constantly to improve and develop the work of the Institution."

Lord EBURY, in moving the adoption of the report, said : It is always a pleasure to me to hear the reports of this Hospital. I like their tone extremely. They seem to show, for one thing, that though we are not a fighting body, yet we are fully prepared to hold our ground. (Cheers.) We need to do so, because the serpent of boycotting still exists in the midst of the medical profession. A few days ago I was reading a document issued by the Charity Organisation Society, which is declared to have for its object the better organisation of the Hospitals generally. It gives a very detailed account of most hospitals, and divides those institutions into hospitals with medical schools, general hospitals, special hospitals, and dispensaries. But where do I find the Homœopathic Hospital? If there is a Hospital essentially general in its work it is this. (Hear, hear.) We treat every variety of disease which is treated in the hospitals properly named "general." But where do I find the Homœopathic Hospital? I find it under "special" hospitals, and I find it the very last of all. If it had been placed in alphabetical order it would have had a good place. If it had been placed in the order of the number of beds we could not have complained. But we are last. All I can say is that, though last, we are not the least. Certainly there is nothing in our report

of a discouraging character, and I must say that the encouraging statements it gives are entirely due to our Treasurer—(applause)—whose motto seems to be "Go on," for he is always making progress for the Hospital in some way or another. There is the Convalescent Home at Eastbourne, the existence of which is so largely due to him. (Hear, hear.) I have very good reason to remember it. When I visited it a few months ago, I was incautious enough to leave an overcoat off, and being a very old man I took cold, and was laid up for a month. However, thanks to homœopathy, here I am—(cheers)—and I can only say, as I have said often before, that as long as I live I shall continue to feel thankful to homœopathy, and to take an interest in the Homœopathic Hospital. I will therefore simply propose that the report be adopted, printed, and circulated, and will call upon our Treasurer to second the proposition, in doing which he will no doubt be able, as usual, to add some facts about the Hospital which cannot properly come into the report itself. (Cheers.) But before I sit down I may refer to two pleasing facts connected with the Hospital. One is the addition of Lord Grimthorpe to the list of Vice-Presidents—(hear, hear); the other is the fact that during the whole of the long illness of Mr. Bright he was nursed by nurses of the London Homœopathic Hospital. Mr. Bright was, as the world well knows, not a man easily deceived, but was quite well qualified to judge of the utility and value of the treatment he received. (Applause.)

Major VAUGHAN MORGAN, in seconding the resolution, said: The report is a very favourable and very encouraging one, especially in view of the reports of other hospitals, which show terrible deficits. We have managed to pay our way, to re-pay part of our debt to our reserve fund, and to have a balance in hand. (Applause.) Lord Ebury was kind enough to make some flattering remarks about my connection with this report. But it is only fair to say that, while it is the report of the Board of Management, and is wholly accepted by them, it has been drawn up entirely by our Secretary, Mr. Cross, and does him great credit. (Applause.) I must say if I had had any part in drawing up that report I should have left out certain too flattering allusions to myself and such services as I have been able to render to the cause of homœopathy. However, it is the report of the board, and so I have no more to say about it; and it is a report which shows that if we are, as a Hospital, boycotted, we are in a much sounder position than many of the hospitals which are not boycotted. With regard to the action of the Charity Organisation Society to secure the appointment of a Select Committee

of the House of Lords, I can only say that from such an enquiry our Hospital has nothing to lose and everything to gain. (Hear, hear.) It would certainly be a most convenient thing if the accounts of all hospitals were made up in an identical manner. But with regard to boycotting, the fact has been brought to my notice that in a recently-issued Medical Directory, while the names of all homœopathic practitioners are duly inserted, the names of any works they have written on homœopathy are carefully suppressed—(Oh! oh!)—though the writings of their allopathic brethren are carefully put in. And as if to make the *animus* quite unmistakable, the editors insert the title of some work entitled "*The Fallacies of Homœopathy.*" So that the profession and the public are directed by this publication to any supposed errors in the homœopathic system; but any explanation or defence on our side is rigidly excluded. I think it is only necessary to state these facts in any assembly of Englishmen without comment. (Hear, hear.) They speak for themselves. (Applause.) I do not blame the publishers, who were possibly unaware of the deliberate omissions, until informed of them from the outside. At all events, when we acquainted them that even the name of our Hospital had been carefully excluded from their list of Metropolitan Hospitals—(Oh! oh!)—after its forty years' existence—(applause)—they assured us, in the frankest manner, that it should, in future editions, appear in its proper place. (Applause.) But I do blame those editors who, "dressed in a little brief authority," so wield their tiny but mischievous powers as to gag and boycott colleagues who, while they differ from them in opinion, have had their judgment educated by qualifying in the usual schools, and are legally entitled to hold opinions of their own. (Cheers.) Their effort is to suppress what the law allows; to stamp out what multitudes of patients prefer and desire, as if the rapid and marvellous growth of homœopathic science could not convince its enemies that attempted persecution only added to its publicity and the number of its adherents. (Cheers.) Mr. Cross reminds me of an occurrence in connection with our Eastbourne Home. We were fortunate enough to secure the aid of a gentleman connected with a branch of the medical profession as a member of the Executive of the Home. But that gentleman has just written resigning his post, because, he says, of "influences which he could not foresee," and which, I suppose, in a small country town, it would not be politic to oppose. Well, turning to pleasanter matters, our finances are in a satisfactory condition. (Hear, hear.) Last year we had a deficit, and in addition to that we owed our

reserve fund some considerable amount. It is the custom of many hospitals, when they have over-spent their income, to draw upon their legacies. We pursue what I think is the sounder policy, of regarding legacies as extraordinary income which should be invested, thus forming a permanent instead of a temporary addition to the annual income, and adding greatly to the stability of the Institution. (Cheers.) Pursuing that plan, we have repaid part of our indebtedness to the reserve fund, and in a short time we hope to be able to repay more. (Hear, hear.) Lord Ebury has alluded to the Convalescent Home, and I am happy to say that that new Institution is in a fairly prosperous condition, and bids fair to be very useful in the future. We have made many friends in the locality, and hope to make many more. There is one source of regret as regards our new Home—we are not able to admit men. But we hope at some future time to enlarge our borders so that we can admit men as well as women and children. I now come to a most important matter, and one which has been present to the minds of the Board for a good many years past, the great and growing necessity for an entirely new building. (Applause.) We have from time to time spent a great deal on our present very old structure, but have never done so without feeling how much better the money could be spent if we could have invested it in a new hospital, more fitted as a building to take its place among the hospitals of the Metropolis. We have largely improved our present accommodation, so that for a good many years past we have certainly had the advantage of the amounts which have been expended in repairs and alterations. (Hear, hear.) But now the medical staff assure us that a building so old can never enable homœopathy to compete as it should do with the ordinary hospitals, in which all those great sanitary improvements exist which have done so much in recent years to perfect hospital work. I am glad the medical men are alive to this necessity. The work is one in which they can render immense aid. The late Dr. Quin—with his friends Mr. Cameron and Mr. Yeldham—here with us to-day—(applause)—got together the money to start the London Homœopathic Hospital. At a later date Dr. William Bayes raised a very considerable sum for a Medical School, and secured large donations from his friends for this Institution. These are striking proofs of the influence medical men have, if they will only exert it. Well, some friends are willing to start the fund substantially. One promises £1,000, a lady another £1,000. And I hope in a little time more promises will be received, so that we may be encouraged to go on. (Hear, hear.) The Board have already long felt that the yearly expenditure for

repairs is considerable and not satisfactory, they are anxious that the Hospital they administer shall take its proper place among Metropolitan hospitals, and, in their name, I can say that no effort shall be wanting to carry out this important scheme if the necessary encouragement is forthcoming at the beginning. (Applause.)

The motion for the adoption of the report was then put and carried.

Mr. CAMERON then rose to propose a vote of thanks to the Board of Management and House Committee, the Treasurer and Sub-Treasurer, the Medical Staff and Lady Visitors, the Honorary Solicitors, the Honorary Architect and the Honorary Chemists. In doing so he referred to the remark of the Treasurer to the effect that he would have wished to boycott that paragraph in the report regarding his services. He (Mr. Cameron) as one of the original founders of the Hospital—(cheers)—naturally watched its growth and development with very keen interest, but do what he would, he could not separate the existence and progress of the Hospital from their Treasurer. (Hear, hear.) It would be a sad thing for the Hospital to have to do without him. (Cheers.) He then expressed his sense of the value of the influence of the Lady Visitors in the wards and of the services of the Solicitor and Architect.

Dr. DUDGEON seconded and concurred in the general remarks of the proposer.

The motion was carried unanimously.

Mr. CHAMBRE acknowledged the vote on behalf of the Board of Management, and said that his connection with the Board and the Hospital having extended over a period of twenty years, during which the Board had guided the affairs with the greatest care and much success, he could not but feel that the thanks of the Governors and subscribers were really their due. They devoted great attention to the interests of the patients and the maintenance of the character of the institution as representing homœopathy. They had had an excellent Chairman in the past—Lord Ebury—and they all knew how admirable a Chairman they had at present—Major Vaughan Morgan. (Hear, hear.) He cordially thanked the meeting for their appreciative vote.

Dr. YELDHAM responded on behalf of the Medical Staff, and in doing so, after referring to the work of the Medical Staff and its immense value, he said: With regard to the important subject of a new building, they had all longed for a new Hospital. Of course, the present one served its purpose very well, because patients were received and were cured. But it was hardly fair to the Medical Staff—(hear, hear)—as it

placed them at a disadvantage in demonstrating the value of the homoeopathic method. Therefore, he was glad the proposition had been brought forward, and he hoped that in a little time it would be possible to realise the scheme. With reference to the participation of the medical profession in such efforts, he was afraid the younger men were not so interested and active as the older members were when they themselves were young men. It should be remembered that in the old days the medical men—he would include Mr. Cameron and himself—(cheers)—had been active and interested in the birth of the institution, in getting money, promoting meetings and dinners, and in that way they imbibed an interest that remained to these days, when they found it a going and flourishing Hospital. (Cheers.) He felt sure that if the younger men would only realise that, and mention the new scheme to their patients, the sum required would soon be forthcoming.

Mr. WYBORN (Messrs. E. Gould and Son) responded to the vote of thanks to the honorary chemists, and the Rev. DACRE CRAVEN asked leave to return thanks for the vote which had been passed, thanking the Lady Visitors. They visited the wards with much regularity, brought books and flowers for the patients, and did all they could to lighten the burden of sickness. (Cheers.)

Mr. CHURCHILL said that he had come to the annual meeting for the first time that day, and had been asked to move a resolution, which he did with much pleasure. His task was a very easy one—to propose that the retiring members of the Board be re-elected, the re-election of the Auditors, and the confirmation of some additions to the Board—The Hon. Mr. Justice Pinhey, Mr. Wm. Pite, Mr. Thos. D. Galpin and Mr. Charles B. H. Harter.

Mr. KNOX SHAW said he had extreme pleasure in seconding the resolution. With regard to the proposal as to a new building, he would say that those on the Medical Staff would feel their enthusiasm increased if this question were vigorously taken up by the Board, which must naturally lead in such plans. (Hear, hear.) The staff had urged the matter for some time, and at length they began to feel the satisfaction of the poor widow who got her requests because of her much coming. (Laughter.) He felt now that if their Treasurer said a thing is to be, a way would be found to bring it to pass.

The resolution was then carried.

The Hon. Mr. Justice PINHEY then proposed the re-election of the Medical Staff.

Mr. CHAMBRE, having briefly seconded the motion, it was carried.

Major VAUGHAN MORGAN said there was one further and pleasing duty left. It was to propose a vote of thanks to their noble President, the Lord Ebury. (Applause.) He would only say how pleased they all were to see him in his place. They had been rather afraid, looking at the inclement weather, that he would not be able to come. But there he was, and he could only congratulate him and the meeting on the fact that he was able to be there.

Dr. MOIR had much pleasure in seconding, and would only say he hoped they would soon have the new Hospital, and that Lord Ebury would be present to open it. (Hear, hear.)

Lord EBURY thanked the meeting, and assured them that it gave him great pleasure to be present. Referring to the wish expressed by his young friend—the last speaker—he was surprised that he could doubt that, under homœopathy, he could fail to appear for many years to come.

The meeting then separated.

NOTABILIA.

ANNUAL REPORT OF THE LIVERPOOL HAHNEMANN HOSPITAL AND HOMŒOPATHIC DISPENSARIES.

THE following extracts show the gratifying success which has attended the working of this Institution during the past year:—

“ In issuing this, the first annual report of the Hahnemann Hospital, and the forty-seventh of the Homœopathic Dispensary, your committee are pleased at being able to say that the hospital building has been found to be admirably suited to the purposes for which it was erected. Its construction, ventilation and warming, and its sanitary condition, have proved to be almost all that could be desired; and your committee are under a continual sense of gratitude and obligation to the nobly-minded donor.

“ The medical and surgical work have been performed by the homœopathic practitioners of the city, all joining and working together harmoniously, some of them visiting the hospital every day, and most of them two or three times a week. The Special Departments have been found to be highly appreciated by the homœopathic poor, who had previously been obliged to seek the aid of other specialists. The Private Paying-patient Wards also have been taken advantage of to a considerable extent. In fact, the whole of the provisions of

the hospital are answering admirably the purposes for which they were provided."

ATTENDANCE OF PATIENTS FOR THE YEAR, 1888 :—

OUT-PATIENT DEPARTMENT, HOPE STREET.

Attendances at the Dispensary	87,826
Visits at own homes	8,000

ROSCOMMON STREET DISPENSARY.

Attendances at the Dispensary	20,466
Visits at own homes	2,190

Grand total of attendances 67,982

Average daily attendance 226

Number of In-patients treated within the
Hospital during the year ending Dec. 31st 220

HOMŒOPATHY IN MALAGA.

THE *Rerve Homœopathique Belge* for February contains an interesting account of Malaga as a health resort by Dr. Lam-breghts, *fils*, of Antwerp, who has been appointed to direct the homœopathic dispensary there for some months. He concludes the paper with a brief notice of the position of homœopathy in Malaga.

"There are," he says, "a hundred allopathic physicians in Malaga. Homœopathy made its first appearance there in 1835, when, thanks to the zeal and devotion of a charitable English lady, Miss Browne, who established a dispensary there in order to enable the poor to receive gratuitously the care of a homœopathic physician. Through his influence a *junta* or society was formed in addition composed of five active members, chosen from amongst persons of influence in the town, and a large number of honorary members. This *junta* has as its objects the support of the dispensary, and also the propagation of a knowledge of the new method among all classes of society. The homœopathic dispensary, or *Centro consultivo homœopatico* is situated in the centre of the town, *Calle de Comedias*, 48.

"It consists of a consulting room, an operating theatre and a waiting-room. One bed is available for any poor person who prefers homœopathic to allopathic treatment. By-and-by, when the *junta* has obtained the necessary funds, a greater number of beds will be opened, and a small homœopathic hospital will be gradually established. Under the direction of Dr. Rubio this dispensary was not long in securing a great reputation. In 1886 it received more than 2,500 patients.

“There is a brilliant prospect for homœopathy in Malaga. Having a great number of adherents among the members of the foreign colony and of the principal Spanish families, favourably known and fully appreciated by the poorer classes, it cannot fail to rapidly develop and extend; especially as it has such zealous and devoted supporters as Miss Browne and the members of the *junta*.”

MEDICAL LEGISLATION IN THE UNITED STATES.

THE amount of quackery in the United States is notoriously great. In the State of Massachusetts alone, there are 1,400 persons representing themselves as medical men, who have never had any medical education whatever. The further West one looks the greater the number of medical frauds. To put a stop to this kind of thing the various State Legislatures have of late years been passing Medical Regulation Acts. Whenever such a Bill is brought forward it is commonly so worded as to place the control of admission to the profession exclusively in the hands of allopaths. The Bill now before the Massachusetts State Legislature renders a licence from the Board of Health necessary to practise! This will not do, and Dr. Talbot, in speaking at a recent dinner of the State Homœopathic Society, spoke on this subject as follows:—

“Now, my friends, after watching and studying this matter for more than thirty years I am convinced that this course of procedure is entirely wrong; that while it fails to do away with the evils so apparent, it introduces those of far greater magnitude. It is ‘a prohibition which does not prohibit;’ it is a tyranny which strikes at the inalienable rights of every American citizen. More than a century ago our fathers wisely and broadly laid the foundation of the Massachusetts Medical Society so that it should embrace the wisdom, learning and integrity of the medical profession. Every physician in the State who was qualified by education and character was entitled to its membership, and no one would debar him from such membership under a penalty of \$500. When, between 1851 and 1871, that society forbade membership to educated and honourable physicians who differed from the majority in their belief in regard to principles of therapeutics, it violated its charter and displaced its original broad and firm foundations by injustice, distrust and ill-will; and when, in 1871 and 1872, it branded as guilty of a professional crime members believing in and practising homœopathy and expelled them therefor, it committed an outrage upon the individuals and the community, and tumbled from the lofty position of liberal and learned medicine which the State had

sought to give it. From that moment the people largely lost faith in the medical profession, and quackery, ignorance and pretension has run riot unchecked. Restraining laws of the mildest form have been refused, and even if now enacted they would but make matters worse.

“Let us examine for a moment the principle on which these proposed laws are based. Certain qualified physicians are licensed by one or more medical boards, and nobody else except those thus licensed shall be allowed to administer medicine to the sick. Let us carry this principle a step further: Certain qualified teachers are licensed to teach, and nobody else shall give instruction, or, in other words, no one shall be allowed to learn anything except from these licensed teachers. This same principle might be applied to the clerical profession, and even to all trades and callings.

“In fact, there is no profession in which restraining laws are so out of place as in that of medicine. Shall the law restrain, with fines and imprisonment, the mother from seeking such means as she believes will cure her dying child, no matter whether it be the faith cure, the ‘laying on of hands,’ a drop of aconite or a dose of rhubarb? Do we, with all our knowledge, know that such means will not cure in a given case? Are all psychical and therapeutical agencies so well understood that we can invariably say what will and what will not cure? If we have not this positive knowledge, shall we forbid to others to use what they think will cure them? The old and obnoxious sumptuary laws which undertook to regulate what should be eaten and what drunk and how persons should spend their money were as nothing compared with a law which shall say what physicians or what means we shall or shall not employ when we are sick to help us to recovery. Any law which thus interferes with individual freedom of thought and action is contrary to the dearest principles of American liberty and is subversive of our rights as citizens.

“What then is to be done?

“Would not an act something like the following meet the fraud and deception of this whole business and cover the ground proper for legislation?

“An act to prevent the unauthorised use of medical titles:

“*Be it enacted, etc.:*

“Section 1. Whoever, not having received the degree of Doctor of Medicine from some authority empowered to confer the same by the laws of this Commonwealth or of the United States, or of one of them, or of some foreign country, shall place or advertise, or caused to be placed or advertised, upon any sign, card or door plate, or in any advertisement in any

newspaper or otherwise, in connection with his name, the letters M.D., or the title doctor or physician or surgeon, or any abbreviation of such titles or any equivalent title, or any abbreviation of such title, or any other designation tending to advertise falsely that such person had received the degree of Doctor of Medicine, shall be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment not exceeding six months, or by both such fine and imprisonment.

“Such a law would not interfere with the rights of any member of the community; it would not prevent any one from employing the services in cases of sickness of whomsoever he may choose. It would not give to any men or class of men the possible power to unjustly control the opinions and actions of their equals; it would simply restrain fraud and deception and prevent the dishonest charlatan from doing what he has no right to do, in using titles which he has no right to use; it would draw a sharp dividing line between ignorance and dishonesty on the one hand and education and uprightness on the other; it would do equal justice to the parties on both sides of this line.

“But our duties do not stop here. Let us eliminate everything like fraud and deception from the profession itself as well as from its hangers-on; let us gain from every source all possible aids to the healing art. Medical science has not reached that point that it knows all it ought to know, or even knows certainly what it thinks it knows. Let us not be too toplofty and dogmatic in mooted points, let us not assume a knowledge which we have not, but let us seek instruction in an humble spirit from whatever source it may come. Let us see that our institutions are well sustained and well conducted. Let us see that the curriculum of our schools are of the broadest and most comprehensive character, that our physicians are not merely scientific men, but fully provided with the means for healing the sick. In the language of the sentiment to which I speak, law and medicine should be good friends. Law may remove some of the obstructions to our profession, but it cannot provide us a living; that must come from the confidence bred from learning, skill and success in our profession.” (Great applause.)

HOMOEOPATHY AMONG THE CHEMISTS.

At a meeting of the assistants' section of the Glasgow Chemists' and Druggists' Association, held on the 14th February, *The Chemist and Druggist* informs us that a paper, entitled *Homoeopathy Allopathically Viewed*, was read by

Mr. T. Robinson. The main contention of the paper was that Hahnemann's doctrine had been grossly travestied by its opponents, and that, judged fairly, Hahnemann must be awarded high rank among great medical reformers, since he had the perspicacity to foretell the discontinuance of blood-letting, and his simple and rational system of medicine had had the beneficent effect of moderating the worst excesses of orthodox therapy. As for the so-called extravagances of homoeopathic pharmacy, even some of the apparently most fantastic of them were capable of satisfactory explanation. Thus, recent researches in biology had proved the extreme sensitiveness of both animal and vegetable cells to infinitesimal quantities of chemical agents; and even the much-derided homoeopathic process of trituration and dynamisation received some countenance from such facts as the ascertained efficiency of the exhibition of certain drugs in repeated minim doses (Sydney Ringer, *passim*), and the increased activity of hydrarg. subchlor., sulphonal, &c., after final division. Finally, the essayist claimed that the demonstrated success of the Hahnemannian principle in practice, and the simplicity and refinement of its armamentariums, sufficiently vindicated it from the misbegotten public verdict of being a monstrous imposture or delusion.—*Burgoyne's Monthly Mag. of Pharmacy.*

THE ERUPTIONS OF QUININE.

In a report of the proceedings of the Clinical Society, on the 8th of March, *The British Medical Journal* (March 16) gives an abstract of a paper read by Dr. BURNLEY YEO, describing several attacks of quinine rash from which he had suffered. These had occurred since August, 1887—previously to which he had often taken quinine with impunity—when he was taking two grains three times a day for coryza. Thinking that there might be some impurity in the specimen he had taken, he procured some of the pure quality, of which there could be no reasonable doubt. The same kind of eruption, however, recurred. This he described as being of an erythematous nature, in patches of various sizes and forms, most of them a little raised from the surface. A remarkable fact was that on every occasion it was strictly limited to the lower extremities, extending up to the groins, but never passing beyond that limit. There was no constitutional disturbance. In replying to some questions proposed to him by members present, he said that no febrile phenomena had accompanied the appearance of the rash, and that he had experienced no other symptoms of quinine poisoning nor tenderness of the

skin. The eruption, he added was especially disagreeable at night.

Several illustrations of a similar rash produced by quinine are recorded in *The Cyclopadia of Drug Pathogenesis*, vol. ii., p. 140.

SAMBUCUS NIGRA IN CROUP.

DR. T. H. LUTZE relates a case, apparently of "false croup," in which, after the failure of *aconite*, *hepar* and *spongia*, he exhibited *sambucus* with success. The patient awoke from sleep about 11 p.m. with a hoarse barking cough, such as he had tried to produce the day previous, *sat up in bed, face puffed and bluish, with great anxiety* (though this had not been so bad as usual last night), *perspiration and difficult inspiration*. Gave *sambucus nigra*, one powder, to be dissolved in water, a spoonful every hour until improved. The child got well as by magic, and remained well.—*U. S. Med. Investigator*, January.

MAGNESIA PHOS. IN DYSENTERY.

IN treating a case of dysentery lately, I was at my wit's end to control the terrible pain in defæcation. *Merc. cor.* suited the case well, and the stools were growing less frequent, but the pain was increasing, being so severe as to cause fainting. Something had to be done if I held my case. The pain in rectum and abdomen was *very severe*, more in rectum than abdomen. The tenesmus was like a prolonged spasm of the muscles employed in defæcation. I exhibited "Schüssler's" *mag. phos.* in hot water. A hypodermic of *morphia* could hardly have acted quicker. The pain was *almost entirely* relieved by the first dose. The whole condition changed for the better, and I discharged my case the next day. In all my experience I never had a more prompt or pleasing result. *Mag. phos.* is a grand anti-spasmodic, and fully as reliable as our more frequently used remedies. I was led to think of it for my case of dysentery by a statement made to me by Dr. E. E. Snyder, of Binghamton, N. Y. He gave it with equally as prompt results in spasmodic tenesmus vesicæ occurring in a case of cystitis, resulting from gonorrhœa. It certainly did me great service.—H. K. LEONARD, *U. S. Med. Investigator*, January.

PRACTICAL NOTES.

The U.S. Medical Investigator, January, 1889, extracts the following notes from *L'Omiopatia in Italia*.

“Doctor Bonino: Practical Notes derived from the Polyclinic.

“*Actæa racemosa* 6th has been found curative in cases of sciatica, when pain was relieved by rest, as with *bryonia*, and this on the right side as well as on the left, but particularly in the female sex.

“*Æsculus hipp.* 3rd gave prompt relief in some cases of leucorrhœa complicated with hæmorrhoids.

“*Sulphuris alcohol* 18th almost entirely cured a case of primitive incomplete insanity in an individual past sixty-six years of age. Besides having inherited an apoplectic propensity, this patient had been for a number of years affected with numerous herpetic manifestations, attended with irregular blood circulation due most likely to an advanced atheromatous condition of the cerebral arteries.

“The main symptoms were constant sleepiness, taciturnity, sometimes inability to recognise the persons present; there was no paralysis of any sense or of motion, but a perverted sense of micturition and defæcation resulting in retention or involuntary passages. Drink and food were taken but never asked for. The tongue was clean, the pupils normal, the physiognomy apathetic but with no altered colour; pulse rather irregular, intermittent, but no fever.

“Improvement began to set in with the appearance on the back of acne and carbuncles.

“*Baryta, opium, anacardium* had effected little or no good. *Phosph. acid* seemed to help restore the muscular tonicity.

“*Capsicum* 6 was found beneficial in many cases of dyspepsia with dilatation of the stomach following abuse of irritant and highly seasoned diet.

“*Coccus cacti* 2nd in chronic catarrh of the bladder with abundant mucous deposit; reddish urine; frequent urging night and day.

“*Comchiolinum* 3rd favourably modified an osteo-myelitis on a scrofulous young man.

“*Ferrum phosph.* 3rd exerted a decided action in a case of rheumatism of the right arm and shoulder, of a chronic character that was aggravated by rest.

“*Filix mas* successfully removed oxyures whose presence caused much nausea and salivation.

“*Iodium* 30th modified and effected some resolution on very hard lymphatic glands in the right breast and axilla, that had appeared after the menopause, etc., had persisted over one year.

“*Petroleum* 6th has confirmed its action in left dacryocystitis on scrofulous children.

"*Podophyllum* 6th gave relief in inveterate cases of prolapsus uteri.

"*Veratrum album* 10th acted very remarkably on some cases of dyspepsia brought about by indiscreet tobacco-chewing, though there was no vomiting or diarrhœa.

THE MISSIONARY CHEST OF HOMŒOPATHIC MEDICINES

FOR SISTER MARGARET, S. J. D., Maritzburg, Natal.

WE have great pleasure in stating that in answer to our appeal, Sister Margaret has got the chest, a fully equipped one.

The donations were as follows:—

S. Sanders Stephens, Esq.	...	...	£1	0	0
Miss Cruikshank	...	...	1	0	0
Mrs. Spensley	...	...	0	10	6
"H. L. S.," per Dr. Clarke	...	...	0	10	0
"M.W.," Stafford, for self and two friends	...	...	0	12	0
Miss Brew	...	...	0	5	6
"A Friend"	...	...	0	5	0
Dr. Dyce Brown	...	...	1	1	0

£5 4 0

The surplus over £5 (four shillings) has been returned to "H. L. S.," whose donation was the last received. The generous gift of the chest from Mr. J. M. Wyborn (of Messrs. Gould & Son) for £5, instead of the usual price of £7 10s., amounts to a valuable contribution.

Sister Margaret writes expressing most grateful thanks to all the kind donors, who will thus enable her to do a vast amount of good among the children of the orphanage and others.

THE SOCIETY FOR THE PREVENTION OF BLINDNESS.

THE ninth annual report of this very useful association has just been issued. During the past year the society has been deprived of the active aid of its energetic founder, Dr. Roth, who, as our readers are aware, has retired from practice and now resides in the South of France. Hence, we regret to say, that the subscription list has somewhat fallen off, and indeed, as compared with the first seven years of its existence, so seriously so as to cripple it in, if not entirely preventing it, publishing fresh work. It has, however, been steadily carrying on its chief work, that of sending out its literature in all

directions. The following extract from the report shows what has been done in this direction:—

“THE NUMBER OF PAPERS PRINTED IN 1888.

Eighth Annual Report	...	...	...	1,000
Instruction to Midwives	...	...	...	4,000
Advice to Mothers	...	...	...	3,000
Hints for the Prevention of the most Common Accidents causing Blindness, and Instruction how to Act till Medical Aid can be obtained	...	...	...	2,000
Notes on some Preventible Eye Diseases and Injuries	...	...	...	2,000
Ocular Hygiene	...	...	...	2,000
Physical Education of the Blind	...	...	...	1,000

“These 15,000, added to the 144,000 published in previous years, raise the total of the Society’s publications to 159,000.

“The work of the past year has largely consisted in sending copies of the leaflets of the society to all the working men’s clubs. Copies have been sent to 146 working men’s clubs in the metropolis and suburbs, and the work is still going on of sending to all the clubs in the United Kingdom.”

Surely the circulation of such useful information when conveyed in the simple and striking form as is that contained in these tracts and leaflets is a work calculated to do good, and being so is well worthy of more generous support than it has received during these last two years.

With a larger subscription list, not only would the distribution be able to be extended but additional tracts might be printed, and it is important that this should be done in order to keep the interest in the subject alive among those who it is especially designed to benefit.

Miss Colson, 43, Twisden Road, Highgate Road, London, is the assistant secretary appointed by Dr. Roth to act for him during his absence abroad.

TABES DORSALIS AND THE SUSPENSION
TREATMENT.

For some time *Tabes dorsalis* (*locomotor ataxia*, so called) has been looked upon by the body of the profession as a condition which was associated with fixed and definite anatomical changes. This was, in general terms, a sclerosis of the posterior columns of the spinal cord in the lumbar region. But we are again doomed to disappointment. From time to time certain therapeutic measures have resulted in such a considerable amount of relief to the sufferers that doubts have

arisen in our minds as to the possibility of all these cases being due to a destructive lesion such as sclerosis. (The variability of the symptoms, indeed, had already pointed in a similar direction—the not infrequent absence of an “ataxic” gait for instance in a disease called locomotor ataxy showed that we were confusedly associating together conditions which differed). Homœopathic remedies, antisyphilitic remedies, counter irritation and nerve-stretching had all occasionally yielded good results.

Now a new candidate for favour has appeared, backed by the authority and experience of Professor Charcot—the treatment by suspension. This is performed in a manner similar to Sayre’s method for spinal curvature, with additional precautions in view of the usually greater weight of the patients.

Though it is too early to pronounce upon the value of this treatment, it has already been demonstrated (as we need not be surprised to learn) that it must not be regarded as adapted to all cases of *tabes dorsalis*. In this way we are again reminded that there are not only different degrees, but different kinds of this disease.

Writing in the *Lancet* of April 13th, Dr. Althaus asks the question, “How does suspension act?” in these cases. His conclusions, or rather inferences, are two-fold; firstly, he believes that “the breaking down of adhesions from chronic meningitis,” allows a freer transmission than before of the “nervous influence” along the nerve tubes; and secondly that, by the stretching of the cord, “the overgrown and unduly hardened neuroglia may be loosened and broken down.” The meningeal element in some of these cases—an element not generally recognised or counted upon until lately—explains why the more recent cases are liable to be affected for evil rather than for good by suspension.

In passing it may be stated that Dr. Althaus has found suspension to be applicable to the following conditions, viz.:—*Tabes* in the second stage, paralysis agitans, spastic paralysis, amyotrophic lateral sclerosis and functional nerve prostration, especially where there exist feeble action of heart, anorexia and severe mental depression.

SYRUP FOR TAPEWORM.

(THOMPSON, *Journ. de Pharmacol.*)—*chloroform*, 4 grammes; simple syrup, 35 grammes, M. To be taken in three times (7, 9 and 11 o'clock in the morning), and at 12 o'clock (mid-day) 35 grammes (about an ounce) of *castor oil*. The worm is expelled in about two hours.—*Burkyoyne's Monthly Journal of Pharmacy*.

THREE PUBLIC LECTURES DELIVERED BY DR. BRASOL IN THE LECTURE HALL OF THE PEDAGOGICAL MUSEUM AT ST. PETERSBURG. A FRAGMENT FROM THE CONTEMPORARY HISTORY OF HOMŒOPATHY IN RUSSIA.

By Dr. BOJANUS.

Das Alte stürzt es ändert sich die Zeit
Und neues Leben blüht aus den Ruinen.

SCHILLER. (Tell.)

(Continued from page 800.)

CONTINUING his criticism, the speaker said,—further, certain homœopathic remedies contained only such properties as were to be found in pure water. With regard to Jaeger and his remarks about the special and peculiar effects of common salt on the human organism, he would say that Jaeger in his eccentric costume had made himself ridiculous and was, indeed, regarded as deranged. The speaker then enumerated all the well-known arguments used against the above-mentioned remedy, and in conclusion denied the possibility of its action when administered in attenuated doses.

The lecturer replied that homœopaths had never desisted from expressing their readiness to subject their remedies to empirical tests, and he personally was always ready under certain conditions to conduct them. With regard to Jaeger, he would just remark that, in passing, what the previous speaker had called his eccentric costume was about to become adopted as the official regimentals for the whole German army. The mental derangement lately attributed to him could not possibly be in any way connected with previous discoveries. Newton always was and always would be considered a great man, notwithstanding the fact that in his declining years he fell into a mystic train of thought. With regard to common salt, and its action as a remedy, he would point out that that same salt, if frequently taken in larger quantities than was customary in daily use, would undoubtedly produce disease, which in its turn would succumb—in accordance with the law of similia—to attenuated doses of the same salt which produced it. The explanation of the why and wherefore of such a result opened up a very interesting but very wide field of enquiry—too wide in fact for the scope of the present paper, and it would therefore form one of the questions which in a subsequent lecture would receive particular and careful attention.

At the conclusion of the second lecture on the "Pharmacology of Homœopathy," the opposition was represented by Mr. H. Goldstein, Professor Tarchanow, and a lady doctor,

Madam Monassein. Mr. Goldstein was the first to reply. In a very lengthy and desultory speech, addressed for the most part to the public, he explained his reasons for taking upon himself the rôle of replier. He laid particular stress on the fact that as a layman he was in a position which enabled him to treat the subject with the most perfect impartiality (*sic*). He had, moreover, undertaken the *duty* of replying to the lecturer, and he reserved to himself the right in the exercise of this duty to reply on all the subsequent occasions contained in the lecturer's programme. He considered that if the medical profession deemed it impossible (*sic*) for whatever reason to publicly oppose the views of the lecturer, it devolved upon every member of the committee to take part in these debates, which must have an undoubted influence in the attitude of the public mind towards this important question. Having read to satiety a great number of books on homœopathy, he had asked himself the question: Was homœopathy a science or was it merely a system of medical treatment? Seeing that the second part of the question did not come within his province, he had devoted himself entirely to the consideration of subjects which would aid him in arriving at a correct answer to the first part. To begin with, he had found it necessary to enquire whether homœopathic remedies were in reality so pure or simple as homœopathists believed. Take, for instance, a substance like *sulphur*; dissolve it in alcohol, and shake it in a glass vessel for several months together (*sic*); or take *silicea*, dissolve it in water, and shake in the same way for the same period. What would be the result? In the first case, at the end of the process the *sulphur* would no longer be simple *sulphur*, but *sulphur*, *silicea*, *kalium*, *phosphor natrum*, and *ferrum* all together—for, during the process of preparation, small particles must have separated themselves from the glass vessel in which the preparation was shaken. True, such particles would be so minute that viewed from the "horse-dose" standpoint of allopathists—as Dr. Brazol had called it—no importance whatever would be attached to them; but regarding them from the standpoint of homœopathy, with its high degrees of attenuation, their importance must be very great. It is clear, therefore, that homœopathic remedies were not so pure or simple after all.

Mr. Goldstein then referred to other substances, such as *brimstone* and *iron*, which were contained in all articles of food and in the blood. He asked which *iron* produced the desired effect upon the patient, that which was introduced into the system by homœopathic doses in a high degree of attenuation, or that which was already in the blood. Another homœopathic remedy—common salt—was consumed by us in a

limited quantity every day. How then could a minute dose of this, administered homœopathically, act in any way upon the system; and why did not the daily consumption of it in another form, in the case of a patient, effect the desired cure? How was it that invalids who daily took with their meals a quantity of water, wine, etc., which contained in abundance the substances used as homœopathic remedies, did not obtain relief from them in that form? How came it about that the particles of these substances become possessed of healing power only when introduced into the system homœopathically? He could understand that allopathic remedies acted upon the system precisely because of what Dr. Brasol had called their "horse-dose" proportions, but the effect of homœopathic doses must ever be veiled in the darkness of mystery. With regard to the rest of Dr. Brasol's remarks—continued Mr. Goldstein—they were so entirely in accordance with the views of the reigning school of medicine and with modern science, that had not the subject of the law *similia* been introduced he might have thought that he was listening to a lecture delivered by a highly talented professor of that school, and he should in such a case have had no reason for rising to reply. As it was, however, he had wished to point out the strong grounds that there were for doubting the soundness of the principles upon which homœopathy claimed to be based, and to warn people against adopting them, especially the medical students who had assembled to hear these lectures, and to whom it might appear that homœopathy was a victim of misrepresentation and persecution, and who on that account might be inclined to listen with a certain amount of sympathy. The sole object which he had in speaking was to point out the *true* nature of homœopathy, and to render plain the non-sensical teaching which it contained. These, and these alone, were the considerations which prompted him to take upon himself the *rôle* of replier.

Dr. Brasol stated that no homœopathist regarded his remedies as absolutely pure, nor did this question of chemical purity in any way disturb him, for in all drugs, whether obtained direct from nature or by means of some regular chemical process, there was always a well defined pathogenetic quality which enabled him to adapt them as remedies without concerning himself about their absolute chemical purity. He had given his opinion about the medicinal character of common salt immediately after the conclusion of his first lecture, but he would now add that whole volumes had been published about the abuse of this salt. It was well known that allopaths themselves did not always employ it in "horse dose" quantities, for did they not send their patients to

Kreuznach? therefore it followed that the curative power of this drug did not lie in quantity. The question really resolved itself into the consideration of two parallel facts, the power which this mineral possessed when taken in large quantities to generate disease, and its curative properties when administered in minute doses.

If, continued Dr. Brasol, I have been able to show that the reigning school of medicine in the process of its gradual development is becoming more and more allied to homœopathy, and to show it so clearly that my opponent has declared himself ready to confess that he sees no difference between my views and those held by the opposite school, there is nothing left for me to do but to render him my best thanks for so flattering a statement.

Mr. Goldstein, somewhat startled by the turn affairs had taken, thereupon pushed the question of the purity of homœopathic drugs to extremes; regarded it from an absolutely chemical standpoint, and supposed that he had discovered in the words of the lecturer a weapon which he could use against the lecturer himself. If, he affirmed, homœopathic medicines admittedly received, during preparation, particles of the substances of which glass itself was manufactured, then it must be remembered that glass was not always made of the same materials, and that, therefore, the drugs in question must necessarily be made up of the most various and diverse elements, from which no pathogenetic conclusions could possibly be deduced, and in respect to which no diagnosis could be determined. What were we to think of a system of pharmaceutics raised upon such foundations? Further, if common salt taken in large quantities, say 40 lbs. daily (*sic*), would prove so injurious to the system as possibly to cause death, what possible ground was there for supposing that after an ordinary daily consumption of 15 grains, a minute dose directly following, attenuated to the millionth part of a grain, would produce any effect.

In answer to this, Dr. Brasol asked the following question: What results did allopathists expect when they prescribed salt baths and sent their patients to salt springs? These springs contained many other chemical properties, but were used simply for the sake of the common salt contained in them; and further, from an allopathic point of view, what importance was attached to the infinitesimal quantity of salt taken into the system in this way, while the patient was daily taking 15 grains of the same mineral in another form? The question therefore raised by Mr. Goldstein had clearly to do with the question of quantity, and not quality, and therefore was foreign to the subject of the present lecture. It was a

subject in itself, and the next lecture would be entirely taken up with it.

The next speaker was Professor Tarchanow, who stated that though he did not practise medicine, yet, as physiology was his speciality, he had felt himself called upon to oppose the views of the lecturer. Regretting his absence from the first lecture, he begged for indulgence if he touched upon subjects not directly connected with the present one. He admitted his absolute ignorance of homœopathy, having never taken the trouble to read any work upon that subject, but he had heard from others that it was chiefly distinguished by possessing the three following characteristics: 1st, that it professed to cure disease on the principle that one nail drives out another; 2nd, that this was attained by using that particular remedy in a given case which, if tried on a healthy subject, would produce the very disease which it was prescribed to cure; and 3rd, that the remedies employed were administered in the minutest doses. He was of opinion that as homœopathy claimed to be based on a known and proved law—the law *similia*—it should be criticised, not as a system of therapeutics, but as a *science* having a natural law for its basis. If this law *similia* actually existed, then, apart from its own theoretical and no less practical importance, it must lead to further considerations of the greatest moment. But this so-called law, this *similia*, was, in fact, nothing but a contradiction and a snare. Anyone capable of reasoning in logical sequence must see that the introduction of a drug into a diseased organism, whose action on a healthy subject was known to be capable of producing a similar diseased condition, must certainly accelerate and intensify that disease against which it was directed. The practice of inoculation might, perhaps, be adduced in support of the above law, but as Dr. Brasol, in all his works, repudiated inoculation as having nothing in common with homœopathy, this question need not be further pursued.* The only possible hypothesis, in the opinion of Professor Tarchanow, explanatory of the action of drugs selected according to the law “*similia*,” consisted in assuming that in proportion as the drugs accelerated disease they stimulated the reactionary powers of the system, and in this way enabled it to throw off the disorder. A careful study of the laws of reaction might possibly prove such an explanation theoretically admissible, and it might be demon-

* “*The Doubtful Good and Certain Harm produced by Vaccination.*” A critical essay by Dr. Brasol. St. Petersburg. 1884.

“*Jennerism and Pasteurism.*” A critical essay on the scientific and empirical basis of vaccination. By the same. St. Petersburg. 1885.

strated clinically by well-conducted experiments with homœopathic remedies. Unfortunately, however, the laws of reaction at the present time were altogether unknown, and clinical results alone did not furnish us with data sufficiently exact to enable us to determine the boundary line which separated cures that were entirely due to the action of nature herself from those effected by the science of medicine. Under these circumstances it was clear that the law "similia" rested for proof upon experiment alone, and to subject mankind to such experiments would, in the opinion of the learned professor, be considered inhuman, especially when we remembered the agitation which had been got up against the vivisection of animals. He, however, allowed that some experiments were admissible; for instance, experiments with *curare*, *strychnine*, *atropine*, *pilocarpine*, &c., for the purpose of observing their antagonistic action. Such experiments were necessary, from an allopathic point of view, to enable medical science to grasp the meaning and understand the working of certain natural laws. In the Professor's opinion, a medical man had the right to promote abnormal perspiration, to cause a copious and unnatural flow of saliva, to retard or accelerate the action of the heart; this might not only be his right, but his duty. It must be concluded from the experience of medical treatment that the result upon the human organism of two similar agents or causes was as the *sum* of their action, whereas antagonistic agents were destructive of each other. He required demonstrative proof that this was not so. He did not attach much value to clinical practice and experience, as that very practice proved that there had been cases where medicines had acted from a distance. The element of self-deception and the psychical influence of certain individuals must always be taken into consideration. The Professor concluded his remarks by asserting that should the law "similia" ever be proved to have an actual existence and be capable of demonstration to the satisfaction of every unbiassed mind, he should not hesitate for a moment to ally himself to the side of homœopathy.

Dr. Brasol, in reply, acknowledged that the fact of Professor Tarchanow's taking part in the debate was extremely flattering to himself. He thought, however, he could discover the source of the doubts in respect to the principles of homœopathy which had so much influenced the Professor, from the character of the learned gentleman's opposition. With regard to inoculation, the remarks of the Professor respecting the views of the lecturer on this subject were perfectly correct. Inoculation was based upon quite another principle to that of the law "similia," and had nothing in

common with it. Referring, then, to Professor Tarchanow's remarks against the action of similars, he pointed out that *curare* was a drug which was regarded as capable of producing paralysis, and *strychnine* as one which would cause convulsions. Both these drugs had their place and use according to the law "similia," and in certain idiopathic cases had been administered with success.

The Professor had also mentioned the action of antidotes in cases of poisoning as bearing upon the subject, but this was not really so, as such cases belonged to that class of maladies in respect to which the exact causes were known (*indicatio causalis*). With the neutralisation of poisons homœopathy had nothing to do. In answer to the Professor's challenge to prove the existence of the law "similia," the lecturer asked where one was to look in general for a criterion on which to base a judgment if clinical researches and practical experience were of no value, and what criterion would the Professor himself have chosen if the question under consideration had had to do with the establishment of some allopathic principle.

Professor Tarchanow merely repeated what he had already said in reference to clinical experience, and insisted on the necessity of homœopaths furnishing proofs of the action of their drugs, obtained by experiments on animals. He added, with a certain amount of confidence, that he felt sure Dr. Brasol would find it difficult to support his arguments by citing well-authenticated instances of such experiments; and that, were he to attempt to do so, his field would become so narrowed that he would be compelled to admit his own discomfiture. In reference to the lecturer's remarks about *curare* and *strychnine*, he would say that were he furnished with proofs that a paralysed animal had been cured by a dose of *curari* of whatever strength, he would immediately become an advocate of homœopathy. He was ready to say the same thing of course in respect to a case of convulsions cured by a dose of *strychnine*.

Dr. Brasol, in reply, maintained that experiments on animals were necessarily of secondary importance, owing to the absence in such cases of psychological influence; but in order to hasten Professor Tarchanow's conversion to homœopathy, he would suggest to him that he should himself make the experiments upon which he set such a high value. Dr. Brasol assured him that he would be convinced by the results.

To this, however, Professor Tarchanow sharply replied that the conduct of such experiments were not his, but the lecturer's business. It was the lecturer who had disturbed his peace of mind by affirming the existence of a law called *similia similibus curantur*, and it was the lecturer's duty to

establish his position by proof. The Professor claimed to have shown that the so-called law, in the absence of the experiments referred to, would not bear the light of criticism, it was therefore the lecturer's duty to conduct them.

Dr. Brasol expressed his unmitigated pleasure at having succeeded in disturbing the Professor's peace of mind, and reiterated his previously expressed opinion that if the learned gentleman could only be induced to conduct the experiments in question *himself*, he would speedily become converted to the side of homœopathy, an opinion which drew forth an expression of friendly approval from the audience.

The speech delivered by the lady doctor, Madam Monassein, was very desultory and unmethodical in character. It might, of course, be given in full, but we think that without any loss to the reader—and we are certain without any loss to the speech—it may be summarised with perfect accuracy in the words of Taubmann:

“Quando conveniunt ancilla Sybilla Camilla
Garrire incipiunt, et ab hoc. et ab hac, et ab illa.”

(*To be continued.*)

HOMŒOPATHY IN PENNSYLVANIA.

Our medical brethren in Pennsylvania have just achieved a victory which does infinite credit to their energy and sagacity. The anti-homœopathy section of the medical profession have recently been engaged in promoting the passage of a measure designed to regulate the right to practise medicine in that State, and at the same time so constructed as to enable them to crush out homœopathy in the State. It was termed the Medical Examiners Bill. The idea of the Bill was that everyone, whatever degree or diploma he might have obtained, should, before being entitled to practise his profession, have his fitness to do so ascertained by examiners appointed by the Governor of the State.

A full account of the several steps in contesting this measure by Dr. Trites is contained in *The Hahnemannian Monthly* for May.

On the 25th of January the Bill was reported to the State Legislature with a favourable recommendation, placed on the calendar of the House, and consequently, liable to be called on for a second reading at any time.

The Philadelphia County Homœopathic Society appointed a committee to protect the interests of homœopathy. At this time homœopathy had no voice in the House. Seeing that the homœopathic division were moving, the anti-homœopathy section, represented by members of their State society,

expressed a wish to meet the former. The two parties met and discussed the Bill. The principal objection raised to the provisions of the measure was that it did not definitely fix the composition of the Board, but simply empowered the Governor to select members from lists submitted by the three State medical societies, nothing in the Act preventing him from selecting all the examiners from one list.

Dr. Pitcairn, chairman of the Homœopathic State Legislative Committee, proposed as an amendment "that the Governor should not select a majority of the Board from any one school of medicine or system of practice." This was at once accepted as fair and just by the old school representatives.

This, with some other amendments of minor importance, was placed in the hands of Dr. Walk, who had charge of the Bill in the House on the 6th of February. He asked for a week during which to consider them. He, however, allowed five weeks to elapse before he informed Dr. Pitcairn, on the 18th of March, that the medical members of the House declined to entertain the chief amendment, and that the second reading would be taken within a week. Relying on the assurances they had received that their amendment was regarded as fair and just, the homœopathic physicians had taken no steps to secure support for their amendment.

A meeting of the County Society was held at once, a formal protest against the Bill and the measures adopted to secure its passage was agreed to, published in the newspapers and sent to members of the Legislature. A committee visited Harrisburg—the seat of the State Legislature—to interview the members and press their objections to the measure upon them by systematic "lobbying." Aided by Drs. Pitcairn and Chisholm, the support of the Hon. H. Hall, the leader of the House, and other influential members was obtained. By the afternoon of the day the Bill was expected to be called, it was felt that the opinion of the House had been revolutionised, and that the vote which was to be taken would be in favour of homœopathic interests being duly protected. Instead, however, of a vote being taken, the consideration of the measure was postponed for another week.

During that week every effort was made by each party to secure success. On the morning of the day on which the second reading was to be taken, a powerfully organised committee of the medical leaders of the opposition to homœopathy in Philadelphia, attended by a delegation of doctors from Harrisburg and other parts of the State, visited the House and interviewed the members in the Speaker's room, the business of the House being suspended for half-an-hour for the purpose of enabling them to present their case!

"As member after member," writes Dr. Trites, "returned from the Speaker's room we would quietly approach them, and were often rejoiced to find that even the Titans of of American 'regular' medicine could not crush out the love of fair play from the hearts of Pennsylvania's Legislators. During the remainder of the day this army of 'big guns' kept up their work of 'lobbying.'"

Dr. Walk moved the second reading. The Hon. H. Hall moved to amend the Bill by adding to the first section the words, "that there shall at no time be a majority of the Board from any one school of medicine or system of practice." He did so, he said, to secure that the Board should be so constituted as to treat all applicants with perfect fairness. The amendment was supported by 132 votes, and opposed by 39, of which 14 were given by old school physicians!

Considerable excitement followed, and Dr. Walk walked out of the House, declaring that he would have nothing more to do with the Bill!

Efforts were made to postpone its further consideration. These were promptly defeated, and after the adoption of some other amendments it was ordered to be printed for a third reading.

The anti-homœopathy division of the profession in Philadelphia were, what our American friends call, "mad." They then asked that if the Bill were to pass, each applicant should be required to produce evidence of a four years' college course of study.

To this the homœopathists assented, but some of the old school State Medical Colleges protested against it. The new amendment gave rise to another motion to postpone the consideration of the Bill, and this was carried.

"I asked a prominent medical member of the House (old school)," writes Dr. Trites, "'What do you people mean by postponing the Bill?' He replied, 'Doctor, I'll give you a straight tip, we want it killed.'"

The sole object with which the Bill was pressed forward was, in an unguarded moment, revealed by one of its professional supporters. "The passage of the Bill," said he, "would crush out homœopathy."

But homœopathy is not so easily crushed out even by the tricks and "smartness" of which old Parliamentary hands are capable, where, as in Philadelphia, those whose bounden duty it is to see that it has fair play are so numerous, so energetic, and so able.

One lesson, however, our friends in the city of Brotherly Love will have learned from the experience this fight has given them is, that if they trust to their opponents having any

sense of honour in carrying out agreements arrived at by negotiation, they will very probably become "victims of a misplaced confidence." We wonder what the editors of the *New York Medical Times*, who are so desirous of putting all applicants for a licence to practise in the State of New York at the mercy of a Board of Examiners constituted by the Regents of the University of the State, will say to the "tricks of diplomacy" practised by the representatives of those who strove in Pennsylvania to pass a Bill in order to "crush out homœopathy!"

We heartily congratulate Dr. Trites and his colleagues on the brilliant victory they have obtained. The responsibility for the defeat of the measure, should there not be time for its further consideration, rests entirely with the anti-homœopathy section, and worst of all, it will owe its defeat (ostensibly at least) to its proposing to raise the standard of medical education in the State—a provision to which the homœopaths made no objection.

ANNUAL HOMŒOPATHIC CONGRESS.

It has been decided by the Council of the Congress that the meeting shall not take place this year. Full details and reasons will be given in our July issue.

IMPORTANCE OF ACID SUBLIMATE AS AN ANTISEPTIC.

DR. LAPLACE has discovered that the addition of an acid to the solution of corrosive sublimate increases its power as an antiseptic to such an extent that it may be used in much weaker solution than has hitherto been the case. The author has made a considerable series of experiments, in which the bichloride of mercury solution was used as an antiseptic for surgical dressings, such as gauze, cotton wool, linen bandages, &c. Now, it appears in such cases, albuminate of mercury is often formed, which is insoluble, and the antiseptic dressing ceases to act. To avoid this, Dr. Laplace adds an acid, and gives the preference to tartaric acid; he assures us that this causes no irritation to the wound. The solution in which the gauze, cotton, or linen is steeped is composed as follows:—Corrosive sublimate, 1 gramme: tartaric acid, 5 grammes; distilled water, 1,000 grammes. The author has proposed even a stronger solution than this for steeping the dressings, but in view of the numerous accidents which have occurred in using bichloride of mercury as an antiseptic, it is necessary that this extremely poisonous salt should be used with the greatest care.—*Buryoym's Monthly Journal of Pharmacy.*

HYPERICUM IN TETANUS.

DR. HEVSEN, of Leipzig, relates two cases of tetanus treated by *hypericum*. The first ensued nine days after a dog-bite. The first decimal dilution was administered, two drops every hour. During the first night after this treatment was begun, the little boy still had severe tetanic spasms, but towards morning he became quieter; next day only three spasms, shorter and less severe; near midnight a very severe one—the last. On the 12th day, the mouth could be slightly opened, and he convalesced satisfactorily. The second case had been established a week when the treatment was begun. “The girl lay stiff from head to foot, suffered terrible convulsions, and could not lie down for fear of suffocation. Mind perfectly clear, atrocious pains. *Morphia* had been administered; it brought sleep, but did not lessen the spasms, during which she urinated copiously. Constipation, fever on and off, with sweat, especially on head. *Hypericum* 1x, in alternation with *ledum* 1x, because patient could not lie down, cured the case.”—*California Homœopath*, March, 1889.

CRÉSYL, OR JEYES' DISINFECTING FLUID.

THE proprietors of this recently introduced disinfectant have received important evidence of its efficiency and value from the Prefecture of the Seine. An official inquiry into the disinfection of the Cattle Market of La Villette has resulted in the substitution of Crésyl for carbolic acid. The report of the Préfecture stating: “That whilst carbolic acid gives out a permanent odour, which may perhaps predominate and mask other odours which it may be desired to destroy, Crésyl carries away the odour which it is desired to dissipate, and in two hours after its use no odour whatever is left, that of the Crésyl itself disappearing with that which it is called upon to combat.”

OBITUARY.**THOMAS RAYNER, M.D., L.R.C.P., Lond.**

It is with extreme regret we announce the death, on the 18th of April, of Dr. RAYNER, of Manchester. His health had not been good for some months, but this had been attributed to a little overwork having brought on an attack of dyspepsia with some derangement of the liver—ailments from which he had frequently suffered on former occasions. About the middle of February, however, the symptoms assumed a more serious aspect, and he then consulted his friend

Dr. Blackley, who, on careful examination, found some enlargement of the liver, which he feared would prove to be malignant in character. Dr. Drysdale subsequently saw him with Dr. Blackley, and likewise took a very unfavourable view of his condition, one which unfortunately proved to be only too correct. Dr. Rayner's old friend Mr. Bowring also saw him several times. Disease made rapid progress, and on the 18th of April the patient passed peacefully away.

Being a native of Manchester, and having received his early education, together with his later professional training in that city, Dr. Rayner was essentially a Manchester man. Originally intended for commercial pursuits, his early education was such as would best fit him for a career of that kind. Being, however, of a studious habit, and deeply interested in natural science, he ultimately adopted medicine as a profession. At the time this step was decided upon, he held an important position in the firm of Rylands and Sons, which even at that period was a large and widely known Manchester business house. To give up such a position for what were thought, by some of his friends, to be the uncertainties of a medical career, indicated no small amount of courage and enthusiasm, but his subsequent success fully justified the wisdom of the step he then took.

Dr. Rayner now became a student at the Pine Street Royal School of Medicine (since become Owens College School of Medicine) in the year 1852, and after having passed through his curriculum with credit, he took his Doctor's degree at St. Andrew's, became a member of the Royal College of Surgeons, and subsequently a Licentiate of the College of Physicians. He was for a short time physician's clerk at the Manchester Royal Infirmary, and afterwards, for about a year, junior house surgeon in the same institution, when he commenced private practice in Manchester.

Previously to commencing his professional studies, his attention had been drawn to the homoeopathic system of medicine, and having during his student years and the subsequent time had ample opportunity of seeing the older system of medicine practised by some of the best men in the city, he became convinced that it would be to the interest and well being of his patients if he adopted homoeopathy. Accordingly he did so, and the care he exercised and the success he had in following out this method of treatment, are attested by a large number of patients, who speak in the highest terms of his kindness and of the value of his professional services.

Dr. Rayner was for some three or four years joint editor of the *Homoeopathic Observer*, a monthly journal published for a time in Manchester, and has occasionally contributed to this

Review. He was a highly respected member of the Wesleyan Church, and an ardent worker in Sunday Schools. He also took an active part in the temperance movement in various ways, and in these departments, as well as in the medical world, his presence and valuable help will be greatly missed, while the place which his death has left vacant will not be easily filled up.

CORRESPONDENCE

RULE OR LAW?

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I would willingly leave Dr. Burnett in peaceful possession of the field, were it not that in this month's *Review* he has attributed to me statements and conduct for which he has no justification.

He says: "Forty years ago Dr. Dudgeon laughed at sycosis." I did not laugh at sycosis. Having stated Hahnemann's views on the subject, I expressed a modest doubt if there was evidence enough to justify us in considering sycosis a distinct disease, the cause of more or less serious after-effects.

I reviewed Dr. Wolf's work in 1860, and endeavoured to show the absurdity of his views. But how did I do that? Simply by stating them in nearly his own words somewhat condensed. Dr. Burnett asks what was the practical result of this review? "None," he answers; "the work remains essentially true." Of course, if a work is said to be "essentially true," that implies that the doctrines it contains are considered to be "essentially true." Well, Dr. Wolf informs us that sycosis, small-pox and cow-pox are all mere varieties of the *Tripperseuche* or gonorrhœal cachexy. This dreadful *seuche* is disseminated through a large portion of the human race by vaccination. These are some of its effects:—It destroys the hair, the nails, the teeth; it causes gout, scrofula, and tubercles; it produces chlorosis, influenza, whooping cough, asthma, every kind of spasmodic and convulsive disease, paralysis, vertigo, disorganisations, tumours, eruptions, ulcerations; it poisons the blood, and saps the health of our children and our children's children; causes blindness, deafness, changes the active-thinking brain into a softened mass of greasy lard, and the reasoning man into a drivelling fool. Its victims are devoted to an ape-like onanism; they exhale a fœtid odour; their skin assumes a dirty hue; hair grows where it ought not. They cut their nails into the likeness of the claws of a savage beast; their

eyes have a ferocious look, like those of nocturnal beasts of prey, and they blink and squint at daylight. They become possessed by the selfish spirit of a ravenous beast, and a new mental affection has appeared among them—the mania for having everything on a grand scale (*Grössenwahn*). The antidote to all these horrors is *Thuja*, a single globule of the 30th, 300th, or 1,000th potency, according to circumstances. Dr. Wolf gives a proving of this wonderful medicine, *Thuja*. This is how he did it. He took himself and gave to hundreds of his friends one globule of the 1,000th potency, and watched its effects for two years. The pathogenesis so obtained consists of 1,050 symptoms, and fills 76 pages. We find in this list exact likenesses of some of the most serious diseases, such as small-pox, influenza, typhus fever, rickets, chorea, epilepsy, phthisis, osteo-sarcoma, gout, rheumatism, paralysis, tetanus, angina pectoris, herpes zoster, urticaria, carbuncles, gonorrhœa, abortion, ascites, anasarca, and many more. In fact, it would be almost easier to enumerate the diseases not represented in this amazing pathogenesis than those that are.

Such are the teachings of Dr. Wolf's book, which Dr. Burnett considers "essentially true," and which he takes me so severely to task for entertaining a different opinion about. "Truth" has been defined as what a man troweth or believeth. Well, I don't believe Dr. Wolf's teachings, so they are not true to me. If Dr. Burnett believes them, they are of course "essentially true" to him.

Dr. Burnett says: "In order to make my statement of suppressed vaccinosis appear positively imbecile, he *omits* the very essence of that part which refers to *suppressed* vaccinosis." I thought I had given an accurate statement of Dr. Burnett's doctrine, and think so still. I had no wish to make his statement appear imbecile, I only said I was not convinced.

Then Dr. Burnett says: "Now, as to Dr. Dudgeon's '*Rule of Similars*,' and farther on, "'Rule' of similars is unmitigated nonsense." May be so, but that does not concern me, as "Rule of Similars" is an expression I never used. Might I suggest to Dr. Burnett, when he professes to quote me, to quote correctly? It would simplify matters much. My contention is, was, and ever shall be, until shown the contrary, that Hahnemann's formula—*similia similibus curentur*—means, and that he meant by it, "let likes be treated by likes," which is a rule of practice and not the expression of a law of nature, though undoubtedly a law of nature underlies and justifies the rule of practice; just as the rule of practice: "wash your dirty linen with soap and water," is justified by the underlying law of nature: "soap and water dissolve away the dirt." My

reasons for my contention are given in your February number, and need not be repeated. Need I say that Dr. Burnett has not refuted nor even replied to them? His talk about "rule" and "law" in your last is quite irrelevant, as no one knows better than himself.

Your obedient Servant,
R. E. DUDGEON.

May 3rd, 1889.

[This correspondence must close here.—Eds. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

In the list of names of those present at the Hahnemann dinner, we inadvertently omitted that of Dr. MURRAY MOORE, of Liverpool.

Mr. STRATTON.—We have been unable to find a correspondent.

Dr. PURDOM.—Please forward a fuller account for our next issue.

Communications, &c., have been received from Dr. PURDOM, Dr. MARSH, Mr. STRATTON (London); Dr. GIBBS BLAKE (Birmingham); Dr. PERCY WILDE (Bath); Dr. MURRAY MOORE (Liverpool).

BOOKS RECEIVED.

Deafness and Deafmutism in Relation to Speaking and Lip-reading. By Jas. Erskine, M.A., M.B., Glasgow.—*Home Rule and Federation.* By a "Doctor of Medicine." London: E. Truelove.—*On Neuralgia: Its Causes and Remedies.* By J. C. Burnett, M.D. London: Homœopathic Publishing Company. 1889.—*The Common Diseases of Children.* By Dr. Ruddock. Third edition. London: Homœopathic Publishing Company.—*The Homœopathic World.* London. May.—*The Hospital Gazette.* London. May.—*The Chemist & Druggist.* London. May.—*The Monthly Magazine of Pharmacy, Chemistry, &c.* London. May.—*The Journal of Ophthalmology, Otology and Laryngology.* New York. April.—*The North American Journal of Homœopathy.* New York. April.—*The New York Medical Times.* May.—*The New York Medical Record.* April and May.—*The New England Medical Gazette.* April and May.—*The Chironian.* New York. April.—*The Hahnemannian Monthly.* Philadelphia. May.—*The United States Medical Investigator.* March. 1889.—*The Clinique.* April. Chicago.—*The Medical Counsellor.* Ann Arbor. April.—*The Medical Advance.* Ann Arbor. May.—*Southern Journal of Homœopathy.* April. San Antonio, Texas.—*Bibliothèque Homœopathique.* Paris. March.—*Bulletin Général de Thérapeutique.* Paris. May.—*Revue Homœopathique Belge.* Brussels.—February and March.—*L'Union Homœopathique.* Antwerp. April.—*Allgemeine Homœopathische Zeitung.* Leipzig. April.—*Populäre Zeitschrift für Homœopathie.* Leipzig. May.—*Rivista Omiopatica.* Rome. April.—*El Critério Médico.* Madrid. March.—*La Reforma Médica.* January. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. PORK, Watergate House, Grinham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 53, Mark Lane Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:—

PHLYCTENULAR DISEASE OF THE EYE, AND
ITS TREATMENT.*

By C. KNOX-SHAW, M.R.C.S., Eng.

Ophthalmic Surgeon to the London Homœopathic Hospital.

I PROPOSE asking your attention for a short time this evening to a few clinical remarks upon a very prevalent disease of the eye, included under the term phlyctenular ophthalmia. This disease is of such common occurrence that it must often come under your observation, and I trust that I may be able to assist you in recognising its local manifestations, and aid you in selecting the remedies for its cure.

Phlyctenular disease of the eye consists of an eruption upon the ocular conjunctiva or cornea, or both, of isolated or multiple vesicles or pustules, accompanied by a certain amount of injection of the eyeball; the vesicles or pustules being the characteristic feature of the disease. The disease is allied anatomically and pathologically to eczema, with which it is very often accompanied; in fact, Horner has called it eczema of the conjunctiva.

The eruption consists of a small, semi-transparent, localised, sub-epithelial exudation upon the conjunctiva

* Read before the British Homœopathic Society, June 6th, 1889.

or cornea of a perfectly clear gelatinous fluid, containing, when vesicular, leucocytes, or when pustular, pus cells. This infiltration is probably at the termination of one of the fibres of the sensory division of the fifth nerve. At the anterior elastic lamina, or Bowman's membrane, and beneath the anterior epithelium there is a collection of small nucleated cells, which forms the phlyctenula. Bowman's membrane is locally destroyed.

After the first twenty-four hours the epithelial covering ruptures, and a small ulcer is formed, the contents of the vesicle being discharged. If the disease is slight, the epithelium is soon restored; but if severe, there remains an ulcer, which is especially troublesome when situated upon the cornea.

The eruption of the phlyctenulæ is confined to the eyeball itself, and never appears upon the palpebral conjunctiva.

The latest investigations into the pathology and etiology of this disease by Burchardt, Schmidt, Gifford, and others tend to show that it has a bacteriological origin. Burchardt found in corneal phlyctenulæ a comparatively small number of cocci, somewhat smaller than, but resembling, the coccus pyogenus aureus, the organism found in healthy pus; and he considers that this coccus is the cause of the phlyctenular conjunctivitis and corneitis. Schmidt was also able to cultivate microbes from the phlyctenulæ, and Gifford found pyogenic microbes in each of nineteen cases he examined. These investigations have an important bearing upon the local treatment of the disease.

Though the pathology of the disease, whether affecting the cornea or conjunctiva, is practically similar, yet the effect of its incidence upon these structures is markedly dissimilar, owing to their very different histological anatomy. We will first consider the disease as it affects the conjunctiva. Here are recognised at least three varieties: the commonest is the simple phlyctenular disease. With this there are very few symptoms at all; the eye is irritable, and there is probably a slight increase in the flow of tears; the disease being often first noticed by the parent before it troubles the patient. Upon looking at the eye there will be seen, situated upon the ocular conjunctiva, a vascular injection, formed by a triangular leash of small vessels, the base being

generally towards one of the canthi and the apex near the cornea. At the apex of the injection will be found a small raised yellowish-coloured tubercle, varying in size from one to four millemetres in diameter. The phlyctenula may be single, when it is generally of the larger size, or it may occur in a group of three to six, when it is usually smaller. If several, they will nearly always be found scattered near the corneal margin. Unless the disease is accompanied by catarrhal ophthalmia there is no discharge. These phlyctenulæ are either absorbed in a few days or their surface may ulcerate and take several days to heal.

Occasionally we find the injection slowly advancing, pushing as it were the phlyctenula before it until it reaches and even spreads over the cornea. The phlyctenula traversing the cornea with its vascular, comet-shaped tail induces an inflammation of that structure, which has been termed *fascicular corneitis*, and which will be described further on.

A second, and not at all uncommon variety, is called miliary phlyctenular conjunctivitis, and is noticed most often in young children. This form is associated with greater injection and swelling of the conjunctiva, and a more copious secretion of tears than the first variety. Around the limbus corneæ will be found very many minute raised glistening points, the cornea being often literally fringed with these minute sand-like bodies. The pericorneal conjunctiva becomes very vascular, swollen, and œdematous; but the disease only rarely extends to the cornea. Should it do so it infiltrates the corneal margin, and an ulcer then forms, which from its size and shape has received the name "ring" ulcer. This ulcer may seriously imperil the continuity of the cornea by affecting its nutrition. If there is much general injection of the eyeball, as is usually the case, the vesicles are most easily discovered by oblique illumination. There is frequently considerable photophobia associated with this variety, especially so should the cornea be affected. Upon opening the eyelids there is a gush of hot tears, but there will be little, if any, mucopurulent discharge.

The third variety consists of large subepithelial exudations, which generally contain pus cells, and form

usually near the cornea. They often ulcerate; the inflammatory condition may spread to the sclerotic, or burrow into the cornea. If severe, the contiguous tissues are so weakened as sometimes to favour the production of a staphyloma.

As soon as ever the disease affects the cornea the train of symptoms is changed. There is marked photophobia, from irritation of the fifth nerve, accompanied by severe blepharospasm. The patient avoids light, and, if a child, will bury its face in its mother's lap or hide it on the sofa. The spasmodically closed eyelids become moist, excoriated and irritable from the excessive lachrymation, and there is often a fissured and bleeding condition of the outer canthus. The patient decidedly resents any examination of the cornea, and the admission of light upon the irritated and exposed nerve fibrils frequently produces reflex sneezing. Two varieties may be recognised here; the first consisting of very small (pin's head) grey sub-epithelial infiltrations of the cornea, which break down and form small shallow ulcers, which do not tend to spread, and which on first healing leave a slight opacity, but which ultimately leave the cornea quite clear. The ulcers formed by the second kind are larger and deeper, with greater destruction of the corneal tissues; and are followed by a dense corneal scar. During their course they may take on an unhealthy action with the formation of pus, causing hypopion, sometimes iritis, or even ending in perforation of the cornea with its attendant evils. With the second variety may be classified that vascular condition of the cornea, to which I have referred before as fascicular corneitis. Generally about the centre of the cornea is seen a more or less crescentic shaped ulcer, and running towards it from the conjunctiva are several distinctly marked blood vessels, disposed in a parallel manner to one another. When the disease subsides, a nebulous streak indicates for some time and occasionally permanently the position of the ulcer and its vascular fasciculus.

All the forms of phlyctenular disease of the eye have a great tendency to relapse, and this is an important point to bear in mind in its treatment. It means that remedies must be steadily persevered with for some time after the disease apparently seems cured. There is often associated with the severer forms of the disease eczema

of the eyelids and face, and a moist sticky exudation from a cracked and raw surface behind the helix of the ear. There is frequently, too, an increased and excoriating catarrhal secretion from the nasal mucous membrane. These accompaniments probably do not stand to one another in the relation of cause and effect, but are the general and local signs, as De Wecker puts it, of a feeble power of cuticular resistance. In obstinate cases—in fact, in all cases—the refraction should be examined, for an uncorrected error of refraction may often be the exciting cause of a recurrent phlyctenular attack.

The disease chiefly attacks children, though adults are known to be affected by it, but in these cases there is often a history of previous attacks in early life. It is, perhaps, the most frequent disease of the eye among children and is often the sequela of measles, scarlet fever or whooping-cough. It may occur in healthy children, when bad teeth or some irregularity of nutrition may be looked for as its exciting cause. But its principal victims are among those of strumous constitution, ill-fed, badly nourished children, brought up amidst evil hygienic surroundings. Though the disease occasionally proves obstinate and intractable, yet the prognosis is as a rule favourable; the phlyctenulæ leading to deep-seated tissue changes in the cornea being most to be dreaded. If we are prepared to admit, as I think we should, that this disease is not a purely local one, but the outcome of a constitutional dyscrasia, it is evident that considerable attention should be paid to internal medication. Old school therapeutics are singularly weak in remedies specifically indicated for this, and in fact the generality of eye diseases. Beyond *arsenic*, *calcium sulphide*, *cod-liver oil* and tonics it has nothing much to offer. I do not propose to lay before you alphabetically the remedies that *could* be used, but to select those that experience has taught me to be the most useful.

For the simple, indolent phlyctenulæ that are confined to the ocular conjunctiva and do not give rise to much irritation, I am inclined to think that the *biniodide of mercury* is a specific. It may be given in the second or third trituration three or four times a day. When we come to the miliary form of the disease, with its greater photophobia, tendency to blepharospasm and gushes of hot tears, *rhus tox.* is certainly

indicated ; and it seems to act better in the first or third decimal dilution than in the crude state. A further indication for its use would be a vesicular eruption on the forehead and cheeks, which I have often seen with this variety.

When the cornea becomes affected reliance may be placed upon four remedies. If there is intense photophobia, with a burning and excoriating lachrymation, a superficial ulceration of the cornea and excoriation of the lids and nostrils, *arsenic* is of great service. I have used small doses of Fowler's solution after food, and *arsenicum album* in the third decimal. The *perchloride of mercury* seems best suited for those cases where the cornea is ulcerated, with marked photophobia and severe pain, accompanied by excoriating tears and thin acrid discharge. Associated with this there is generally a furred tongue.

A frequently indicated and certainly valuable remedy is *graphites* ; its picture being an ulcerated cornea, with its attendant photophobia and lachrymation ; excoriating muco-purulent discharge ; the eyelids red, swollen, and agglutinated, and the outer canthus fissured, cracked, and easily bleeding. If there is an eczematous eruption upon the head and behind the ears, with a glutinous sanguineous discharge, there is a greater certainty of *graphites* being specifically necessary.

The *bichromate of potash* should be chosen in the more chronic cases, where there is obstinate indolent ulceration of the cornea, without much photophobia and lachrymation.

We ought not to lose sight of *calcium sulphide*, *pulsatilla*, or *sulphur*. The last I have chiefly used in chronic cases in scrofulous children, accompanied by much eczema, and where we wish to clear away a nebulous condition of the cornea, but Norton speaks highly of it in the more acute stages of the disease. *Calcium sulphide* in the first or second decimal trituration would naturally be indicated in those cases of unhealthy ulcers infiltrated with pus, or where there is pus in the layers of the cornea (onyx), or in the anterior chamber (hypopion).

The more strict members of this Society would probably place their reliance upon these or more carefully indicated remedies to the exclusion of local treatment, but

I believe that the intelligent use of accessory measures materially hastens the cure of our cases.

It is most probable that the quite simple cases will get well of themselves, especially if not irritated. For let it be most carefully borne in mind that all irritating applications distinctly do harm. The local application of *mercury* in some form is considered by all the old school authorities to be of the highest value, and the nearest approach to a specific that is possible. For many years the insufflation of *calomel* has been in vogue as one of the most successful methods of treating the conjunctival phlyctenulæ. It is evident that it does not cure by any irritating properties it may possess, for other powders have been used and have done no good. A key to its action may be found in the latest discoveries as to the bacteriological nature of the phlyctenulæ. *Perchloride of mercury* is one of our most powerful germicides. Now, *calomel* is, by the action of the tears and secretions of the eye, partly converted into corrosive sublimate, which would have a destructive action upon the microbes in the conjunctiva; that the salt is so rendered soluble is satisfactorily proved, and that it is even absorbed into the system is probable from a statement made on the authority of De Wecker that chemical analysis in these cases has detected mercury in the urine.

Another convenient form of using *mercury* is that of the yellow oxide—a grain or half a grain to the drachm of *ung. cetacei*, or white vaseline. This can be used for simple phlyctenular conjunctivitis, for fascicular corneitis, or in those cases where the ulcer is indolent and non-vascular.

For simple phlyctenular ophthalmia, then, we would use *merc. biniod.* or *rhus tox.*, in conjunction with either *calomel*, *ung. hydrarg. ox. flav.*, or a lotion of perchloride of *mercury* (1 in 5,000), the lotion being better indicated in the miliary form of the disease. In the corneal affections *atropine* (gr.ij.—ʒi.) or *cocaine* (two per cent.), aided by warm antiseptic fomentations, is of great service in soothing the irritated cornea. In fascicular corneitis the yellow oxide of *mercury* ointment is again useful; but in very severe cases, where it may be important to save the cornea from the effects of extensive ulceration, it may be necessary to apply the

galvano-cautery to the leash of vessels to destroy them as they enter on the cornea. A firm pressure bandage is always comforting, as it allays the friction of the lids upon the cornea.

Occasionally the blepharospasm needs special treatment, if it does not yield to the remedies used for the corneal trouble, nor such drugs as *conium* or *agaricus*, nor improve under the stimulation of dashing cold water on the face, nor by suddenly plunging the face into a basin of cold water, it may be necessary to divide the external palpebral ligament by section of the outer canthus to relieve the cornea of the untoward pressure. I have done this with prompt relief to the patient. When a deep ulcer of the cornea, with dirty, purulent infiltrated base, threatens perforation I have found the galvano-cautery, lightly applied, arrest the destructive process, check the formation of pus, and bring about a healthy healing surface.

A valuable adjuvant will be found in fresh air; do not keep the patients shut up in dark rooms; protect the eyes with blue spectacles, or, if necessary, by a light bandage, and then let them have as much fresh air as possible. If combined with sea bathing so much the better; but if that is not obtainable let the patient use a morning sponge-bath of sea-salt and tepid water. The food should be such as can be easily assimilated; avoiding pastry and, above all, sugar. I once had an opportunity of watching the effect of the withdrawal and addition of sugar to the diet in a hospital patient and the effect was most striking.

The last point to which I would draw attention is this, that treatment both internal and local should be continued for a week or two after the patient appears quite well, that is to say, after all bloodshot has gone from the eye. This is the best corrective to the great tendency to relapse exhibited by this troublesome disease.

DISCUSSION.

Dr. DUDGEON said perhaps his experience in eye diseases would be considered antiquated. He did not know if Mr. Knox Shaw regarded all ulceration of the cornea as of phlyctenular origin. With regard to the bacterial origin of the disease, that was a pious opinion held by some, but it did

not have much influence on practice. He believed that bacteria had as much to do with the formation of phlyctenular ophthalmia as mites have to do with the formation of cheese. It struck him as remarkable that Mr. Knox Shaw had scarcely alluded to a medicine which by itself, unaided by local measures, has been more frequently successful in cases of phlyctenular ophthalmia and ulceration of the cornea than any other, namely, *hepar sulph.* Mr. Shaw had alluded to it, but under the name *calcic sulphide*—a term the use of which he deprecated. *Apis* was also of great use in some cases. The frequent application of very warm water was of great assistance in most acute inflammatory diseases of the eye. Mr. Knox Shaw mentioned that the disease occurred in children with bad hygienic surroundings; he had met with the disease in children in the most favourable sanitary conditions. He regarded the disease as constitutional. Other remedies besides those already mentioned which he had found successful were *merc. cor.* and *arsenic.* With these three almost all cases could be cured. *Aconite* also was often of great service. Cod-liver oil assists greatly as a constitutional remedy.

Dr. McLACHLAN, of Ann Arbor, Michigan, said the treatment advocated was that in greatest vogue in his own country. He attached most importance to constitutional treatment. Among constitutional remedies *argent. nit.* held the first place, *zinc.*, *sulph.* and *cocaine* were also used. He had found a great difference in the success of the two schools, which he regarded as due to the use of constitutional treatment.

Dr. CLARKE was much interested in the paper, and especially valued the clear account of the disease given by Mr. Shaw. As regarded the treatment, he thought it was very similar to what was done at allopathic institutions—at any rate as far as local measures went. Mr. Shaw had stated distinctly that the disease was constitutional, and had a tendency to relapse, and yet in recommending medicines, he seemed to regard only the local eye symptoms. This was not the homoeopathy of Hahnemann. When local treatment and internal treatment were given at the same time, there could be no pure observation, and no clear ground for comparison. He had not found it difficult to find the constitutional remedy for his cases, and he had found the patient respond rapidly without local measures.

Dr. WRIGHT asked if Mr. Shaw had remarked the association of phlyctenular ophthalmia with herpetic eruptions in other parts of the body. With regard to dusting-in *calomel*, he had seen it stated that *iodine* should not be given inter-

nally; he would like to know Mr. Shaw's experience on this point. He also asked if there was any rule in the treatment of blepharospasm as to which canthus should be divided, and enquired as to the advisability of adopting the treatment of plunging the child's head into cold water.

Dr. COOPER.—In phlyctenular ophthalmia with severe blepharospasm he had found an ointment of common fig-wort (*scrophularia nodosa*) do good; and in one case of severe photophobia the tincture of the same, given internally, had had good effect. (Where the lids (upper) were kept in an everted condition, an alum and white of egg poultice was of great use.) In encysted tumour of the lids (the left upper especially) *ferr. phos.* was useful. In (recurring and shifting) episcleritis *phosph.* given internally had done good service. *Rhus* often required *calcareo* to be given in alternation with it.

Dr. BURFORD had listened with great interest to the paper. Mr. Shaw was at one with most authorities in regarding the condition as constitutional. He was surprised that *calcareo* had not been mentioned. In Vienna the cases were all considered as scrofulous, and treated with the syrup of *iodide of iron*. The local treatment of the disease was not always free from danger, and the use of the galvano-cautery he had seen produce staphyloma. The latest authorities were against its use except for the purpose of limiting suppuration. He wished Mr. Shaw had given some comparative observations of homœopathic and allopathic treatment. This is one of the diseases the treatment of which is fairly successful in allopathic hands.

Dr. HUTCHINS, of the United States, was glad to meet the Society, and expressed the pleasure it had given him to hear the paper.

Dr. MURRAY thought that Mr. Shaw's paper showed he, at any rate, was not of those who were open to the charge of being neglectful of pathology. He was interested in the explanation of the action of *mercury*, and he thought it would be better to use the *bichloride* itself rather than the *calomel*, if it acted by being changed into the *bichloride*. There was an ideal homœopathy which should always be borne in mind, but it was not always practical. He thought unhygienic surroundings made a difference in the rapidity of cure.

Dr. NEATBY said *kali bichrom.* had many symptoms of acute action, and he used it in acute as well as chronic cases. *Belladonna* was very useful, especially in alternation with *arsenic.* Fomentation with poppy-heads was a good local remedy. He thought *merc. cor.* when used locally was homœopathic in its action, not merely germicidal.

Dr. HARMAR SMITH had seen little of phlyctenular ophthalmia as a homœopath. He remarked he found it very

intractable as an allopath. *Arsenicum* he had found the most effectual treatment of the disease.

Dr. MOIR was very glad Mr. Shaw had brought forward this subject. He remembered these cases gave the most satisfactory results when he had charge of the eye department. He used but little local treatment. *Aconite* in acute cases he found of great use; *antim. tart.* was very valuable, also *pulsatilla*. He quite agreed that the constitutional remedies, *sulph.* and *calc.*, were the most valuable. When he used *mercury* externally, he used it internally as well. With regard to corrosive sublimate, which Mr. Shaw advised in the strength of 1 to 5,000, at Moorfields they use it 1 to 20,000 and get good results.

Dr. GALLEY BLACKLEY suggested that *calomel* was superior to the solution of the sublimate, because it adheres to the ulcer, and acts thus for a longer time. He suggested to the essayist and others that in cases where *kali bichrom.* in the shape of ointment or lotion could hardly be borne, an ointment might be made with the *sexquioxide of chromium*. He had recently tried this as an application to a case of pityriasis rubrum, where the skin had been exquisitely tender and sensitive to cold air, and with the happiest results. Twenty grains to the ounce of basis was the strength used.

Dr. CARFRAE then called on Mr. Shaw to reply.

Mr. KNOX SHAW, in reply, said he hoped he had been able to make a special subject of interest to those who were not specialists in that subject. He urged the importance of a true knowledge of the natural history of disease so that an accurate opinion could be found as to the value and effect of remedies employed. He always rejoiced when chronic cases came to this hospital which had been long treated at other hospitals, as, owing to careful internal indications, they were some of the most successful cases they had to deal with. He did not regard all cases of ulceration as phlyctenular. He thought *calomel* might act homœopathically as well as as a *bactericide*. He said phlyctenular diseases of the eye were sometimes called herpes. One of the advantages of dusting *calomel* into the eye was that it was done by the surgeon; when local measures were left to the patient they often were not used. Division of the outer canthus is simple. It must be done under an anæsthetic. The effect of the immersion of the face in cold water in blepharospasm is through the shock to the nerves; it is a severe remedy, and not to be lightly employed. He had seen good effects from *scrophularia*. In regard to *kali bichrom.* it was rather the indolence of the ulcer than its chronic nature that was the indication.

CLINICAL REPORTS.

BATH HOMŒOPATHIC HOSPITAL.

BY PERCY WILDE, M.D.

Serous Cysts—(continued).

A FLUCTUATING tumour in the breast may be a serous cyst, a galactocele, an abscess, or a fibroid tumour with cystic formation. The history of the case helps us a great deal in distinguishing between them. It is evident that a cyst, to be large and fluctuating, must have taken a long time to develop, while a fibro-cystic tumour would attain the same size in a much shorter period. In a recent case the tumour was very large, and occupied the whole of the upper half of the breast. It was not "fluctuating," but had that feeling of elastic tension on pressure, which, in the case of large cysts of the breast, is, I think, more often found than actual fluctuation. It had been diagnosed as "scirrhus" by four surgeons. I considered that it was a cyst because of its smooth even surface, its globular contour, and also because of this elastic tension which is never found in scirrhus tumours. I passed a small trochar, and abstracted some fluid, which, apparently, confirmed my diagnosis, but in taking note of the thickness of the walls of the cyst, I found that they measured over half an inch, which showed that it was not a serous cyst, but a fibroid tumour with cystic formation; this it proved to be when I removed it a few days later. I have never found a scirrhus or adenomatous tumour with a perfectly even surface, nor do they possess any elasticity on pressure.

It is when mammary or cervical cysts are small that they are susceptible to internal treatment, and it is then often difficult to be positive of diagnosis without puncturing. For this purpose I have used an ordinary hypodermic syringe with a large needle, which will abstract fluid from an ordinary serous cyst, but has not a sufficient calibre to always remove fluid matter from a broken-down adenoma, or gumma.

The introduction of a needle of this kind causes so little pain, and early diagnosis is so important, that I

never hesitate to do so before expressing a decided opinion in such cases.

In early serous cysts I prescribe *apis* 3x for fourteen days and then give *calc. sulphate* 3 and 30 alternate weeks. When there is evidence of thickening of the breast tissue round the cyst *hydrastis* 1x is very useful, and when this is accompanied by pain of a neuralgic character *phytolacca* is of distinct service.

As cysts grow larger the walls become thickened and at length take on an almost calcareous nature. It is then that medicines fail to influence them. We had one case in the hospital of a large serous cyst which occupied the greater part of one side of the neck. The introduction of a drainage tube and the repeated injection of *iodine* failed to set up the slightest inflammation. It was only after I had painted the interior of the cyst with pure *carbolic acid* that I obtained the desired result, and was able to bring about adhesion. At present I adopt a mode of treatment in such cases which I believe has not been employed elsewhere, and as it is very effective, and practically painless, it may be worth while to describe it. A small puncture is made in the cyst and the contents evacuated. Then a small steel tube one half inch in length, and covered with a piece of a gum elastic catheter is introduced into the cyst. This tube is fitted at one extremity with a handle so that it can be held like a speculum, and the direction of its other extremity altered by a very slight movement of the hand. I then pass a loop of fine iron wire into the cyst through the tube and push on one end until the loop within the cyst is prevented from further expansion by its walls; the wire is then attached to the electric ecraseur and brought to a white heat. During the space of a second, the loop is pushed forward upwards and downwards against the walls of the cyst. Then the current being turned off the direction of the loop is altered, and the process repeated twice or three times.

When the heat is limited to a very short time, the tube through which the wire passes does not become too hot, and the operation is painless. An iron wire answers better than a platinum one, as the latter bends too easily.

This method does away with the risk and uncertainty of the injection of irritating fluids, and the process of recovery is much more rapid.

Sebaceous cysts.

These cysts seldom present any difficulty as regards diagnosis, although I have seen syphilitic nodes of the scalp mistaken for them. The syphilitic nodes had a soft, boggy feeling to the touch, very different from the firm resistance offered by the sebaceous cysts. While the sebaceous cyst is seldom a cause of pain, the syphilitic node is almost invariably so, and this pain has a distinct nocturnal aggravation. There is also this difference, that while the syphilitic node is very amenable to internal treatment, the sebaceous cyst is, as far as I am aware, not so.

The syphilitic node generally rapidly yields to *kali bichrom.* 2x, and the pain connected with it to much higher dilutions. We had one patient, an old soldier, who had been treated by army surgeons for syphilis in the days when *mercury*, and "as much of it as possible," was the rule. They had saturated him until he had lost every tooth, but not his disease, and immediately before coming to us he had had a severe course of *iodide of potassium* at another hospital. The debilitated state of the man made the neuralgia, arising from syphilitic nodes of the scalp, very unendurable, and the rapid cure under *kali bichrom.* surprised him considerably. This case is noteworthy, because *iodide of potassium* is an excellent remedy for these syphilitic nodes, and that *kali bichrom.* succeeded in very minute doses, when it had failed in very large ones.

The removal of sebaceous cysts is an operation so free from danger, and with the use of *cocaine*, so little painful, that it is a question whether a medicine, which might possibly cure if continued long enough, would offer greater advantage to the patient.

I am personally strongly convinced of the advisability of early operation, and think that all palliative surgical measures, which aim at removing the contents, and subsequently obtaining adhesions of the walls, are, as a rule, bad practice, not only because they most often fail, but by setting up degenerative changes, which involve the skin and tissues over the cyst, make any subsequent operation very difficult.

This was particularly instanced in a patient who had

been to an "Eye Infirmary" to be treated for a rather large sebaceous cyst on the upper eye-lid. The cyst was punctured, its contents removed, and some caustic application applied to its walls. Degenerative changes took place in the skin covering the cyst, which rapidly increased in size.

When she came to our hospital for treatment the case presented peculiar difficulties. The probable reason which had prevented the ophthalmic surgeon from excising in the first place was the fear that the cicatrix of so large a cyst might cause contraction of the eyelid, and prevent it from properly covering the eye, which would, of course, result in the final loss of the organ from inflammation, owing to particles of dust, &c., obtaining access to it. Whether these were the reasons or not I have no means of knowing, but they held good in the condition with which we had to deal, for it was then necessary to remove nearly the whole skin from the eyebrow to the eyelashes with the tumour, as it was too thin and inflamed to be separated from it. On the other hand, here was a young girl of good appearance, whose prospects in life would be ruined by the unsightly nature of the tumour.

Taking into consideration the very elastic nature of the tissues of the eyelids, and the rapidity with which they heal under surgical interference, I decided to remove the tumour. Having done so, I of course made no effort to bring the edges of the wound together, but instead passed a suture through the skin at the margin of the eyelid, and drawing it down to its fullest extent, fixed the ends by a piece of plaster to the cheek. Having let the wound dry by exposure to the air, put on an antiseptic dressing, and left it for 48 hours, I subsequently used a calendula lotion, and in 16 days the wound had completely granulated up. I then released the eyelid for the first time, and directed it to be stretched several times a day, by pulling on the eyelashes, a little operation which the patient readily learned to do for herself. At the end of three weeks from the date of operation the eyelid closed perfectly, and when the eyes were opened the scar was so nearly concealed that no one who had not seen it would have believed that the eyelid had been the site of such a large tumour.

I think there are grounds for palliative measures in cases where the cyst walls have undergone repeated inflammation and have degenerated. Thus in the case of a woman who had a cyst for 20 years at the back of the neck; repeated attacks of inflammation had caused great thickening of the surrounding tissues, so that practically the condition was that of a fibroid tumour, having degenerated sebaceous matter in the centre, and a cyst-wall for its internal layer, inseparable from the thickened fibroid tissue surrounding it.

In this case I punctured and scooped out the sebaceous contents which were the cause of irritation, and which had caused so much pain, and then packed the cavity with a piece of lint soaked in *iodine*. This was withdrawn in 24 hours, and another shorter strip inserted, and this was repeated daily, the strips of lint being shortened each day as the cavity filled up.

The external use of *hydrastis* brought the thickened and congested tissue round the cyst to a healthy state, and in a fortnight only a small nodule marked the site of the tumour.

Considering the amount of pain and inconvenience this patient had suffered at various times during 20 years owing to this cyst, and that she would have had none of it if it had been removed directly it was discovered, and that the pain of the first operation would have been no greater than that occasioned by the surgical measures finally necessary, I think it illustrates the importance of early surgical treatment in cases of sebaceous cysts.

(To be continued.)

HÆMOGLOBINURIA.

BY J. GIBBS BLAKE, M.D.

WHEN I was engaged in looking into the records of experimental pathology—which being translated from the language of the physiological laboratory we call “provings”—in order to ascertain the effect of various drugs upon the amount of urea excreted, I came across some interesting experiments on the artificial production

of hæmoglobinuria. These experiments were made with *pyrogallic acid* and *toluylendiamin*.

The only reference that I can find in our literature is under the head of hæmatin in Allen's *Encyclopædia*. *Phosphorus* and *sulphuric acid* being credited with the production of hæmatin in the urine. But on reference to the provings of *phosphorus*, which is quoted from Virchow's *Archiv* (vol. 36, p. 520), *albumen* also exists in the urine, so that the probability is that Hæmoglobin existed in it, and a similar remark applies to the provings of *sulphuric acid*.

Pyrogallic was used by Dr. Noël Paton for the purpose of breaking down the corpuscles of the blood in dogs who were observed to be in a state of nitrogenous balance, and for some time before the use of the *pyrogallic acid* the urea excreted was found to be very constant. Two grammes of *pyrogallic acid* were given in experiment III.* with the following results: The amount of urea was nearly doubled. The urine was dark in colour from the presence of hæmoglobin, but there was no albumen.

In other experiments by the same author with an increased dose of *pyrogallic* the urea was still more increased, the urine contained abundant hæmoglobin and albumen, but no blood corpuscles, and jaundice was well marked. An anæmic condition was observed as a consequence of the excessive destruction of red corpuscles. The number of red corpuscles were calculated daily, and when the excretion of urine was at the highest amount the corpuscles were diminished to less than one third of the number. The red corpuscles had been counted and found constant for some days before the *pyrogallic acid* was given.

Since I noticed these experiments I have not seen a case of hæmoglobinuria, but I have published this notice of the experiments in order to suggest to others the use of *pyrogallic acid* when indicated by anæmia and the other symptoms noted above. I have, however, employed *pyrogallic acid* in 1x and 2x dilution in ordinary anæmia without any definite results.

* *Journal Anat. and Phys.*, vol. xx., p. 527.

The provings of *toluylendiamin* by Stadelmann* show that hæmoglobinuria is in some cases produced without albumen and without any red corpuscles, but if larger doses of the drug are given, then albumen and red corpuscles are found in the urine.

Changes also were noticed in the kidneys. Destruction of the epithelium of the tubules and casts of tubes were observed, also fatty degeneration of the epithelium. Crystals of hæmoglobin were found in the tubules of the kidney.

The cells of spleen were destroyed, and masses of yellow pigment were found in that organ.

The liver had undergone fatty degeneration, especially the cells, and the natural amount of pigment was found. Leucocytosis was found in the liver.

Afanassiew† gives similar results in his experiments with *toluylendiamin*, which was found to resemble *phosphorus* in its action upon liver and kidneys, but not to produce the same amount of yellow atrophy of the former.

SALUFER.

BY ROBERT T. COOPER, M.D.

A PREPARATION, called *salufer*, is now in the market as "a powerful antiseptic disinfectant and deodoriser," to which attention had better be directed. On the boxes in which this *sodium silico-fluoride* is sold, we are instructed that it is used "for dressing wounds, preserving food and for sanitary purposes, and that it is free from smell, taste or colour; it does not stain and is not poisonous."

Directions are given for its application to closets and for making with it an antiseptic lotion.

Beyond this there are no directions given for applying it to wounds, and this is the more to be regretted, as I feel convinced from my own trials of it, and from what Dr. Galley Blackley—who first drew my attention to it—has related, that it is a most useful preparation.

* Stadelmann. *Archiv. f. Exp. Pathologie u. Pharmakologic.* vol. xxiii., p. 427 et seq.

† Pluger's *Archiv. fur Physiologic*, Bd. 30, pp. 410 and 424.

Applied in its dry state to a mucous surface denuded of epithelium, it at once exerts a tissue destroying effect, and is by no means the innocent substance one would suppose from the descriptions given or even from its taste.

In two cases, a three grain to the ounce solution used to the vaginal mucous membrane was followed, Dr. Blackley tells me, BY GENERAL RIGORS, and in one of these cases it was tried two or three times with a like effect.

In a case of fissure of the anus to which it was applied by me—about half a grain on cotton wool—no unpleasant effect ensued the first time, but on second application of the same, a fortnight afterwards, it was followed by considerable local pain, and by *intense pain at the back of the head, as though the head were being drawn back, and a feeling of numbness down the left leg, as though she were going to be paralysed.* Bleeding from the rectum with great relief to the piles and fissure followed.

I draw attention to these symptoms in the hope that we have in *sod. silico-fluoride* a substance which will act dynamically with powerful effect, like our own *silicea*, upon the meninges of the spinal cord, and also for the purpose of cautioning practitioners against using the dry substance indiscriminately to mucous, ulcerating or imperfectly protected surfaces. Also, I wish to testify to its great efficacy when used diluted as an application for chronic and intractable otorrhœa. It is certainly far and away superior to *boracic acid*, or to any substance that I have hitherto employed in its antiseptic sphere of action.

Used locally, undiluted, and with discretion, it promises to supply a very urgent want in reducing epithelial growths, and the schirroid surroundings of sinuses, chancres, fistulas, and fissures.

CLINICAL AND THERAPEUTIC NOTES.

Naphthalin in Hay Asthma.—In our May number for last year we drew attention to some observations by Dr. Laird, of Utica, N.Y., on the value of *naphthalin* in hay asthma. We would again, now that the season for this troublesome and exhausting ailment is upon us, ask our colleagues to test its value. It is less useful in the mere irritation of the eyes,

nose and throat characteristic of the disorder than it is in the asthmatic form of it. In one case in which it was tried last summer, when both nasal and pulmonary irritation were present, the patient said that it gave great relief to the latter, but had not so much influence on the former—though she was far less troubled than she had been in previous years. The *iodide of arsenic* seems to be of more service in relation to the nasal and lachrymal irritations.

The second decimal trituration, in grain or two-grain doses, should be given three or four times a day.—A. C. P., Grantham, June 17, 1889.

* * * *

Hypertrrophic Elongation of Cervix Uteri.—In the case related in the June number, for which advice respecting treatment was asked, after 14 days of *apis* three times a day, the patient returned relieved of most of her symptoms, and the elongated anterior lip was not more than half its former size.—E.A.N.

* * * *

Hæmorrhoids.—L. G., æt. 32, has internal piles, which seldom bleed. From time to time she suffers from sudden attacks of pain, not usually during defæcation, but coming on some time after, and lasting, in paroxysms of greater or less length (two or three hours), for several days. The pain is agonising when at its worst. Frequently its onset can be in no way accounted for, and no local signs accompany the pain, or at most only slight inflammation of a small external pile. The internal piles are not nipped by the sphincter at these times, as the attacks came on when they had been most thoroughly and carefully returned.

Readers are asked to suggest a diagnosis and treatment.—
NEMO.

REVIEWS.

Repertory of the Characteristic Symptoms, Clinical and Pathogenetic, of the Homoeopathic Materia Medica. Edited by EDMUND J. LEE, M.D. Chapter I. Mind and Disposition. Philadelphia, 1889.

OUR contemporary, *The Homoeopathic Physician*, is issuing this repertory, based on that of Lippe, as a supplement. Although it has been spoken of as the second edition of Lippe's *Repertory*, a glance at it shows it to be practically a new work, the chapter already in the hands of subscribers to the journal (for to such alone is it issued) containing at least five

times as much information as that of the first edition. This increase in size is due, not so much to the greater number of medicines included in its review, but chiefly to the more careful and complete indexing of "Conditions."

To be appreciated, this *Repertory* must be used; familiarity with it, while revealing occasional omissions, etc., will cause it to be daily more prized. None but those accustomed to the use of a repertory can with facility translate colloquial expressions, varying with district and dialect, into stereotyped repertorial phraseology. It is true that the numerous cross references found here materially lessen the difficulty in doing so; but it is practice alone which can "make perfect." We would suggest that in future chapters the significance of the differences in type be explained. Moreover, it would be an unquestionable advantage to have some typographical distinction made between clinical and pathogenetic symptoms. There are, truly, well-known difficulties in the way of this, but not such as are insuperable.

In a few instances greater care would have made the *Repertory* more easily usable, and we only point out these that attention may be given to such points in future chapters.

In searching for the symptom "is afraid of pins," we look in vain for it under "fear," "frightened," "anxiety" or "pins." The symptom being one of delusion is correctly found under heading "delusions." But under "fear," we should have found "pins, of; see delusions." Again, under conditions of fear, we find "pregnancy, during; hydrophobinum." As this *Repertory* includes clinical symptoms, we do not understand why remedies so reliable clinically as *aconite*, *hyoscyamus* and *stramonium*, etc., should be excluded for such an appetising preparation as "hydroph."—especially as the symptom is not given at all under heading "anxiety." In conclusion, we suggest—not, however, as indicating a distinct fault—that in a case such as "aversion," instead of stating only, "see name of thing disliked," a list of "things disliked" (which will also be found in their proper alphabetical order), should be given immediately after "aversion in general." The suggestions contained in such a list would be of the utmost possible use to the busy symptom-coverer. We may state that this issue, unlike its predecessor, is, as far as we have noticed, not only nominally, but really strictly alphabetical. Short of a "concordance" system, the plan of this work leaves nothing to be desired, and the execution is a credit to all concerned.

The Physiology of the Domestic Animals. A Text Book for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A.M., M.D. 1889. Philadelphia: F. A. Davis.

THIS manual of the physiology of the domestic animals is, as far as we are aware, the only work of its kind in the English language. It at once takes its place as a standard authority. Full, if not exhaustive, accurate wherever positive statement is possible, and liberal and frank where doubt is present, it is a thoroughly scientific and reliable treatise.

The plan of the work is that of most of our text books of human physiology. The general physiology and chemistry of animal life, and the minute anatomy and chemistry of elementary animal tissues, are given first of all, and constitute Part I. of the volume. To this section 150 pages are devoted. Next follows, in chapters or sections, the consideration of the special histology, physiology, chemistry and physics of the "nutritive systems"—digestive, circulatory, respiratory, renal, cutaneous, &c., and nutrition proper, including animal heat. Then come "the animal functions," including the physiology of movement and the general and special study of the nervous system, closing with the reproductive functions and processes. In each of the special divisions some type is taken—often the human subject—and after a full description, the departures from the type are related. The horse, the mule, the ass, the ox, the sheep, the dog and the hog, are mostly described, or the order of animal represented by any one of them is dwelt upon, *e.g.*, omnivora, carnivora, herbivora, &c. The cat and the rabbit are less frequently alluded to.

There can be no question that every veterinary student should possess this work; probably he will hasten to do so. Medical students, though using manuals devoted to human physiology, would enlarge their ideas and would add interest to their study of physiology by reading and mastering it, even in cases where comparative physiology is not a compulsory subject for examination. For medical men, apart from its general and great interest as a scientific work, it will be chiefly prized on account of its giving him a more intelligent understanding of his useful servant, the horse. The reasons for a definite order in administering food in the horse's diet are clearly given, and much other information is scattered through the volume, which will enable him the better to care for his favourite beast. Modern researches respecting the locomotion of the horse are placed at the disposal of the student. The beautiful and sometimes surprising results of the use of instantaneous photography in recording attitudes of locomotion are given, and the much criticised equestrian statuary of

ancient Greece receives its justification from 19th century science.

Clear type, good paper, and a profusion of illustrations (mostly excellent), add to the charm of this book. We only wish we had the leisure to read it as carefully as we would have done in our so-called student days. Heartily do we commend it to all for whom it was designed, and not less warmly do we congratulate the author, the Professor of Comparative Physiology in the University of Pennsylvania, on having produced a work of which he may justly feel proud.

MEETINGS.

TESTIMONIAL TO ALFRED C. POPE, ESQ., M.D.

ON Wednesday, the 5th ult., a meeting was held at the London Homœopathic Hospital (by the kind permission of the Board of Management) for the purpose of presenting a testimonial to the senior editor of this *Review* in recognition of his editorial and literary work during the last twenty-five years.

The chair was taken by Major Vaughan-Morgan, and there were present Dr. Dudgeon, Dr. Yeldham, Dr. Dyce Brown, Dr. Bradshaw, Dr. Croucher (St. Leonards), Dr. B. Moir, Dr. Süß-Hahnemann, Dr. Barrett, Dr. E. A. Neatby, Dr. Goldsborough, Dr. Pullar, Mr. Cross, Mr. P. C. Pope, Mr. A. J. Pope, &c.

Letters expressive of regret at their inability to be present were read from Lord Ebury, Dr. Hughes, Dr. C. L. Tuckey, Dr. Bryce (Edinburgh), Dr. Madden and James Orrock, Esq.

After a few remarks from the chairman, Dr. Dudgeon was called upon to make the presentation.

Dr. DUDGEON said: Mr. Chairman and Gentlemen, I feel it a high honour and a pleasant duty to have been called on to present to Dr. Pope this slight acknowledgment of the affection and respect of his colleagues and friends. Our worthy chairman has alluded to the circumstance that this is a rather unfortunate day for the performance of this ceremony, as the attractions of the Derby run at Epsom are likely to diminish the attendance of those wishing to do honour to Dr. Pope. Epsom has no doubt a singular attraction for doctors, as it is endeared to them in consequence of its being the place whence are derived those salts that bear its name, and which in ancient times constituted one of the chief remedies of the profession, and on this particular day a splendid opportunity is offered for studying the physiological and psychological effects of the imbibition of alcohol in the open air. It is gratifying to

see so many of Dr. Pope's colleagues have resisted the fascinations of Epsom on the Derby day, and are met here to-day to show their kindly feeling towards him. I don't know why I have been selected as their spokesman, except it may be that I, like Dr. Pope, have also edited a medical periodical, or perhaps it is because I am one of his oldest friends. In fact Dr. Pope is connected with my earliest recollections of homœopathy. My first acquaintance with him was when he made his gallant stand against the bigoted faculty of Edinburgh University, on which occasion he became the proto-martyr of homœopathy in Britain. Since then he has been constantly in the van of the pioneers and defenders of homœopathy, and the followers of Hahnemann owe him a large debt of gratitude for the zeal and energy with which he has always stood up for the rights of homœopathic practitioners, and for the ability with which he has contributed to the development of homœopathy in the periodical which he has so long edited. It is greatly owing to the scientific manner in which he has conducted the *Monthly Homœopathic Review*, and to the admirable papers and works from his pen, that homœopathy occupies the proud position it now does in medical science. The testimonial I am entrusted to hand him expresses in but a very insufficient way the affection and respect of his colleagues and the deep debt of gratitude they owe him for his brilliant services to the cause. We beg him to accept this purse of £844 and this illuminated address as a slight acknowledgment of our esteem. The money, of course, is evanescent, but the address, with the names of those who have contributed to the testimonial, will, I hope, be valued by him and preserved by his family to show how much we appreciated their relative. Before concluding, I would express, what I know to be the feeling of all of us, our best wishes for Dr. Pope's long life and success in the sphere in which he has elected to continue his useful career as a practitioner and propagandist of homœopathy.

The address, illuminated on vellum, together with the names of the subscribers to it, and handsomely bound in Russia leather, reads as follows:—

“ TO ALFRED CROSBY POPE, Esq., M.D.,

“ June 5, 1889.

“ Dear DR. POPE,

“ After having conducted *The Monthly Homœopathic Review* for twenty-five years, we hear that you have now resolved to retire from the active management of that periodical. It

has appeared to the undersigned that this would be a fitting opportunity for presenting you with a Testimonial to shew their high appreciation of your services to Homœopathy, not only in the *Review* but in the numerous practical works and articles with which you have enriched the literature of Homœopathy during your long and laborious career.

" We, therefore, beg your acceptance of this Testimonial, together with a purse of three hundred and forty-four sovereigns, as an expression of our feeling towards you.

" Wishing you all prosperity in your sphere of labour,

" We are

" Yours very sincerely,

" Abbott, G.	Dudgeon, R. E.	Nankivell, H.
Allshorn, F.	Ebury.	Neatby, E. A.
Barrett, J. J.	Edgelow, W. F.	Neild, F.
Blackley, C. H.	Epps, James	Nicholson, T. D.
Blackley, J. G.	Epps, Washington	Orrock, J.
Blake, E. T.	Flint, F.	Powell, A. J.
Blake, J. G.	Galloway, J. M.	Proctor, Peter
Blyth, J.	Gilbert, S.	Pullar, A.
Bradshaw, W.	Goldsborough, G. F.	Ramsbotham, S. H.
Brooks, S. B.	Hahnemann, F. S.	Renner, C.
Brown, D. D.	Hargreaves, Misses	Roche, E. B.
Bryce, W.	Harper, J. P.	Roche, J.
Buck, A. H.	Harris, H.	Ross, F.
Burnett, J. C.	Hawkes, A. E.	Roth, M.
Burwood, T. W.	Hayle, T. H.	Scott, W.
Butcher, W. Deane	Hayward, C. W.	Shaw, C. K.
Butcher, W.	Hayward, J. D.	Slatter, H.
Carfrae, G. M.	Hayward, J. W.	Smith, Gerard
Cash, A. M.	Hughes, R.	Stephens, S.
Chalmers, A. C.	Keene & Ashwell	Sutherland, J. S.
Clarke, J. H.	Kennedy, A. S.	Tuckey, C. L.
Clifton, A. C.	Kidd, J.	Walther, J.
Collins, C. P.	Luther, H. W.	Wheeler, H.
Cooper, R. T.	Madden, E. M.	Wilde, J.
Cox, R. P.	Moir, Byres	Wilde, P. R.
Craig, W. S.	Moir, Douglas	Wolston, W. T. P.
Cross, A. G.	Moore, George	Wyborr, J. M.
Croucher, A. R.	Moore, John	Wyld G.
Drysdale, J. J.	Moore, J. M.	Yeldham, S.
Drury, W. V.	Morgan, W. V.	Anonymous Donor "

Dr. POPE, in acknowledging this very handsome mark of esteem, said: Mr. Chairman, Dr. Dudgeon and gentlemen—
For me adequately to express my very deep sense of gratitude

for, or suitably to respond to, the very kind feeling towards me expressed by Dr. Dudgeon in presenting me with this generous mark of your appreciation of my services to homœopathy in connection with the *Monthly Homœopathic Review*, is impossible. Words fail me in my endeavour to clothe my feelings on this occasion. In devoting a considerable proportion of my time and energies to conducting the *Review*, with the ever ready aid of equally zealous colleagues, I can most truly say that I have only done what it was my duty to do. The work was placed in my hands, conjointly with Dr. Bayes, at a time when the *Review* was in low water, when its indifferently supported editor, Dr. Ryan, was not only overwhelmed with private engagements, but was getting tired of and beginning to lose heart in the work. When he invited me to share it with him, I felt that with his assistance and that of Dr. Bayes I might be able to do something towards promulgating what I believed then and believe now to be the greatest and most important truth in medicine, and believing that every one ought to do something in the promotion of what he believes to be truth, and knowing not what else I could do, I accepted the proposals made to me. Thus my taking a share in this work became, as I have said, a duty. And, gentlemen, a very pleasant duty in most ways I have felt it to be. In short I have found in this work so much real enjoyment, and being fairly thick-skinned—as all editors who desire peace of mind must be—I have met with so very few annoyances from the thorns with which the cushion of an editorial chair is commonly supposed to abound, that I feel that far less credit is due to me, than your kindness in honouring me as you have done this afternoon, would lead most people to suppose that I am entitled to.

There is, however, one thing in my editorial management that I am able to look back upon with satisfaction, and it is this: I have ever endeavoured to conduct the *Review* in what appeared to me, though perhaps not at all times to others, to be the best interests of homœopathy, and therefore without the slightest personal fear, favour, or affection. In having done so, I believe that I have consulted, so far as my knowledge and abilities went, the best interests of medicine as a science and an art, and the best interests also of my professional brethren, whatever views in therapeutics they may hold.

This course has occasionally, though happily very rarely, brought me into conflict and controversy with friends with whom it would have been far easier and certainly far more agreeable to me to have agreed. When I have felt strongly I have written as I have felt, and though I do not believe that in doing so I have made any enemies, I trust that any annoy-

ance I may have caused to anyone in this way will be ascribed to a zeal—perfidious if you like—for the truth and purity of homœopathy, and to that only.

As you have remarked in the address with which you have presented me—I have retired from the active management of the *Review*. I hope, however, while health, strength, and opportunity are vouchsafed me, to do somewhat in assisting my colleagues to sustain and increase the usefulness of the journal in which, so long as life remains, I cannot fail to feel the deepest interest.

Retirement suggests reflection—What has the *Review* attempted to do?—What has the *Review* taken a part with other journals and other organisations, together with individual efforts, in accomplishing towards the spread of homœopathy—in developing the resources of therapeutics, and in defending the interests of those who practise homœopathically? Before endeavouring to reply to these questions, the memory of those who are “gone before,” as well as the services of some who happily still remain, demand that I should to-day say a word or two first of all on the editorial history of the *Review*. As you are probably aware this journal was founded in 1856 by the late Dr. Ozanne, a physician of the highest culture, and one full of confidence in the truth of homœopathy. His eyesight failing within a year he was compelled to desist from editorial work, and it seemed, for a little while, as though the *Review* would have its life cut short thus early in its career. This, however, was not to be. Dr. Chapman took hold of it, and by Dr. Atkin of Hull was induced to introduce Dr. Ryan, then living in London, as its editor. Ryan was a comparatively recent convert to homœopathy, and but little known to homœopathic practitioners, consequently in conducting the *Review* the assistance he received from them was only small. For the work, no one better qualified could have been selected. Abounding in learning, classical, literary, and scientific, Ryan had at one time been the editor of the *Medical Gazette*, he had been on the staff of the *Morning Chronicle*, the *Illustrated London News*, and several other papers. He was between 1840 and 1850 the lecturer on physical science at the Polytechnic, and was by far the most successful, most attractive lecturer that ever occupied that position. Several of his pupils, Sir Frederick Abel being among them, have attained considerable distinction. Ryan afterwards succeeded Dr. Smith, of Sheffield, in a large general practice, and from thence edited the *Review* for five or six years, under very great difficulties. For several years before he asked me with Dr. Bayes to share the management with him, I had done what I could by contributing articles,

signed and unsigned, to help him. In 1865, however, feeling the burden greater than he could any longer bear single handed, Dr. Bayes—one of the most zealous and untiring advocates homœopathy ever had—and I were asked to join him. Then four years later Dr. Madden added greatly to our strength, and many valuable and useful articles in the *Review* at this period were from his pen. Subsequently both he and Dr. Bayes retired, and for a short time Dr. Ryan and I were alone. Now, for a year or two, we had the assistance, and very valuable assistance it was, of Dr. Herbert Nankivell. On his retirement we were joined, in January, 1876, by Dr. Dyce Brown, who, I am glad to say, is still one of "ours." Dr. Brown was, however, no new hand. He had already rendered me the greatest service for three or four years by writing leading articles and collecting extracts of interest from the medical journals. For the first three years of the present decade, we were materially assisted by Dr. Arthur Kennedy, while for the last five or six Dr. Brown and I—representatives some one once said of the *fortiter in re* and the *suaviter in modo*—have stood alone. Such, gentlemen, is the editorial history of the *Review* up to the close of last year.

That the work that has been done through it has been of service to the progress of therapeutics your presence here to-day is very gratifying evidence. It is especially so inasmuch as it proves that while you may, and probably would do, take exception to some details in its management, you endorse, in a general sense at least, the policy which has guided it.

Permit me, then, a few words on this policy. Some there are who say that it is impossible to know what is meant by homœopathy—that by one man it is interpreted as meaning one thing, and by another as something else. Now, on this point the *Review* has never deviated. It so happened that in January, 1864, I published an article entitled "*Who is a Homœopathist?*" In that I gave the definition of homœopathy which has been adhered to ever since, which the editors to-day adhere to. "True homœopathy," I then wrote, "consists simply and solely in the prescribing for disease such remedies as are competent to produce similar disease in a healthy person. This, and this alone, is homœopathy. To carry out homœopathy it is obviously necessary that drugs be proved. It is further necessary that the amount of drug given to cure be less than that required to produce disease. These are, I added, "the corollaries of homœopathy." One more ought to have been mentioned—and I know not how it was omitted, for it has ever been in my mind, viz., that medicines should be given as they were proved, singly and uncombined. With this addition, and the admission that the phraseology might

have been clearer—this, I contend, is the true definition of homœopathy. This is the great medical truth of which, as Dr. Drysdale once said, we are the trustees. This is the basis of the therapeutics it has ever been my aim to extend a knowledge of—and in this each of my colleagues during the last 25 years has agreed with me. In endeavouring to advance the interests of this therapeutics and to defend those members of our profession who have adopted it, we have sought to explain and illustrate it by clinical observation, to show how far the doctrine of homœopathy is applicable in the treatment of disease, to investigate and recount the ever freshly opening resources of the physiological *Materia Medica*, and to point out to our medical brethren unacquainted with this therapeutic method its advantages, both from a scientific and practical point of view, over those empirical and so-called rational plans which hold the chief place in the teaching of the medical schools.

In doing so we have endeavoured to sustain an interest in every institution having for its object the development and extension of homœopathy. Our societies and congresses have enriched our pages by the papers read before them. Every congress since 1870 has been reported almost *verbatim*, and for several years past the proceedings of the British Homœopathic Society have been placed prominently before our readers. Frequently, though irregularly, we have been able to report the papers and discussions at some of our provincial societies. This hospital, and similar institutions in the country, we have done our best to further the interests of, and have striven to stimulate their medical officers to turn to the advantage of their medical brethren the opportunities of clinical study here placed within their reach. The London School of Homœopathy also had our warm advocacy during its short but useful career.

In thus directing our editorial energies we have not sought to create a medical sect. On the contrary, our aim has been to present homœopathy as what it is, a therapeutic doctrine of the greatest importance; one that every member of the profession is in honour bound to understand, and carefully and clinically to investigate, one a knowledge of which is necessary to a complete medical education. So far from desiring to perpetuate the sectarian position which has been assigned to homœopathy, we have ever exerted ourselves to secure the total abolition of those restrictions on freedom of opinion in medicine which alone determine sectarianism. We have, therefore, constantly protested against the exclusion of medical men from medical societies on the ground of their acknowledged confidence in *any* therapeutic doctrine, and

against the exclusion from discussion in medical societies and journals of *any* therapeutic doctrine, merely because, from want of experience of its value, the majority have hastily concluded that it is false. It is this exclusion, and this alone, that has rendered distinct societies and journals necessary for the preservation and promulgation of special therapeutic truths.

If, in the eye of the law, we are qualified to judge what treatment is likely to be of the greatest advantage to our patients, we are fully entitled to the complete enjoyment of all those means for enlarging our knowledge provided for that purpose, and among the chief of these are the medical societies.

Further, the *Review* has ever insisted on the maintenance of the right of every hospital physician to prescribe for his hospital patients in any manner which his experience has taught him to be the most salutary, and on the injustice done to individuals, and the injury inflicted on science and art by rendering a belief in any therapeutic doctrine a ground of exclusion from hospital appointments, a justification for the denial of the assistance of consultation in relieving anxiety, in mitigating suffering, or in endeavouring to cure disease and injury. It is the denial of these rights that has rendered the establishment of this and similar hospitals necessary for the development of therapeutics. It is the erection and maintenance of such barriers as these that, as it is termed, "mark us off from the profession." Until they are removed—and one and all of them have lost much of their strength and vitality during the last quarter of a century—until they are removed, that freedom of opinion which is the very life blood of science and art cannot be said to exist in the profession of medicine. Until they are removed our profession, so far from pluming itself on being liberal, must remain, as it was described by the editor of the *Law Journal* in 1875, "a very rigid and intolerant trade union." A profession, any legally qualified member of which, "who infringes one of the medical trade union rules, or who avows an opinion which is not strictly orthodox, is not only cut socially but also professionally by the profession."

The removal of these barriers is in the hands of those who erected them; the removal of the reproach and ridicule their existence has brought upon the profession rests not with us; we have fulfilled our duty when we have protested against their maintenance, when we have pointed out their injustice, and have shown the evil influence they exercise upon the progress of therapeutics, and upon the moral tone of the profession. And we are but doing our duty when we endeavour

to restrict the injury done through them within as narrow a sphere as possible, by publishing journals and erecting hospitals especially devoted to the cultivation of the truth these barriers are designed to obscure.

Now, gentlemen, what have been the results of our efforts? Has any progress been made during the past five and twenty years in diffusing a knowledge of homœopathy, in securing for its representatives any of those rights which these barriers were erected to deprive them of? If we scan these results and estimate their importance by comparing them with that of the doctrine, an appreciation of which we are endeavouring to promote, we must confess that they have not been great. If, on the other hand, we compare them with the mass of wilful ignorance of the therapeutics we seek to inculcate, the persistent misrepresentation of our views and practice by the medical press, and by medical teachers, the—to adopt the euphemism employed by the Chief Secretary for Ireland when endeavouring to expose his opponents in the House of Commons—the “inaccuracies” with which our proceedings are almost invariably described in the medical journals, and the weighty personal and professional interests which are assailed by the study and practice of homœopathy; when we consider the power of an opposition so composed, our progress has, I submit, been considerable, and more than sufficient to encourage us to persevere in our efforts to make known the truths of which we are the trustees.

Bitter as is the opposition to homœopathy, even now, in some places and in the minds of some people, its demonstrative character has sensibly lessened during the last five and twenty years, and is not so universally approved of by the profession as once it was. For example, when Dr. Bayes and I joined Dr. Ryan, one of the first episodes of this kind to engage our attention could not, I imagine, be repeated now. I refer to the Westminster election of 1865, when Dr. Tweedie, aided by the *Lancet* and other medical journals, and supported by *Punch*, rendered himself the laughing-stock of all the clubs in London by withdrawing his name from Capt. Grosvenor's committee, and urging all the medical men of Westminster to vote against him, irrespectively of all political considerations, because in answer to a question proposed to him by Dr. Tweedie as to whether he favoured or upheld the “heresy of homœopathy,” he not only declined to express any view on the subject, but declared himself “resolutely opposed to anything like persecution arising from differences of opinion, whether in religious, political, or scientific matters.” In spite of all this tweedledum and tweedledee, Capt. Grosvenor was returned at the head of the poll.

Ten years previously the *Lancet* had in a somewhat similar way endeavoured to keep Capt. Grosvenor's father, the present Lord Ebury, out of the representation of Middlesex. Happily for the cause of freedom of opinion in medicine, the *Lancet* was as unsuccessful as was Dr. Tweedie. Such miserable, such fatuously exhibitions of bigotry and intolerance could not, I maintain, occur at the present time.

To pass to opposition of a more strictly professional kind. Three years after this, in 1868, an attempt was made to expel Dr. Dyce Brown and Dr. Reith from the Aberdeen Medico-Chirurgical Society on account of their confession of faith in homœopathy. It failed, failed miserably, and it was the first time in the history of homœopathy in this country that such an attempt had failed, while it is the last time that any attempt of the kind was made.

Especially indicative is it of the progress which has been made by the profession on this point, that in 1884 Dr. Reith was all but unanimously elected the President of this Society. The *Lancet* termed this event "unaccountable." It is, indeed, easily accounted for. During the intervening sixteen years Dr. Reith had practised homœopathically in Aberdeen, had associated professionally with his medical brethren, and had therefore not been "marked off" from the profession. Consequently the members of his society knew more both of homœopathy and of him, than they did when some of them attempted to drive him from their midst in 1868. This increase of knowledge was favourable to both, and hence Dr. Reith was gladly chosen all but unanimously.

The British Medical Association, which in 1851, 1852, 1858 and 1861 passed resolutions regarding homœopathy and homœopathic practitioners of the most exclusive and coercive character, and in 1857 expelled from the Association one of its recently made "perpetual" vice-presidents, celebrated its Jubilee at Worcester in 1882. In its report on that occasion the council stated that the expulsion of homœopaths was "unadvisable." To this an amendment was moved by Mr. Nelson Hardy and seconded by Dr. Fitzpatrick, to the effect that all who acknowledged the truth of homœopathy should be expelled from the Association. In a large meeting this amendment received only fourteen votes.

At the annual meeting at Liverpool in 1883, Mr. Hardy came again to the front, and moved as an amendment to a proposed new bye-law regarding the election of members, the words "not practising homœopathy nor advertising." Amid a scene of shouting, uproar and excitement such as has rarely been witnessed at a meeting of a scientific society, Mr. Hardy's amendment was rejected by an immense majority.

In 1884 no reference was made to the subject. In 1885 the council issued a circular to each member asking for an expression of the opinion of each as to the admission and retention of homœopaths as members of the Association. The report of the council referring to the result of this enquiry says: "That there is evidence to the effect that a large majority of the members are adverse to the admission of homœopaths as members, but an equally large proportion are opposed to the idea of the expulsion of those members who have already gained admission into the ranks of the Association."

So far we see the progress that has been made by the British Medical Association. In 1875 a very vigorous attempt was made by a surgeon of great influence in Birmingham to exclude homœopaths from the membership of the Medical Institute, then just established in the town. It failed at once—out of 109 members present, when the question was decided, only 85 voted for their exclusion. But a few years previously how widely different would have been the result, all who were in practice thirty years ago know well.

Let me now pass to the question of hospital appointments. Since the day when Prof. Henderson was driven from the Royal Infirmary of Edinburgh, and Dr. Horner from the Infirmary of Hull, in consequence of their acknowledgment of the truth of homœopathy, considerable progress has been made in this direction.

In 1867 Dr. Eubulus Williams, on announcing the result of his enquiries into homœopathy, was induced to resign his appointment at the Children's Hospital in Bristol, on the representation of the committee, that did he retain his appointment (for they had no power to expel him), his colleagues would all resign, and in so doing create a difficulty they were not prepared to face. During the following year Dr. Drysdale offered himself as a candidate for a vacant physicianship at the Liverpool Infirmary for Sick Children. To secure his defeat it became necessary to perpetrate a number of electioneering devices—among them being the creation of a number of voters—by paying their subscription for them, and secondly by bringing pressure to bear upon five or six gentlemen who were candidates to induce them to retire, and so leave the field to Dr. Drysdale and one other, notwithstanding all their efforts, Dr. Drysdale polled 95 votes out of 321, or nearly one-third of the whole, Dr. Drysdale's minority being 181. *The British Medical Journal* was not satisfied with this and told its readers that the minority was 171; the editor knew that he had overstated the number by 50, but then to write about homœopathy and not give way to "inaccuracy" is almost impossible with the editor of that journal.

The year following, Dr. Reith, of Aberdeen, adopted homœopathy into his practice at the infirmary of that City, and at the annual re-election of the medical staff of the institution, his colleagues informed their constituents that if Dr. Reith were re-elected, they would one and all resign. Thus, as Dr. G. G. Brown, a retired army surgeon, said at the meeting, "the discussion had been closed by the very successful operation of a strike." The singular thing about this matter was the adoption of a resolution not "to permit the use of homœopathic medicines in the infirmary." And yet, I will venture to say that not a day passes now when homœopathic medicines are not prescribed there! The next attempt to deprive medical officers of a hospital of their positions on account of their homœopathic proclivities was at the Margaret Street Infirmary. That most conspicuous failure of bigotry, prejudice and intolerance; that most brilliant victory for freedom of opinion in medicine, and of practice by members of the profession, is of too recent occurrence to need more than a mention. But there were two features of it which deserve a passing word of remembrance, as illustrations of progress; first, that though the majority of the non-homœopathic members of the staff threatened to strike in the event of the Governors refusing to oust Dr. Jagielski and Dr. Marsh from their appointments, and carried out their threat, the senior physician of the institution, Dr. Torry, refused to join them in their intolerant, vindictive and, indeed, insolent manœuvre to jeopardise the future of the hospital if their orders were not obeyed; secondly, that though several medical officers did resign, no difficulty was experienced in filling their places.

Verily, there is a wide difference in the consequences to hospital physicians adopting homœopathy between 1867 and 68 and 1887. It is a difference which shows a well-marked development in both public and professional opinion on the rights of physicians and surgeons who openly practise homœopathy.

Another barrier which has been placed between homœopathic and non-homœopathic physicians has also received a rough shaking during the last five-and-twenty years. I refer to the refusal of the latter to meet the former in consultation. And here the barrier consists not in individual refusals but in making refusals a plank in the policy of the professional platform—to use an American expression.

If a physician or surgeon refuse to assist us in relieving the anxiety of friends, or in endeavouring to mitigate the sufferings of patients, well and good, we may regret it, we may deplore the want of humanity in a member of our

essentially humane profession which such a refusal displays, but so long as the refusal is a voluntary and personal act, we have no right to complain; on the other hand when the obligation not to meet us is imposed by the resolutions of colleges or the bye-laws of societies, upon the licentiates or members of either, it becomes our duty to protest against such interference with freedom of action within the profession. This is the view which has been taken of the question involved throughout the history of the *Review*.

Five-and-twenty years ago the resolution of the British Medical Association against consultation with homœopaths, passed in 1851, had just been endorsed at the Canterbury meeting of that body. Quite as emphatic on this question was the Irish College of Surgeons, while its disposition to be infinitely more mischievous to those of its fellows and licentiates who refused obedience to its mandate—had not its power for mischief been neutralised by the 23rd section of the Medical Act—was still more conspicuous. The ordonnance of this college passed in 1861, prohibited, on pain of censure or expulsion, any of its fellows or licentiates from practising homœopathy or meeting in consultation those who did so. This was in direct contravention of the 23rd section of the Medical Act passed three years before. Perhaps, considering the *locale* whence this edict issued, there is nothing remarkable in its being illegal. "Illegality," said a notorious Irishman the other day in the witness box—"illegality is bred in us."

Something however appears to have warned the Council that this ordonnance could not remain on the college books; for in 1880 it was so far revised as to omit the pains and penalties consequent on disobedience to it. Possibly, the Council felt that boycotting, which about that time was coming into vogue as an efficient weapon for compelling people to do that which they would otherwise not do, would answer as well, so the order went forth that no fellow or licentiate "shall consult with, advise, direct or assist, or have any professional communication with any person who professes to cure disease by the deception called homœopathy" and so on. The homœopath was to be boycotted, but no penalty was attached to a refusal to boycott, though probably it was generally understood that the non-boycotter would himself be boycotted. Though not I believe expressly stated in the ordonnance yet the *Medical Press and Circular*, at that time edited by Dr. Jacobs of Dublin, an active member of the College Council, congratulated its readers that though the practice of homœopathy could not be prohibited to fellows and licentiates of the college, consultation with homœopaths remained "a subject of absolute prohibition and college censure."

A few years previously, while yet the first edition of the ordonnance was supposed to be in force, a president of the college had in an address at the Surgical Society, declared that the sudden emergency of a hernia, a hæmorrhage, or a dislocation, was no excuse for rendering assistance to a patient under the care of a homœopathic practitioner. He entreated his hearers to keep free from what he called the "scandal" of rendering such assistance. But with an indifference for human suffering which is deplorable and a characteristically keen eye to business he said "the urgency of the case must not be admitted as a plea for a breach of the ordonnance. The greater the urgency the more will be the readiness of the patient and his friends to obtain relief upon the stated terms"—viz., the dismissal of the family physician and the transference of the conduct of the case, together with all the consequent fees, to the college's "most humble, most obedient servant."

I have very little doubt that the same barbarous, selfish, fee-collecting spirit, so repugnant to the genius of our profession, dictates the action of the leading members of the Irish College to this day. Happily, we have witnessed a considerable change in both feeling and practice on this side of St. George's Channel.

First, I will refer to the position taken up on this question by the Manchester Medico-Ethical Society in 1877.

In mentioning the Manchester Medico-Ethical Society for the purpose of showing the advance its members have made in their appreciation of the sanctity of freedom of opinion in medicine, I must mention that this society, in 1851 or 1852, censured Mr. Robertson, then one of its most distinguished members, for having met the late Dr. Edward Phillips at the bedside of a relative of his own! Mr. Robertson was gravely informed by one of the members of the society that to meet a homœopath in consultation, "under any circumstances whatever, was, in a professional sense, to commit the unpardonable sin."

Twenty-five years later, in October, 1877, the Manchester Medico-Ethical Society discussed this question once more. The Manchester correspondent of the *Medical Times and Gazette* told his readers that among the main points debated were, first, the principle that no one ought to be excluded from professional intercourse simply for the sake of his opinions—a somewhat elementary proposition one would have supposed; second, that there do undoubtedly exist honest and sincere believers in homœopathy, whose practice is perfectly consistent with their opinions; third, that it is they, rather than those members of the homœopathic body, who are ready to explain away their views, who are chiefly to be considered in any movement towards a recognition of homœopathic

practitioners; and fourth, that these men have a real grievance, which the profession is strong enough generally to redress. "These propositions," the correspondent concludes, "were not allowed to be passed over without expressions of dissent, for old prejudices are not overcome in an hour."

The correspondent of the *British Medical Journal*, in referring to this meeting, says, "No decision was finally come to, nor indeed was any vote taken; but the prevailing opinion appeared to be that the rules of the Society in reference to this question required revision, and might in some respects conveniently be made less stringent. It was urged by the advocates of this policy that we had no right to taboo men on simple matters of opinion, and that the adoption of homœopathy came under this category. . . . There were, of course, members who took a different view, and who said, 'Touch not the unclean thing, nor have anything to do with him who does touch it,' but, judging from the speeches, these men were in the minority."

In 1878 Dr. Ross, of Manchester, published an admirably written paper, entitled, "Are there Laws of Therapeutics?" in the *Practitioner*—a paper which formed the text of a leading article in the August number of the *Review* of that year. Commenting on the action of the British Medical Association with regard to consultation, Dr. Ross writes, "When we band ourselves into a society, the members of which are bound not to meet homœopathic practitioners in consultation, we not only make it difficult for these gentlemen to discontinue their sectarianism; but we convert our Association into a trades' union, with coercive laws, laws which no society whatever is justified in exercising over its individual members. We ought to show the world, that we are a great and enlightened profession, and that we do not stoop to the paltry and immoral expedients of a trades' union in order to maintain our dignity and emoluments.

"Our present position will be rectified when it is understood that no man is excluded from our medical societies and from professional intercourse generally, simply for the sake of his opinions; and this will place the question of medical consultation on the basis of individual judgment, a basis from which it ought never to have been removed. . . . If every man were left to please himself, the present state of matters would work its own cure. One man would find that he could consult with homœopathic practitioners satisfactorily; another would find that he could not; and a third would find that he could meet some and not others; and so on, until they would gradually amalgamate with the great body of the profession, and all trace of them as a separate sect be lost."

The year 1881 was in many respects a remarkable one in the history of homœopathy. The spring months were signalled by the discussion provoked by Dr. Quain associating with Dr. Kidd in endeavouring to relieve the dying Earl of Beaconsfield. In August the British Medical Association met at Ryde. Two or three weeks previously the *Lancet* appealed to the members to re-endorse the resolution of 1851. What actually happened was this. The President, Mr. Barrow, of Ryde, the Reader of the Address in Medicine, Dr. Bristowe, and of that in Surgery, Mr. Jonathan Hutchinson, each referred to homœopathy and homœopathic practitioners in a more respectful manner than any one representing this Association had ever done before. Still more interesting is it to remember that each did so without any previous concert with the other, without the least knowledge that either was going to refer to the subject at all.

The President alluded mainly to the question of the admission of homœopaths to medical societies, and in doing so said that he failed to see how a homœopath could be called a quack, or why he should be tabooed by the profession, as it were, cut off from a position among medical men, forbidden to gather together with them, and prevented from discussing publicly his system and hearing the contrary from those practising legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public and an additional proof to them that their weal was uppermost in our minds."

Dr. Bristowe in the course of an address, of a far more intelligent and liberal type regarding homœopathy than any hitherto delivered to medical men in this country, said that, "while he would not discuss the question whether we could with propriety or benefit to our patients meet homœopaths in consultation, could, he thought adduce strong reasons in favour of the morality of doing so, and for the belief that good to the patient would generally ensue under such circumstances." He observed that "it was more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garment, and wrap ourselves up in regard to them in Pharisaic pride. It has been held," he added, "that to break down the barriers that at present separate us from homœopaths would be to allow the poison of quackery to leaven the mass of orthodox medicine. But who," he continued, "that has any trust in his profession, any scientific instinct, any faith in the ultimate triumph of truth, can entertain such fear? If false, as we believe it to

be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view and liberality of conduct are the fitting characteristics of men of science."

These addresses, while they elicited a storm of opposition from the more ignorant, narrow-minded and prejudiced members of the Association, were received by the profession at large with a much warmer feeling than was anticipated. The *Lancet* told its readers that "the ill-advised utterances of leading members of the profession at Ryde, following the line of action pursued by another leading member in the recent case of an 'illustrious invalid'—a reference to the case of the Earl of Beaconsfield when Dr. Kidd and Dr. Quain met in consultation—"has already borne bad fruit." And again, the same journal described the addresses of Mr. Barrow, Dr. Bristowe, and Mr. Hutchinson as "regrettable episodes."

Following closely upon these addresses came a special meeting of the Lancashire and Cheshire Branch of the Association at Liverpool, held to endorse the 1851 resolution of the Association, and to repudiate the views expressed by the readers of addresses at Ryde, when nearly 80 members were present. To the first resolution proposed endorsing the resolutions passed by the Association in 1851 and subsequently, Dr. Lowndes and Mr. Hakes, of Liverpool, moved as an amendment "That in the opinion of this meeting every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy." After a prolonged discussion 23 voted for the amendment and 26 against it. The "previous question" was then proposed, but Dr. Fitzpatrick withdrew his resolution.

The consternation which followed the discovery that the members of the branch would not listen to a resolution restricting freedom of opinion and practice in medicine may be better imagined than described. Dr. Lowndes, however, was not satisfied with the to a certain extent negative victory; he determined to let the profession know the unassailable grounds on which he had proceeded. Accordingly, he addressed a letter to the *Lancet*, in which he said that he had "long felt that all practitioners as soon as they were duly qualified, were entitled to perfect freedom of thought and action, might freely use all such remedies as commended themselves, and might meet whoever could give them assistance in their art, and might avail themselves freely of all the discoveries, of whatever kind, the unknown future may bring forth; that absolute freedom of thought was the very breath of our nostrils." Also

that "an association founded for scientific and social purposes degraded itself into a trades' union, or a boycotting machine, when it hampered and harrassed its members by telling them what line of practice they were not to adopt, and what practitioners they were not to meet." He then went on to say that the question in his mind was "not whether it is right or expedient to meet certain practitioners ourselves, but whether it is right for us to compel others not to meet them; to say to others 'you must not and shall not meet them, and you must not and shall not meet any one else that meets them.' 'Must' and 'shall,' " he added, "are words highly distasteful to the English mind." Towards the conclusion of a very interesting letter he says:—"I have a strong opinion, that the relations between the public and the profession can never be quite satisfactory until every practitioner has the free use of his own independent judgment as to whom he shall meet and whom he shall decline to meet . . . I willingly concede to the framers of the resolutions, that now seem so archaic, the merit of the best intentions and of a perfervid zeal for the honour and dignity of a profession that happens, however, to be not altogether unable to stand without artificial buttresses." The *Lancet* commenting on this meeting said:—"The Lancashire and Cheshire branch of the British Medical Association has—by a very small majority it is true—but substantially refused to affirm the unwritten law of the profession that the practitioner of scientific medicine shall not meet homœopaths in consultation." Paragraphs significant of weeping and wailing and gnashing of teeth follow, which, however, I need not quote.

In the December following this meeting, Dr. Wilks moved and carried a resolution at a special meeting of the College of Physicians, the object of which was to preclude fellows and licentiates from meeting in consultation physicians and surgeons who practise homœopathically. He did not propose to forbid such consultation, because he felt that such a veto could not be carried, because a penal clause could not be enforced, and if any attempt at such enforcement were made the law would step in and prevent it. He did not base his proposal on the ground of error in doctrine, because he repudiated the idea that there was any doctrine in therapeutics—and asserted that the spread of such an idea was "a device of the enemy." He declared that there was no restriction of opinion at all by the College; that its members were entirely free to hold what opinions they chose. But he urged the adoption of his resolution on the ground of *morals*—not of faith. It is not quite easy to see from the report of Dr. Wilks's speech in the *Lancet*, wherein the immorality of

homœopathy consists—but it would seem to do so in his opinion in the emphasis which homœopaths lay upon treatment—which, by the way, is exactly what patients consult all medical men to obtain. He then asked the College to vote for the following resolution: “The College considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College therefore expects that all its fellows, members and licentiates will uphold their principles by discountenancing those who trade upon such designations.” Dr. Priestley suggested the prefix, “while the College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine, it nevertheless thinks it desirable, &c.” This Dr. Wilks accepted. Dr. Bucknill proposed as an amendment “that the College, considering that no competent medical man can honestly practise the so-called homœopathic system, is of opinion that no fellow, member or licentiate of the College should consult with any who adopt the system.” This, however, savoured too much of what Dr. Lowndes calls the “archaic resolutions” of 1851 of the British Medical Association, and though it found a seconder was obliged to be withdrawn.

Though intended as a protest against consultation with physicians who practise homœopathically, Dr. Wilks' resolution does not touch these; for, as Dr. Dudgeon wrote in a letter to the *Lancet* on the 14th February, 1882, the resolution was one which would meet with the approbation of almost all practitioners who thought with him that the therapeutic law discovered by Hahnemann was the best that had yet been revealed for our guidance in practice. And in the *Medical Times and Gazette*, of the same date, as showing that it did not apply to the practitioners at whom the discussion proved that it was aimed, Dr. Dudgeon wrote as follows: “Practitioners who have studied and practise homœopathy in preference to any other method, when they meet with cases for which it is adapted, neither assume nor accept, the nickname of ‘homœopath’ that has been bestowed upon them, and which is commonly applied to them for the sake of brevity and to avoid circumlocution just as we speak of antiseptic surgeons meaning those who adopt the antiseptic method, or as we call one who makes a speciality of electricity, a medical ‘electrician.’ But that is quite a different thing from trading upon a particular designation. We cannot conceal from our colleagues or the world that we

have a faith in the homœopathic method, for every prescription we write betrays it. Nor do we affect any concealment, on the contrary we endeavour in every legitimate way to convince our colleagues of the excellence of the homœopathic method and we would justly incur their censure did we keep that method secret to ourselves."

I deny, then, that physicians and surgeons who practise homœopathy come under the ban of Dr. Wilks' resolution. While, until the time when Dr. Wilks and those who regard homœopathy much in the same light as he does are prepared to withdraw all impediments to its discussion, we should not only be wanting in our duty to our profession and the public were we not to take and indeed make every opportunity for promoting this discussion, but be the most contemptible of cowards did we refrain from doing so from a fear of collegiate or any other censure.

Finally, on this topic let me draw your attention to the following deliverance in the *Medical Times and Gazette* in 1885.

During that year preparations were being made for an International Medical Congress in Washington. The anti-homœopathy section of the profession in the United States of America was divided as to whether members of the profession practising homœopathy should or should not be admitted to the Congress. The majority of the members of the American Medical Association refused them admission, and thenceforth some of the best and most widely known members of the Association withdrew from all participation in that meeting. Commenting upon this state of affairs, the *Medical Times and Gazette* said in a leading article: "Reading of what has recently happened across the Atlantic, we ought to be thankful that the powers of our own Association have not been abused, as they might have been, to the forcing upon us of leaders whose only claim to leadership is skill in lobbying. An association which can tolerate homœopaths upon its roll contrasts very favourably in respect of discretion and liberal feeling with one which, like the American Association, ostracises regular practitioners simply for claiming the individual liberty of holding consultations with whom they please."

This then is the position at which we have now arrived—that, so far as the British Medical Association—the original boycotter of homœopaths—is concerned, the members are at perfect liberty to consult with whom they please. Perfect freedom of opinion and liberty of action is accorded to them, while the College of Physicians, on utterly false pretences, endeavours in a somewhat roundabout fashion to refuse that liberty to its members. Hence our professional neighbours

have now no excuse—so far as authority is concerned—for refusing their assistance in consultation when we may regard such aid as beneficial to our patients.

How do the public, for whom we, as a profession, exist, regard the position taken up by men like Dr. Wilks, Dr. Fitzpatrick, Dr. Bucknill, and others of the same stamp? In the discussion at the Aberdeen Infirmary, when Dr. Reith was extruded from office by the strike of his colleagues, the Rev. Mr. McPhail said he thought that "it would be unreasonable to refuse consultation in cases obscure and dangerous, because avowedly men were entirely at fault in these cases, and they were cases in regard to which they should be ready to welcome light even from an opponent, if an opponent could cast any light upon them."

"In the midst of the disgust and shame," wrote Archbishop Whateley, referring to some of the proceedings of the Irish College of Surgeons—"In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the systems denounced to see that there is something of a testimony borne to them by their adversaries, who *dare not* trust the cause to the decision of reason and experience, but resort to such expedients as might as ably be employed for a bad cause as a good one."

No valid reason has been or can be assigned why physicians who practise homœopathically should not meet in consultation or be met by those who do not do so. Cases may occur and probably will do so, where the difference of opinion is so considerable that one or other will feel obliged to retire from the future conduct of the treatment, while, on the other hand, so considerably have the practical results arising from the selection of drugs derived from homœopathy been adopted by the majority of practitioners of any intelligence, that such cases are far less numerous than once they were.

To bar the action of members of one common profession in the matter of consultation, is *ultra vires* of any college or professional society. It is one which ever has—save and except in reference to the doctrine of homœopathy—been left to the decision of individual practitioners. The exception that has been made has no warrant either in faith or morals. It is this drawing of a hard and fast line, where no public body has any right to draw any line at all, that has been productive of so much injury to the reputation of the profession of medicine. This it is that has divided the profession into practically two bodies. To this it is that is due the plagiarism and concealment of views and practice which has had so

demoralising an influence on individual members of the profession, and has brought upon it so much of popular ridicule and contempt.

In a very few words I will, in conclusion, endeavour to show the character of the approaches in doctrine and practice which have been made in recent years towards those we teach.

Nothing has been more conspicuous in the medical history of the last five and twenty years than the evidence which has from time to time been given not only of an approximation to, but the adoption of, the therapeutic doctrines taught by Hahnemann. The previous quarter of a century had testified to the justice of his therapeutic Iconoclism; that which has just concluded has only to a less full extent admitted the wisdom of his therapeutic constructiveness. True, this has not been done in word as it were, but it has been done in deed. Hahnemann is still ignored as a therapist; but his work and that of his disciples has furnished an enormous amount of material by drawing upon which leading members of the profession have been enabled to pose as original observers.

I should like to refer to a few of these.

In January, 1865, Dr. Rutherford Haldane delivered an important address in Edinburgh on the *Modern Practice of Medicine*. Among other things he said, "A fundamental and most important principle of pathology has only lately been clearly recognised; it is this, that diseases are not new and independent entities, but that they are perversions of normal or physiological processes." This doctrine was not only "clearly recognised," but distinctly enunciated in the *Organon* more than 50 years before! Again, he dwelt on the importance of treating symptoms—though symptom treating was then as now alleged against homœopaths as evidence of their contempt for pathology! He also looked forward to the introduction of specific modes of treatment, "remedies which shall act in a specific manner upon the organism, and which shall modify the nutrition and function of particular parts." He further showed and illustrated that specific affinities existed between certain organs and certain substances, that these affinities might be the means of exerting an important influence upon the nutrition of parts, and that medicines should be so exhibited as to exert this influence upon particular organs. Instead of acting upon the system as a whole, their treatment should be concentrated upon the diseased locality. To the question how this knowledge of the specific affinity of drugs was to be obtained, his answer was "by experiment." This had all been taught by Hahnemann, and that for the first time in the history of medicine, in 1810. Here, however, he parts company with the great German

therapeutist. Not only are drugs to be experimented with on the healthy to ascertain their specific affinities, but at the bedside to learn their action in disease. How this is to be done he does not say—the link which connects the physiological action of drugs with disease he knew not—or knowing did not feel at liberty to explain!

Previously to 1869 many a useful hint as to conditions in which one or another drug would be remedial, derived from the application of the principle of similars to the selection of medicines, had been appropriated by the opponents of homœopathy, and given to the profession disguised as original observations by their appropriators. But in 1869 this mode of prosecuting therapeutic research began on the large scale with the publication in the *Lancet* of a paper on *Aconite*, by Dr. Sidney Ringer. That paper was reprinted in the *Review* of that year, and to it footnotes were added, pointing out the works from which the author had derived nearly two-thirds of his information. Then came the *Handbook of Therapeutics* by the same physician, full of gleanings from the published writings of homœopathic physicians, but all appearing as though they were the outcome of Professor Ringer's research. That Dr. Ringer was teaching homœopathy largely and practically was perfectly clear to all who knew anything thereof, or of the work of those who had adopted it into their practice. It became necessary, therefore, to endeavour to set the Professor of *Materia Medica* at University College right with his colleagues. The *Practitioner* undertook the task, and this is the way it performed it. "It is unjust to style the administration of small doses of a drug for the treatment of symptoms which closely resemble those which the agent can itself excite when given in poisonous doses homœopathy."

How much more of the same kind of observation Dr. Ringer has since performed is well known to all. But he has given still further evidence of his appreciation of the principle of similars as the indicator of when a drug would be remedial. Dr. Ringer, with Dr. Murrell, made a series of experiments with *jaborandi* a few years ago, and finding it give rise to profuse sweating in healthy persons, he forthwith employed it in the night sweats of phthisis!

The *Medical Times and Gazette*, in December, 1869, replying to a correspondent who, from a perusal of Dr. Ringer's book, had come to the conclusion that homœopathy was becoming very extensively adopted under the name of scientific medicine, said that Dr. Ringer did not teach homœopathy, but an "enlightened empiricism." Unfortunately, he omitted to state—though he had a very fair opportunity for doing so—how the empiricism of Dr. Ringer had become enlightened,

and Dr. Ringer very carefully eschewed imparting the information.

Seventeen years later this information was given by a correspondent of the *British Medical Journal*, who having recommended *liq. hydrargyri perchloridi* in diarrhœa, and having been twitted by another correspondent with having had his ideas inspired by reading Dr. Ringer's book, replied that this was not the case, "but they were derived probably from the same source that Dr. Ringer obtained his, of which to any one who knows the book contains many traces, viz., from homœopathic treatises."

In an address at the Harveian Society, in 1876, Dr. Broadbent looked forward to "an ideal therapeutics." This he defined as one "in which the treatment will be directed by an exact and precise knowledge of the physiological and therapeutical action of remedies." The former can be obtained with comparative ease—but how to feel assured about the latter he cannot tell; the link connecting the two which Hahnemann pointed out he did not see. Dr. Burney Yeo, too, has admitted the indebtedness of the profession to homœopathy for their knowledge of the uses of many drugs, but he fails also to see how the homœopaths obtained this knowledge—that, but for the principle of similars they never would have possessed it.

Pharmacology too, the foundation of which was laid by Hahnemann, has during the last few years, been brought into great prominence by those who never weary of denouncing him as an ignoramus and a great deal worse. By pharmacology is understood the study of the action of drugs on man and the lower animals. But in the absence of doctrine—which Dr. Wilks declares has no existence in therapeutics—those who pursue its study know not how to avail themselves of it in practice. Dr. Bristowe, in his address at Ryde in 1881, admitted that researches of this kind were of no "special value" unless the homœopathic view of the relations between medicines and diseases is admitted.

The truth of this is strikingly shown in Dr. Brunton's recent *magnum opus* on materia medica. It abounds in pharmacological research of some kind or other—but, except in its *Index of Diseases and Remedies* it is nearly if not quite as barren therapeutically as Sir Robert Christison's *Dispensatory*, published forty years ago. In that *Index*, however, one-third of the indications for the uses of drugs were drawn from the work of a gentleman who had compiled it to a very great extent from homœopathic sources—to an extent so great indeed that the *British Medical Journal* refused to advertise it! Many, too, of these uses have no mention of them made in the text. A dozen medicines may be named in the *Index*

as applicable to the treatment of one disease, but not a hint is given as to any reasons why one should be preferred before another, not a suggestion is made as to the dose in which either should be given !

Dr. Brunton, I have pleasure in noting, when driven to account for the large amount of practical homœopathy taught in this *Index*, and to explain his views on this therapeutic doctrine, admits that it is "one of partial application." This is an admission never previously made by one of the leaders of therapeutic enquiry, never allowed as possible by writers in the medical press. It is a position far in advance of that arrived at by Dr. Haldane, Dr. Broadbent and Dr. Bristowe.

Another and very recent illustration of the empirical homœopathy which is now taught is given in the last number of the *Review*. Dr. Byrom Bramwell has in his clinical lectures pointed out certain conditions in which *Arsenic* is useful—the knowledge of one and all of which were derived from the application of the principle of similars many years back. That a drug like *Arsenic* which notoriously excites diarrhœa should cure diarrhœa Dr. Bramwell says may seem strange but is true nevertheless.

Gentlemen, time would fail me were I to try and recount all or one-tenth part of the near approaches to the admission that the principle of similars is the basis of scientific drug selection, which have been made during the last 25 years. Once remove the barriers which have been raised against its free discussion, once let it be clearly understood that no professional disabilities attach to the open acknowledgment of the truth of this doctrine, and the bridge with which Hahnemann nearly a century ago connected the work of the pharmacologist with that of the practitioner of medicine will become the common highway of the entire profession !

While, then, much remains to be accomplished ere the professional position of those members of our profession who practise homœopathically is recognised, as we demand that it should be, in societies, hospitals, medical literature, and at the bedside ; nevertheless, we have much to encourage us in the work to which we have set our hands, in that to which our lives are devoted—the work of regenerating therapeutics, the work of substituting science, exact knowledge, for empiricism, however so far enlightened it may be.

In looking back over the past, we remember how, in days when prejudice was infinitely greater than it is now, when the obstacles which surrounded us in the prosecution of our work were far more difficult to surmount than any which beset us to-day, when no evidence existed of any approach towards homœopathy whatever on the part of the great bulk

of the profession, the late Sir John Forbes, from a mere study of Hahnemann's writings and of the statistical evidence of the value of the practice those writings taught, but without the advantage of having made any clinical investigation whatever, said of their author:—

“His name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen.”

Does not the weakening of the barriers which have been erected to mark us off from the profession, does not the daily use by every thoughtful physician of medicines as remedies in conditions in which a knowledge of homœopathy first led us to test their value as such, do not the approaches which have been made to the acceptance of the therapeutic doctrines taught by Hahnemann justify us in the conclusion that this prophecy is in course of fulfilment? Most assuredly they do!

But, gentlemen, we must one and all remember that Sir John Forbes' prophecy is only in course of fulfilment. Prejudice, that great obstacle to the study and general acceptance of homœopathy as the basis of drug selection, does not disappear like snow before the sun, but it does wear away like a stone under the influence of the constant dropping of water upon it. We must therefore take the hint and constantly clearly, forcibly and repeatedly set forth what homœopathy is and what may be accomplished through homœopathy, we must ever keep our *Materia Medica* pure, free from all doubtful symptomatology and free also from still more doubtful speculation, and we must insist, whenever the occasion for doing so occurs, upon our rights as members of the one great profession of medicine. By patiently and perseveringly working in these directions, and by avoiding all possible cause of personal ill-feeling on the part of those whose therapeutic views we desire, for their own sakes and for the sake of their patients, to influence, we shall, I am confident, find not only the forecast of Sir John Forbes fulfilled, but that also of Dr. Conquest—one of the most learned and respected physicians in the city of London forty years ago—when, at the conclusion of a pamphlet entitled *What is Homœopathy? Is there any, and what amount of Truth in it?* he wrote:—

“That homœopathic principles and practice will eventually overcome all that ignorance, prejudice and pride oppose to their universal adoption, and effect that mighty revolution in medical practice which will be attended by prolongation of

life and increased comfort of existence, I have no more doubt of than that I now pen this prediction."

Finally, I ask you to accept of my warmest thanks for the large amount of support which you and others of my professional brethren, whose therapeutic views are in unison with ours, have given me during so many years in the performance of my editorial duties, for the many marks of confidence I have received from you throughout my career, and more especially on this occasion for the high honour, the crowning distinction of my life, which you have conferred upon me this afternoon—this most generous illustration of your appreciation of my public services.

Dr. DYCE BROWN then moved and Dr. POPE seconded a vote of thanks to Major Vaughan Morgan for his kindness in attending and occupying the chair that afternoon. This being carried by acclamation, the meeting concluded.

On the 20th of June, Dr. DYCE BROWN received from Dr. TALBOT, of Boston, Massachusetts, an Address to Dr. POPE (of which the following is a copy), together with a draft for £60.

"TESTIMONIAL.

"A few physicians, whose names are attached to this paper, among the many hundreds of his social and professional friends in America, desire to present to

"ALFRED C. POPE, M.D.,

"OF ENGLAND,

"A slight testimonial of their esteem for him as a man and a physician, their regard for the great work which he has accomplished for homœopathy not only in England but wherever that system of medicine is known, and their sympathy with him in the many trials and annoyances to which he has been subjected, and under which he has shown a purity of purpose, a strength of will, and an indomitable energy, which have rendered him a brilliant example to his professional associates, who wish him a long and happy life.

"E. M. Kellogg, New York.	F. J. Nott, New York.
J. W. Dowling, " "	J. Mc E. Wetmore, " "
W. Tod Helmuth, " "	H. C. Houghton, " "
T. F. Allen, " "	T. E. Doughty, " "
St. Clair Smith, " "	B. W. James, Philadelphia,
J. G. Baldwin, " "	J. H. McClelland, Pitts-
G. E. Belcher, " "	burg, Pa.

J. P. Dake, Nashville, Tenn.	Conrad Wesselhœft, Boston,
W. L. Breyfogle, Louisville, Kentucky.	Mass.
R. Ludlam, Chicago, Ill.	Walter Wesselhœft, Boston,
D. S. Smith, " "	Mass.
O. S. Runnels, Indianapolis,	H. C. Ahlborn, Boston, Mass.
Ind.	H. Emmons Payne, West-
A. I. Sawyer, Monroe,	borough, Mass.
Mich.	A. L. Kennedy, Boston, Mass.
F. H. Orme, Atlanta, Ga.	J. T. Harris, " "
	J. T. Talbot, " "

The following reply has been addressed to the subscribers:—

“ Grantham, June 21st, 1889.

“ Dear Dr. Talbot,

“ The honour you and others in the United States of America have done me in presenting me with so very handsome a testimonial of your esteem, and of the importance you so kindly attach to the public work in which I have been engaged during the last five-and-twenty years, is one which touches me too deeply to admit of my acknowledging as I would desire to do. I have, as I said in my address to my friends and colleagues here who so lately expressed the same generous feelings towards me, I have but done, or attempted to do my duty.

“ To be able to realise that I have, notwithstanding many omissions and errors of judgment, so far succeeded as to have secured for my efforts such distinguished marks of appreciation, is indeed most gratifying and encouraging. While that you should in such generous terms have given expression to the sense you entertain of the service I have endeavoured to render to our profession, I feel to be an act of kindness which no words of mine can efficiently define.

“ Most warmly do I thank you for it, and sincerely do I trust that those great truths in therapeutics, in the propagation of which we are all engaged, will ere long be as extensively appreciated in England as through the work which you and others have done, they are amongst yourselves.

“ With my kindest regards,

“ Believe me, Yours truly,

“ ALFRED C. POPE.”

NOTABILIA.

THE ANNUAL HOMŒOPATHIC CONGRESS.

OUR readers will remember that the Congress was fixed to take place this year at Tunbridge Wells, but as Dr. Pope, the Vice-President, had left Tunbridge Wells for Grantham, it was suggested by a number of the members to the Hon. Secretary that it would be best to fix on some other place for the meeting. The Council of the Congress, having taken this into consideration, thought the proposal a wise one, and having in view the voting at the last meeting in Birmingham, they decided that Bournemouth should be chosen as the place of meeting. Arrangements were accordingly made, and Dr. Frost kindly agreed to act as local secretary. The President, Dr. Blackley, of Manchester, found, however, that owing to the distance and the train service, he could not, on account of domestic illness, consent to be away from home so long as would be necessary, and requested the other members of Council to re-consider the selection of a place of meeting. At this juncture, some of our leading colleagues, who intended going to the Paris International Congress, and who could not agree to go to both, suggested that it would be a pity to prevent those who, like themselves, might wish to go to Paris, and would not go to both Congresses, from doing so. It was thought also, that the absence of several of our colleagues who usually take a leading part in the Congress, might result in a poor meeting of our own Congress, and that it might be politic to postpone it altogether till next year. The Council approved of this postponement, and the President gladly accepted the proposal as a solution of his difficulty already alluded to. It has been, therefore, finally decided not to hold the next meeting of the Congress till 1890. We give our readers full details of the reasons for this change of plan, that it may not seem that the resolutions passed at Birmingham have been needlessly upset by the Council. Arrangements having gone so far as they did, in regard to Bournemouth, it is generally felt that we owe it to our colleagues at that charming health-resort, to fix on it as the place of meeting for next year. We shall, however, be happy to hear any different expressions of opinion in the columns of this journal.

SIR ALFRED GARROD ON *SULPHUR*.

APPROPRIATIONS by the old school of homœopathic remedies, and the "discovery" of the homœopathic uses of drugs which are common to both schools, are of very frequent occurrence now-a-days. They indicate very strongly how the wind is

blowing, and show that the acceptance by the old school of the truths we have been practising since the days of Hahnemann, is only a question of time. One of the most interesting of the recent examples of this adherence to our views of treatment appears in the form of a paper by Sir Alfred Garrod in the *Lancet* of April 6th, entitled "Observations in Clinical Medicine." These "observations" are on the therapeutic effect of "small doses" of *sulphur*—small to the allopathic mind, and as compared with the usual big and crude doses in common use as a purgative.

Sir Alfred's "small dose" is 5 grains of *flowers of sulphur*, with one grain of *cream of tartar*, made up into a lozenge. One of these is given once a day.

Hitherto in the old school, *sulphur* has been used only as a laxative in large doses. But Sir Alfred has "discovered" that his small dose elicits the specific action of *sulphur*—the action of which all homœopaths have been aware since the time of Hahnemann, and for which *sulphur* is in daily use in our practice.

1. In constipation, Sir Alfred finds that "in the majority of cases it is sufficient to prevent the necessity of ordinary aperients being administered." In other words, it, he finds, stimulates the bowels to healthy action. Occasionally he has found that one lozenge acts as a purgative, "but this may be looked upon as exceptional." The reason of this is that the dose, small as it is, is unnecessarily large.

2. In "chronic torpid conditions of the liver," the *sulphur* will bring pale, clay-coloured stools to their normal colour, and he says "the advantage of the *sulphur* over the *mercurial* treatment is undoubted."

3. "In hæmorrhoidal conditions not suitable for surgical interference, and in some cases of bleeding from the rectum, I have seen the most marked effects from the continuous *sulphur* treatment; the bleeding is often completely stopped, and great relief of all the symptoms obtained, especially the accompanying pruritus."

4. Pruritus ani.

5. Chronic attacks of "hepatic colic," and liver trouble in the interval of the attacks.

6. "Certain forms of bronchitis, especially when in aged persons and very chronic in character, are especially influenced by the administration of *sulphur*."

7. In diseases of the skin, "acne, psoriasis, and prurigo; in some of the localised forms of eczema, especially those connected with a gouty diathesis, as pruritus ani."

8. "The complexion of the patient often improves to a marked degree."

9. Disease of the finger-nails, brittleness and splitting of them.

10. He suggests, from its use in No. 9, its prescription in disorder of the hair-growth.

11. Chronic muscular rheumatism.

12. Cramps occurring in gouty patients.

13. In chronic rheumatoid arthritis; "the more chronic the form of the articular disease, the more likely is *sulphur* to prove beneficial." Also in "true gouty states of the joints, where the disease is both chronic and asthenic."

Had Sir Alfred Garrod been giving a sketch of the Homœopathic uses of sulphur, he could not have done it much better than he has done in this paper. No doubt he has derived much information from sources he would not, perhaps, care to acknowledge, and we congratulate him on having thus confirmed the teachings of Hahnemann as to the uses of *sulphur* in small doses. At any time during his long career of practice, he could have obtained all his information from any homœopathic practitioner, or from any work on homœopathic treatment. Of course we cannot but be pleased to find how our treatment, so long laughed at, is, day by day, receiving fresh practical recognition, and the day *must* come in which the source of such "new" treatment will be openly avowed. Meantime we must wait, and work on, with the goal becoming nearer and nearer. We hope Sir Alfred will continue his studies of the homœopathic action of drugs, and continue to publish his results. We would only suggest to him that his dose, though he considers it small, is still unnecessarily large. If he gradually reduces it still further, he will be astonished to find how minute a dose of *sulphur* will produce the same effects as he has obtained from his 5 grain doses, and without any fear of such disagreeable effects as the breath and stools smelling of *sulphuretted hydrogen*—effects which he alludes to.

Not long ago, we noticed a paper by Dr. Eustace Smith in which he praises the effect of *sulphur* in fractional doses of a grain, in constipation in children. No doubt, after these two papers, the fashionable treatment of constipation and chronic sluggish liver will be "*sulphur* in small doses."

OLD-SCHOOL ABSORPTION OF HOMŒOPATHIC REMEDIES.

We have received a circular from Messrs. Oppenheimer & Co., chemists, advertising their "*Liquor Caulophyllin et Pulsatillæ* ('o.," which is called "the new uterine tonic and restorative."

Twenty allopathic testimonials are quoted, testifying to the value of these drugs. But on the fourth page of the circular

we have "notes on the *Materia Medica of caudophyllin and pulsatilla.*" From whence are these "notes" quoted? Will our readers be at all surprised to find that they are—1. Hale's *New Remedies.* 2. Dr. Richard Hughes. 3. Dr. Helmuth. 4. Mr. Gerard Smith. Such is the progress of homœopathy. *Verbum sap.*

HOMŒOPATHY IN NEW ZEALAND.

In a recent number of the *Review*, we printed an extract from the letter of a colleague, who was feeling his way in homœopathy, who openly avowed his beliefs at the Dunedin Medical Association, and who was elected a member of it notwithstanding. We have just received another letter from our friend, whose name we are as yet not at liberty to publish, stating that a meeting of the Association was held in November, 1888, for the revision of the rules. Rule 7 stood thus: "No person keeping an open shop, and selling druggists' sundries, *or an avowed homœopathist,* shall be eligible for election as a member of the Association." (The italics are ours). Our friend wrote to the secretary the following letter, as he was ill, and unable to be present at the meeting:—

"Dunedin, 27th Nov., 1888.

"Dear Sir,—As I will not be present at the Medical Association to-morrow, I wish, through you, to raise my objection against clause 2 of rule 7, viz.: 'or an avowed homœopath.' It is a strange commentary upon the boasted 'liberty of opinion' of this last part of the 19th century, that one portion of the medical profession should ostracise another, because of belief in a certain mode of drug treatment. It is admitted that, what we will call for the sake of specification, the orthodox school, have no fixed rule to guide it in the selection of a drug for a disease. It is empiricism pure and simple. If this does not do, try that, and so on. On the other hand, the new school say they have found a rule or law, *will you try it?* Is it not only fair and reasonable first to investigate its claims by studying their authoritative manuals, *e.g.*, Hughes' excellent work on *Pharmacodynamics*, and then by testing at the bedside, before offhand (as is usually done) condemning the system because it *seems* so absurd. Some have so done, and have discovered to their great astonishment that it was not absurd, but grandly true. I would remind members that these same men who are tabooed are fellow practitioners, have gone through the same curriculum as ourselves, taken the same diplomas, and only because in addition they profess and practise according to a definite rule, they are anathema.

"I think it were well for us in our young adopted land to raise our united voice against the unreasoning prejudices which

have too long exercised their baneful influences over our profession in the home-land.

"I would be glad to read a paper before the Association upon 'Misconceptions *re* Homœopathy,' if it would be acceptable, because in coming in contact with my medical brethren I notice that there is much misconception through downright ignorance of the subject.

"An attentive observer will see that great progress is being made by the new school; bit by bit the orthodox school have yielded (*q.v.* Kenneth Millican's article in February number of *Nineteenth Century* of this year), until now the only objection is the *infinitesimal dose*, which members make a great mistake in thinking is *essential* to homœopathy. The homœopaths are divided into the high dilutionists and low dilutionists, and there is little to choose between the latter and such men as Ringer.

"It is the principle of 'similia similibus' that is the 'essential' of homœopathy, as its name (*ὁμοιος*) implies. I appeal to the experience of members and ask what of—

"1. *Arsenic* in skin disease.

"2. *Chlorate of potash* in stomatitis, &c.

"3. *Castor oil* (in small doses) in dysentery and diarrhœa.

"Does not *arsenic* produce skin disease?

"Does not *chlorate of potash* produce stomatitis?

"Does not *castor oil* produce looseness?

"And many other examples, if I had not already tried your patience.

"In conclusion, if you pass this rule, I affirm you wrong both yourselves and also a body of equally honourable albeit hitherto unjustly persecuted men.

"I am, yours truly,

"_____."

The result was that the objectionable clause relative to homœopaths was unanimously expunged.

We again congratulate our friend on his courage, and on the success which crowned his efforts on behalf of truth and freedom of opinion. We also congratulate the society on its liberality. Our Colonial brethren set the home societies an example well worthy of imitation.

HOMŒOPATHY IN MELBOURNE.

THE following letter has been received by Dr. Dyce Brown from Dr. Ray, of Melbourne, and will, we feel sure, be read with much interest. We congratulate our colleagues at Melbourne on their excellent results as compared with two other

hospitals. Dr. Ray's remarks on *baptisia* are particularly interesting.

"52, Collin Street, Melbourne,

"May 8th, 1889.

"My Dear Dr.,—Although not personally acquainted with you, I have been with you in spirit for many years through your work in *The Review*. I now take the liberty of writing to you to let you know how our cause is progressing in the Antipodes, thinking that all matters connected with it are likely to be of interest to yourself and your readers.

"Every year we expect to have an epidemic of typhoid fever, commencing in January and culminating at the end of May, due, undoubtedly, to our defective sanitation. This year matters have been rather worse than usual, and the severe pressure put on the different hospitals has caused a public demand for more hospital accommodation. To this end statistics have been prepared of the work done by the hospitals for the past three years, which have given the public an opportunity of comparing the work and results of the principal metropolitan hospitals. I enclose a newspaper cutting [appended below], which will inform you as to the facts, and without doubt, we have scored a distinct success. In addition to the difference in the rate of mortality in comparison with the other two hospitals, you will also note that we have only 60 beds at our disposal, and yet we treat nearly as many cases as the Alfred Hospital, showing that we must turn over our cases in half the time taken by the other institutions. In 1887, the first working year of our new hospital, the number of typhoid cases treated was only 77, while this year it is 305 up to the end of March, and since then we have treated some 50 more cases. In fact, our institution is being known as "the Fever Hospital." In spite of Dr. Hughes' change of views, we out here consider *baptisia* has a markedly abortive action on true typhoid fever, but after the second week find that *arsenic*, *bry.*, *rhus tox.*, *phos. ac.*, and *secale* are the medicines most indicated.

"You are, of course, welcome to make what use you like of this letter and its contents, and with kindly wishes,

"Believe me, yours truly,

"W. R. RAY, *M.D."

From a return specially prepared at the Melbourne Hospital, the following particulars have been obtained respecting the number of beds, cases treated, death from all causes, number of cases of typhoid fever treated, deaths from typhoid fever, and number of cases refused admission at the Melbourne, Alfred and Homœopathic Hospitals during the years 1887-8, and up to 31st March, 1889:—

Melbourne Hospital—Year 1887.—Number of beds, 290 ; cases treated, 8,711 ; deaths from all causes, 565 ; typhoid fever cases, 348 ; deaths from typhoid, 48 ; typhoid cases refused admittance, 2 ; number of all cases refused admittance, 74. Year 1888.—Number of beds, 318 ; cases treated, 8,701 ; deaths from all causes, 621 ; number of cases of typhoid fever, 408 ; deaths from typhoid fever, 55 ; typhoid cases refused admission, 8 ; number from all causes refused admission, 118. Remarks.—Beds increased at the end of the year : Year 1889.—Number of beds, 318 ; cases treated, 4,278 ; deaths from all causes, 762 ; number of cases of typhoid fever, 491 ; deaths from, typhoid, 78 ; cases of typhoid refused admission, 58 ; number from all causes refused admission, 118. Remarks ; Beds since increased to 329.

Alfred Hospital.—Year 1887.—Number of beds, 144 ; cases treated, 1,607 ; deaths from all causes, 215 ; cases of typhoid, 343 ; deaths from typhoid fever, 48 ; number from all causes refused admission, 270. Year 1888.—Beds, 144 ; cases treated, 1466 ; deaths from all causes, 160 ; number of typhoid fever cases, 381 ; deaths from typhoid fever, 42 ; number from all causes refused admission, 377. Year 1889.—Number of beds, 144 ; cases treated, 1,399 ; deaths from all causes, 212 ; cases of typhoid, 324 ; deaths from typhoid, 50 ; number of typhoid cases refused admission, 105 ; number from all causes refused admission, 270.

Homœopathic Hospital.—Year 1887 : Number of beds, 60 ; cases treated, 406 ; deaths from all causes, 30 ; cases of typhoid fever, 77 ; deaths from typhoid fever, 8. Year 1888.—Number of beds, 60 ; cases treated, 486 ; deaths from all causes, 54 ; cases of typhoid fever, 172 ; deaths from typhoid, 19 ; Year 1889.—Number of beds, 60 ; cases treated, 606 ; deaths from all causes, 55 ; cases of typhoid fever, 305 ; deaths from typhoid fever, 22. No record has been kept of those refused admission to the Homœopathic Hospital.

EXETER HOMŒOPATHIC DISPENSARY.

THIRTY-NINTH ANNUAL REPORT.

During the past year the total number of cases treated was 481.

The number of consultations held during the year amounted to over 3,000, and about 100 visits were made to patients at their own homes.

The balance-sheet shows a deficit of a few shillings.

During the early part of the present year the Dispensary was removed to new premises in a more prominent position in the town, which will afford more suitable accommodation than did the old building.

It is obvious that the Committee has done wisely in endeavouring to bring the institution before the notice of the public. With proper support, such as Exeter is well able to give, the Dispensary should be able to double its usefulness in a very short time. We wish it a large increase of prosperity.

LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY.

THIS institution, which was formed two years ago, held its first annual meeting in the Old Town Hall, on the 30th of May, the Mayor, Alderman E. Wood, being in the chair.

From the report read by Mr. Joshua Carrier, the secretary, we learn that in 1887 the medical officers reported 1,308 applications for advice and 894 visits to residences of members, while during 1889 there were 2,276 applications for advice and 914 visits were paid by the medical officers.

Dr. Clifton is the consulting physician, Dr. Bremner and Dr. Mason the Medical Officers.

CROYDON HOMŒOPATHIC DISPENSARY.

REPORT FOR 1888.

THERE were 877 names entered during the year, with 3,123 attendances.

		RETROSPECT.	
		Patients.	Attendances.
1885	...	422	1,607
1886	...	566	2,242
1887	...	691	2,459
1888	...	877	3,123

Medical Officers: T. E. Purdom, M.D., C.M.; J. Delépine. M.B., C.M.

THE HOMŒOPATHIC MEDICAL ASSOCIATION OF SWITZERLAND.

WE have received from our old friend, Dr. Roth, the following notes of a visit he paid to the annual meeting of the Swiss Homœopathic Medical Association, which took place at Baden on the 1st of June. Dr. Roth attended on the invitation of the President, Dr. Schädler, of Bern, and the Secretary, Dr. Pfander, of Thun, and during the meeting was elected an honorary member of the association.

Prior to the meeting Dr. Roth was the guest of the President at Bern, when he saw in consultation with him, a girl,

18 years of age, with rachitic swellings of the wrist, knee and ankle joint, and double genu valgum of the highest degree. The interest of the case centred in its etiology; the present diseased condition having followed on the so-called cure of an eczema by the application to the eruption of some ointment. Although the father and a brother had died of phthisis, and another brother of tubercular meningitis, she herself had enjoyed tolerably good health until the suppression of the eruption, upon which all her troubles began.

Regarding the meeting, Dr. Roth writes as follows:—

“ On the 1st of June, after a pleasant journey in company with some Swiss colleagues, I arrived in Baden at 5 p.m. The waters of Baden are reputed in Switzerland to be very efficacious in rheumatism and gout. The place is visited annually by from ten to twelve thousand patients. It is well provided with several first-class hotels and several medical men. As every Swiss guide contains a full description of the pretty little town, and as Dr. Hamilton has, within the last few years, brought its therapeutic uses under the notice of the readers of the *Review* (vol. xxviii., p. 329), I need not enter into further details regarding its situation, waters and Kur-haus.

“ The first meeting was held in the evening, but unfortunately the gentleman who was to have read the first paper had left his notes behind him; whilst the second, who had engaged to read one, excused himself on the ground that he had not been able to prepare one in time. The President having remonstrated with the defaulting members, and there being no other subject before the meeting, I, as a newly-elected honorary member, asked the President's permission to solicit the opinion of the meeting as to the best method of propagating a knowledge of homœopathy. After I had referred to the ignorance of the public and of the majority of medical men upon the subject, and had described the work of the Homœopathic League in England, several members expressed their views upon the question. Dr. Batault, of Geneva, laid some stress upon the use of globules being the cause of this ignorance, saying that the public generally regarded homœopathy as meaning simply the use of globules. Some members described the lay homœopathic associations in Germany, and pointed out their advantages and disadvantages; others noticed the publication of popular homœopathic journals, and the delivery of popular lectures, as being useful means of making homœopathy known and better understood. One member stated that in Würtemberg there were some lay societies which gave prizes to medical students who studied homœopathy.

“ Almost three-fourths of the homœopathic practitioners of Switzerland were present this evening, and among them the venerable Dr. Zopfi, of Schwanden, a vigorous old gentleman of 86, and still in active practice.

“ On the following morning we all assembled at 9 o'clock. The first paper read was a very interesting and careful *resumé* of the therapeutics of *silicea*, by Dr. FRIES, of Zurich, who took his notes chiefly from Dr. Farrington's *Clinical Materia Medica*. Dr. MESCHLIN, of Bâle, a strict Hahnemannian and warm advocate of the high dilutions, mentioned several cases in which a single dose of *silicea* had proved most effectual. After some further discussion, Dr. MENDE, of Zurich, whose father had practised homœopathically in Zurich for many years before him, communicated a most interesting report on the treatment of caries. He mentioned a pamphlet on caries by a German author, Dr. Oscar Kollmann, which spoke highly of the application of *sapo kalinus renalis* in carious disease. He also pointed out that many homœopathic remedies had been used by Dr. Kollmann. He concluded by presenting to the meeting a patient who, three months previously, had been condemned by the surgeons of Zurich to amputation of the leg on account of caries. During these three months he had been under homœopathic treatment. He came into the room on crutches, but he could put his foot on the floor and the large carious ulcer was almost healed.

“ Thus we had an interesting and instructive meeting, and I am fully convinced that our Swiss colleagues are earnest, painstaking and diligent students of the *Materia Medica*, while their numerous and excellent cures are giving homœopathy an ever increasing importance in the eyes of the public. My English colleagues may rest assured that their patients, when travelling in Switzerland, will not need to apply to an old school practitioner when requiring medical help.

“ In the neighbourhood of Baden are the renowned waters of Schünznach—also described by Dr. Hamilton (vol. xxviii., p. 389)—which are annually visited by many thousands. They are especially adapted for persons suffering from scrofulous and syphilitic diseases.

“ On my return journey, I visited the new crematorium at Zurich, where a modified and improved Siemen's apparatus is used. As I was permitted to be present at a cremation, I am able to compare it with those in Milan and London. Although the cremation occupies an hour and three quarters—a period which will soon be diminished—I was much pleased with the Zurich arrangements, where, in a small temple, the apparatus works without any smoke being produced or any gas escaping.

It is much to be desired that the crematorium at Woking could be worked as well as that at Zurich.

"I hope that my English colleagues who spend their holiday in Switzerland will visit Baden, Schünznach and the Zurich crematorium."

THE HOMŒOPATHS.

HOMŒOPATHIC practitioners are often charged with practising allopathy on the sly. From some particulars given in the Maybrick case matters seem to have been reversed, and the homœopaths have certainly gained a point. The patient was suffering from acute symptoms of poisoning by *arsenic*, and, without knowing the cause, the allopathic medical attendant prescribed *arsenic* in homœopathic doses—viz., 4 drops of Fowler's solution in 5 tablespoonfuls of water—a few drops of the mixture being taken every hour.—*The Chemist and Druggist*.

TARANTULA CUBENSIS IN CARBUNCLE.

A WIDER knowledge of the power of this drug in *carbuncles* is necessary. Those who have used it in the worst type of carbuncle report that they have yet to see a case where it failed to produce good results, while often its effect seems fairly magical. In less than twenty-four hours, according to trustworthy reports, the carbuncle softens, its appearance is less malignant, its size diminishes, its pain lessens, and numerous points of suppuration appear. Under the early and constant administration of *tarantula cub.* the suffering is so slight, comparatively, and the course so rapid, that patients who have once tried it are loud in its praise.

A patient came to Dr. H—— suffering from a large carbuncle on the posterior surface of her thigh. It was as large as a small sized saucer, very hard, dark purplish and angry in appearance, and so painful that the patient could hardly walk and was wholly unable to sit down. *Tarantula 3d* was ordered every half-hour until the pain was ameliorated, when it was to be taken at longer intervals as she grew better. The next day the patient returned, reporting that in two hours after the first dose the pain was greatly relieved, the carbuncle had softened and diminished in size, and soon began to discharge so profusely as to soak through thick cotton dressing. On removing the dressing her statement was verified in every particular. She made a rapid and complete recovery.—*The Chironian*, February, 1889.

RAYNAUD'S DISEASE,

A FEW months ago, at one of the meetings of the British Homœopathic Society, the question was asked, How Raynaud's disease in elderly people is to be differentiated from senile gangrene? A case reported in the *British Medical Journal*, p. 1,062, illustrates points which sometimes at least may enable a diagnosis to be made. A man, æt. 61, was seized with pain in the soles of both feet; five months later the second toe of the right foot became blue, and the distal phalanx sloughed off. He was at the same time affected with coldness and numbness of the finger ends. "Local asphyxia" was present, and it deepened during attacks of pain, and a similar blue colour appeared along the outer edge of both feet as far as the heel. The following differential features were pointed out: 1. Healthy condition of patient, there being no sign of atheroma or other form of arterial disease; 2. The limited extent of the gangrene; 3. Its tendency to symmetry and recurrence.

THE PHONOGRAPH.

IN the latest form of this marvellous instrument, Mr. Edison has attained such a degree of perfection that he is able to "make a record" of the sounds of the heart. More than one patient has had a bellows murmur imprinted on the wax, and the sound perfectly reproduced.

A SUBSTANTIAL FEE.

THE *Hospital Gazette* informs its readers that "American papers report that Dr. Shelton, a leading physician of New York, attended during a long and painful illness the daughter of a wealthy citizen. The doctor did not cure the patient. The lady was finally ordered to Charlestown, in the hope that the sea voyage and change of air and scene would prove efficacious; but she died on the way on board her father's yacht. The father of the patient has just presented Dr. Shelton with securities of the par value of £10,000, but which the lucky recipient could sell in the open market at sight for £17,400. His fee is given in recognition of Dr. Shelton's 'devoted attention to my dear daughter.'"

We have much pleasure in adding to this that Dr. Shelton is the lecturer in Toxicology at the New York Homœopathic Medical College and, until lately, was a member of the staff of the *North American Journal of Homœopathy*. He has our congratulations and best wishes for "many happy returns" of such patients!

OBITUARY.

CHARLES TYSOE HARVEY, L. K's & Q's C., Physician.

WE much regret to announce the death, on the 1st ult., of Dr. Harvey of Southport, who has for many years been a well-known and much appreciated practitioner in that popular watering place. Dr. Harvey was born at Salford, in 1825, and was one of a highly-esteemed family in that borough, which was represented, during the first twenty-five years of its existence as a Parliamentary borough, by his uncle, the late Mr. Brotherton, a prominent advocate of vegetarianism. He was apprenticed to Mr. George Gardom, of Salford, a gentleman in large general practice, and subsequently studied at the Pine Street School of Medicine, in Manchester, and in 1848 was admitted a Member of the Royal College of Surgeons of England. For several years his health was quite inadequate to the duties of the profession he had joined. He at this time spent a winter at Hyères, and on his return, his health being considerably restored, he entered upon general practice at Blackpool in 1854.

In 1858 Mr Harvey presented himself for examination before the medical faculty of Marischal College, Aberdeen. When half of the examination had been satisfactorily gone through he was desired by the late Dr. Macrobin to make a formal repudiation of homœopathy. Declining to do this, he was refused further examination. During the winter of 1859-60 he entered as a resident pupil at the Rotunda Hospital in Dublin, and while there received his medical qualification from the King's and Queen's College of Physicians in that city.

In 1861 he removed from the bleak shore of Blackpool to the more genial climate of Southport, where he resided and practised until shortly before his death.

He was an anxious and hardworking practitioner, and always heavily handicapped by delicate health. His practice was extensive, and his uniform, and often self-sacrificing, devotion to his patients had for several years been observed by his friends to be rapidly wearing him out. During the last two years he has had the advantage of a partner, in Dr. Stopford, but he continued to take his share of the work until about five months ago he was compelled to take to his bed. The liver was regarded as the organ primarily at fault, but well marked symptoms of pernicious anæmia early declared themselves. During this illness he was assiduously cared for by his partner, Dr. Stopford, who had the advantage of frequent consultations with Dr. Drysdale, of Liverpool, and Dr. Moir, of Manchester. In May it was hoped that a change

might tend to relieve him, and he visited his only daughter, living with her husband at Streatham, where he was attended by Dr. Sandberg and Dr. Gould, of Brixton Hill. He died, as we have said, on the 1st ult., and was buried at Southport on the 7th, some three hundred of old friends and patients being present at his funeral to pay their last tribute of respect to one to whom they were, and with much reason, very warmly attached.

His widow and only daughter survive him.

CORRESPONDENCE.

THE ALKALOIDS AS THERAPEUTIC AGENTS IN DISEASE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The paper by Dr. Nicholson, of Clifton, which appeared in the *Review* for May, was one of so much importance that I thought some one would have noticed it in your last number. That not having been the case, I addressed the following letter to Dr. Nicholson, to which I append his reply.

Yours very truly,

A. C. CLIFTON.

"Dear Dr. NICHOLSON,—Your paper in the May number of the *Review*, entitled *Clinical Notes on a few of the Alkaloids*, demands notice, inasmuch as it is not only highly interesting but instructive, and may give an impetus to future good work on that line. Whilst, however, this is so, it nevertheless provokes antagonism in my mind, in one or two of its aspects, possibly from its incompleteness, or my obtuseness. I therefore desire to draw you further out, lead you to amplify, with the intent that you may correct any erroneous impressions which may be formed about it, and thus add to its value; and for this purpose I adopt the method of 'an open letter' so that your reply to my criticisms may appear in the same number of the *Review*.

"The first point I would notice is that your prescriptions appear to be based *entirely* on pathology—a method of prescribing which I think is a great evil, and one which should be avoided as far as possible, but which is, nevertheless, creeping over us as homœopathic practitioners. Whilst, however, I deprecate this method, I confess I am open to censure in relation to it, inasmuch as I frequently adopt it, and believe, moreover, that it is sometimes necessary, and, in

fact, that to prescribe homœopathically, pathology is in some degree needed to complete the picture; but what I contend against is pathological prescribing *per se*. Now, it is possible you can show this was not done in the cases treated by you, and with such marked success by the alkaloids, and if you can you will remove one great objection to your suggestions; yet, if not so, the fact that all your cases by this method did so well, cuts the ground from under me largely, as success is the great criterion, especially if the plan can be made clear and certain to others.

"2nd. You say, '*Does it not become a duty, in all acute inflammations, where aconite in ordinary doses is ineffectual after 24 or 48 hours, to resort at once to the alkaloids,*' and again, '*It is particularly in acute pneumonia in febrile subjects, in severe pleurisy, in peritonitis, that we are sorely in need of more active drugs,*' &c. My objection here is that you beg the question or assume that *aconite* is the drug above all others for such diseases, which I by no means admit, but possibly *belladonna*, *hyronia*, *veratrum viride* or other drug. That *aconite* is often indicated, especially at the onset, I do not deny, but contend that when it is, our ordinary preparations of the drug are all-sufficient, and if they fail it is because *aconite* has not been homœopathic to the condition, although it may have appeared to be so, or else it may have been prescribed in too small, or even too large a dose; that the latter is possible I feel sure you will admit, and this not only as regards *aconite* but other drugs and in other diseases. In relation to this matter of the dose, I would say that I frequently prescribe drugs in material doses, as well as in the attenuations of the same, but I am by no means clear when I do this, that they are homœopathic to the diseased condition — but probably *antipathic*; this question is, however, too wide an one to pursue further on the present occasion, and is only thrown out as suggesting the possibility of the need you feel for more potent drugs, being from a similar reason.

"3rd. I question whether we possess sufficient evidence that the alkaloids fairly represent the actions of the drugs from which they are made. That there is a similarity in many points as regards some of them, I admit; but we have but few provings of the alkaloids, and those insufficient to form a definite opinion thereon, and until we have, we must fall back on clinical observations, and here, I think, your 'notes' are of great value, and the subject worthy of much more extensive investigation.

"I have occasionally prescribed *aconitine*, *atropine*, *digitaline*, *gelsemin*, *hydrastin*, and a few other of the alkaloid, but at present I cannot say that they have acted better than the

ordinary preparations of the drugs; but *ergotine* I have used hypodermically with most marked success in uterine hæmorrhage, when *secale* has been homœopathically indicated and has been given, but without benefit, in the high attenuating and matrix tincture, and from this fact, together with the result of your experience, I am disposed to try the alkaloids still further, especially *hyoscyamine* and *cicutine*.

"4th. You allude to the greater accuracy of dose by the alkaloids, this too I am not quite convinced of, and would like to have more evidence respecting the same. Morson's *aconitine* for instance is different to that of other makers, and what is true of one, may be true for aught I know of other alkaloids.

"LASTLY. Will you not qualify the statement respecting *atropine*, viz.: '*I would suggest its use in all severe cases of acutro-rysmal pain in preference to belladonna,*' for as the sentence stands, it suggests that you consider *belladonna* the only drug for such condition, which indeed would be a very broad suggestion. I trust you will not think my criticism on your paper, captious, but friendly, and only for the sake of arriving at a better knowledge of the truth.

"Believe me, very truly yours,

"A. C. CLIFTON, M.D."

"DEAR DR. CLIFTON,—I thank you for your letter and am pleased to find that the subject of my paper in the *Review* of May has excited interest in your mind.

"Your objections to my reports of cases, as well as to the use of the alkaloids, I think, are quite fair, and I will endeavour to meet them. I think your chief objection arises from a fear lest the remedies are not homœopathic to the diseases indicated, else you would hardly deprecate pathological indications, unless the symptoms pointed clearly to some other medicine.

"Let me take the cases of the two children treated by *aconitine*. I regret that I have no minute record of symptoms to refer to, but the most prominent were *high temperature, full rapid pulse, restlessness and prostration*; all except the first found in the proving of *aconite*, and the first by universal clinical experience, found to be the special symptom denoting *aconite*. In addition to these, both children had *hard, frequent, dry cough, with chest full of râles*, indicating *ant. tart.* This medicine was useless to clear the bronchi, because of the acute inflammatory action going on, and which *aconite* was powerless to control. The inflammation, therefore, being the essential disease, needed, either another remedy or a more powerful dose of the same drug, which I still think was homœopathically indicated. I found the remedy in *aconitine*,

which acted speedily, safely and pleasantly, and did in a few doses what the ordinary tincture in a low dilution was unable to do after several days' trial under favourable circumstances and aided by poultices.

"Your further objection that the alkaloid may not or does not always represent the action of the whole drug is doubtless often true, but though the alkaloids have not been fully proved according to Hahnemannian rule we know from experiments on both man and animals that they are the active parts of the plant, and where there are several found in one plant such as *opium* or *ergot* their actions can be differentiated. Whether the action is similar or contrary to the disease, in my opinion, is not of clinical importance, however, interesting it may be to investigate. I think I have observed the rule of *similia* in the choice of the drug, and the dose is a matter of experience. If the alkaloid is safe, speedy in action, and certain in its effects, these are strong recommendations in a serious case where time is important and means either a long illness or a fatal result.

"In most of our active drugs taken from the vegetable kingdom, there is a double action noticeable in the proving. Thus under *aconite* I find 'pulse strong full and quick,' and also 'pulse intermitting and irregular,' and the toxicological symptom, 'no pulse perceptible.' I find 'excessive restlessness' and also 'urgent desire to lie down.' In like manner *bella-donna* causes 'frequent desire to urinate, but the urine voided in remarkably small quantities,' and also 'profuse diuresis.' *Atropine* has precisely similar symptoms in its pathogenesis, and I would further justify my recommendation of it in acute paroxysmal pain by the symptoms I find under 'generalities,' — 'spasms of voluntary muscles;' 'clonic cramp of face and extremities;' and under other headings, 'dull pain in temples, coming on at intervals and lasting a few minutes;' 'neuralgic pains, lasting perhaps ten minutes at a time;' 'spasm of stomach,' etc.

"The question of dose is still unsettled. Each time we prescribe we ask ourselves the question, how much of the indicated drug is required to cure the disease, and how often do we fail! Our failure may be from the choice of the wrong drug, or it may be from the wrong dose. For fifty years we have been accumulating clinical experience, and though we have failed to formulate a law, the large majority of homeopathic practitioners seem agreed to give material doses in acute disease. If we get better results with less dilution or more concentration, is it not a fair inference that we may still improve our practice by prescribing the active principles of the plants?

"Your objection is very reasonable that the alkaloids differ in strength according to the makers. To ensure accuracy of

dose I have in all my trials used the Chanteaud granules, for which Burgoyne & Co., Coleman Street, are the agents.

“Yours truly, T. D. NICHOLSON, M.D.

“Clifton, June 14th, 1889.”

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

We understand that Dr. ARTHUR DALZELL, son of the late Dr. Dalzell, of Malvern, has gone to settle at the town.

Dr. ELLIS, of Liverpool, has removed to Ryde, in the Isle of Wight.

Communications, &c., have been received from Dr. COOPER, Mr. KNOX SHAW; Dr. DUDGEON (London); Dr. GIBBS BLAKE (Birmingham); Dr. J. D. HAYWARD (Liverpool); Dr. S. H. BLAKE (Bradford); Dr. CLIFTON (Northampton); Dr. NEILD (Tunbridge Wells); Dr. PERCY WILDE (Bath); Drs. ALLEN and FOOTE (Omaha, Neb., U.S.A.).

BOOKS RECEIVED.

Lectures on Massage and Electricity in the Treatment of Disease. By T. Stretch Dowse, M.D. Bristol: John Wright & Co. London: Hamilton, Adams & Co.—*Lectures on Nervous Diseases.* By A. L. Ranney, A.M., M.D. Philadelphia: F. A. Davis. 1888.—*The Physiology of the Domestic Animals.* By R. Meade Smith, A.M., M.D. Philadelphia and London: F. A. Davis. 1889.—*The Sixteen Principal Homœopathic Remedies.* Sixteenth Thousand. London: E. Gould and Son. 1889.—*Notes on Consumption and Its New Treatment.* By Stammers Morrisson, M.D. Third Edition. London: E. Gould & Son. 1889.—*Lectures on Diseases of the Heart, with a Materia Medica and Repertory.* By Edwin M. Hale, M.D. Third Edition. Philadelphia: F. E. Boericke.—*Lessons in Gynecology.* By Wm. Goodell, A.M., M.D. Third Edition. Philadelphia: F. A. Davis. 1889.—*The Annual of the Universal Medical Sciences.* Edited by C. E. Sajous. 1889. Philadelphia: F. A. Davis.—*Homœopathic World.* London. June.—*The Hospital Gazette.* London. June.—*The Chemist & Druggist.* London. June.—*The Monthly Magazine of Pharmacy, &c.* London. June.—*The North American Journal of Homœopathy.* New York. May.—*The American Homœopathist.* New York. June.—*The New York Medical Record.* May and June.—*The New York Medical Times.* June.—*The Chironian.* New York. May.—*The New England Medical Gazette.* Boston. June.—*The Hahnemannian Monthly.* Philadelphia. June.—*The Homœopathic Recorder.* Philadelphia. May.—*The Homœopathic Physician.* Philadelphia. June.—*The Clinician.* Chicago. May.—*The Medical Era.* Chicago. June.—*The Medical Advance.* Ann Arbor. June.—*The Medical Counsellor.* Ann Arbor. June.—*The Surgical Record.* Omaha, Neb. May.—*Bibliothèque Homœopathique.* Paris. April.—*Bulletin Général de Thérapeutique.* Paris. June.—*Revue Homœopathique Belge.* Brussels. April.—*Allgemeine Hom. Zeitung.* Leipsic. June.—*Leipziger Populäre Zeitschrift für H.* June.—*El Criterio Médico.* Madrid. April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Watergate House, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 69, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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NOTES ON ACUTE RHEUMATISM.*

BY BYRES MOIR, M.B.

Physician to the London Homœopathic Hospital.

THE subject I have chosen for this evening's paper is acute rheumatism, and by the kindness of my colleagues, Drs. Blackley and Clarke, I have been able to make use of the notes on their cases in the hospital as well as my own, and have made analyses of 52 cases treated in the hospital since January, 1887.

They have all been well marked cases—several of the joints being involved, and all have had a temperature of over 100°.

21 were male, 31 female.

The ages varied from 10 to 53, the average being 28.

In 20 it was the first attack, in 3 it was not stated, but probably the first.

In 24 it was the second.

5 had had repeated attacks; in one of them it was the 7th.

In the first attacks the age varied from 13 to 49; 2 cases in which it was said to be the first attack being 49.

* Read before the British Homœopathic Society, July 26th, 1889.

In 1 case 20 years had elapsed between two attacks.

In only two or three cases is there a well marked history of rheumatism in the family.

The temperature does not show great variation, in the uncomplicated cases the maximum temperature was 103.2, usually running between 100 and 103. In 1 case, in which there was pleurisy, it reached 105; and in two fatal cases there was hyperpyrexia.

Condition of the heart.—The statement is often made that cardiac affections in rheumatic fever are on the increase, but I do not think that if we refer to the literature of the subject there is much reason for thinking so; for Mons. Bouillaud about 1860 laid it down as a law “That in acute violent generalised articular rheumatism it is the rule to meet with coincident endocarditis, pericarditis, or endo-pericarditis.”

Trousseau, in his article on “Acute Rheumatism,” discusses this point, and considered it was not so absolute as Bouillaud laid down.

I think myself that Sir Thomas Watson is nearer the mark when he says, “Of those who suffer from acute rheumatism two-thirds suffer from cardiac affection.”

In the cases under consideration—

In only 13 was the heart normal throughout.

In 10 cases bruits were heard which disappeared before the patients left the hospital, two of these having pericarditis as well.

25 cases had bruits on leaving the hospital; of these 19 had well marked bruits on admission, 4 developed them in the first 24 hours in the hospital, and 2 during the first week of treatment.

Mitral systolic in 14 cases.

Systolic and diastolic, 2 cases.

Presystolic and Systolic, 3.

Presystolic, 2.

Double bruit at mitral and aortic region in 2.

Mitral systolic and aortic diastolic in 1.

Aortic systolic in 1.

Giving a total of 24 mitral to 4 aortic.

In 2 of the mitral cases tricuspid bruits were also noticed.

Pericarditis occurred in 12 cases, and in 6 of these there was well marked effusion.

Complications—

Pneumonia and pleurisy,	2.
Pleurisy and boils	... 1.
Bronchitis	... ... 2.
Epistaxis	... ... 2.
Erysipelas	... ... 1.
Tonsillitis	... ... 1.

Epileptiform seizures at end of attack, 1.

One case had been preceded by erythema nodosum, and only in 1 case, a child of 11, admitted for the second attack, is there mention of chorea as having occurred six months after the first attack.

The treatment has been much the same in all the attacks, *aconite* and *bryonia* being the chief remedies, varying in strength from 3 to the ϕ tincture. Dr. Madden brought forward some years ago several very successful cases treated with 2 or 3 drops of the ϕ tincture of *bryonia*, but for my own part I have not found it give better results than the 1x. *Mercurius* and *sulphur* have been given largely after the acute symptoms are over; *spigelia*, for the endocarditis, *rhus*, *actæa*, *digitalis*, *arsenicum*, *china* and *ferrum* being the other remedies chiefly used.

For local applications, cotton wool and bandaging to the joints, and mustard to the præcordia.

The diet at first—milk, gruel, and farinaceous food; and I think great care should be used with regard to the beginning of meat diet, which is often a cause of slight relapses.

The shortest time in the hospital was 11 days, the average being 35 days.

I am not to-night going to make any comparison with other modes of treatment, for I do not think the cases are nearly numerous enough to do so fairly, but with regard to the time in hospital, 35 days is not much to boast of, yet I think there are several things which explain the duration of it. Among these the age of the patients, 11 being over 40, and then its being the first attack in only 28 cases.

I would now like to refer to the two fatal cases more in detail.

Two fatal cases.

S. I., female, æt. 27. Admitted on 19th February, 1887.

Temperature on admission, 102.2. Stated that she had been in good health till a week before admission. Got very cold and stiff all over. Elbows painful on movement, afterwards the knees became affected, and then the back of the neck. Had rheumatic fever when 18 years old. Quite free until this attack. At present there is pain on movement in both knees, the left being most affected; two fingers of right hand and both ankles, pain increased by movement and cold. Tongue clean at tip and edges, furred with white along centre. No headache, very thirsty. Perspires freely. Pulse 88. Presystolic mitral bruit. *Bryonia* ϕ gtij. 4 hours.

Feb. 21st.—Temp. 102. Feels better to-day; hands have swollen and are less painful; legs also less painful. Evening 102.6.

Feb. 22nd.—Temp. 102. Passed 30 $\frac{3}{4}$ of urine in 24 hours; slept in snatches; sweating profusely; hands still painful; complains of a sharp substernal pain increased by drinking. Evening temp. 102.8.

Feb. 23rd.—102. Feels slightly better; can move the legs; hands still painful; sharp pain from shoulder to back. Evening temp. 104.8. *Aconite* 1x and *bry.* ϕ alternately.

Feb. 24th.—103.6. Became suddenly very breathless about 10 p.m. yesterday. Previously she had been very restless. Auscultation revealed a loud rubbing friction sound all over the pericardium, but best marked in the pulmonary area. Mustard cataplasms applied at 10.30 and again at 11.45. There appears also to be some fresh endo-carditis—the existing presystolic murmur being very much increased and prolonged. Restless and delirious during the night. Bowels acted twice naturally. Not perspiring so much. To-day she is much quieter and inclined to sleep. Evening temp. 104.

Feb. 25th.—Temp. 103.6. Passed a fairly easy night. Slept 1 $\frac{1}{4}$ hours. Had three formed stools during the night, one passed in bed. Lies to-day partly on her back, partly on her left side. No pain in side. Much pain in legs and hands. Less rub in pericardium. Distinct bruit with first sound at apex. Evening temp. 103.8.

Feb. 26th.—Temp. 102.4. Very restless during the night. Says she has no pain, but seems to wander. Had one formed stool. Not sweating much. Rub in

pericardium audible only as a slight friction sound in pulmonary area. Pulse 100, soft. Apparently no effusion. First sound less irregular at 6 p.m. Distinct rub heard in mitral area. Evening temp. 104.2.

Feb. 27th.—Temp. 102.2. Violently delirious during the night, wanting to get out of bed. Slept only $\frac{1}{2}$ hour. Apparently not in much pain. No change in heart. Still delirious. Evening temp. 108.2.

Feb. 28th.—Delirious all night. Passed urine and feces involuntarily. Temp. 100.6. Slept very little. Very anxious expression of face. Pulse 130. Delirium as before. *Stram.* 3x gtij., 8 hours. Evening temp. 105.

March 1st.—Last night at 9 p.m., temp. rose to 106.2. During the night she slept fairly, but talked incoherently during sleep. Feces and urine passed involuntarily.

This morning at 7 a.m. temp. 106.6. At 11 a.m. temp. 105.8. Has been put in cold pack twice.

Temp. at 3.30 p.m., 106.8. 5 p.m., 107.8. 6 p.m., 109.6. 7 p.m., 110.2.

In spite of cold packs, temperature continued to rise. She was delirious all day, and died at 7 p.m.

Temp. at 7.30. 110.6.

Agaricus was given last 24 hours.

Results of post mortem made 80 hours after death: Blood very dark, fluid; lungs deeply engorged with dark blood; pericardium contained about 8 ozs. of clear serum. Cardiac surface of heart covered with fleshy-looking papillæ, especially over right auricle and ventricle, resembling an ox's tongue, this condition extends up to aorta; old adhesion binding down apex; some purulent matter about heart base; mitral valve much thickened—old standing; tricuspid thickened and deposits of calcareous matter; aortic and pulmonary valves healthy; spleen healthy.

The second case, as it was not under my charge, I shall not give so fully.

W. J., æt 53, carpenter, admitted August 11th, 1888.

Family history good. Has had rheumatic fever three times; no other serious illness. Patient was taken ill three days before admission, but had pains about his limbs for fourteen days before. On examination the right ankle was swollen, hot and tender, also right knee and right arm-joints.

Heart accentuation of second sound at base. No murmur. Temp., evening 103, morning 101.2.

August 15th.—Temp. was 100.8; left ankle and wrist are the most painful; complains of sore throat; tongue coated, with large papillary elevations, separated by deepish red fissures. There was no marked change for some days.

On the 20th the report was better; can move both arms from the elbow freely. Talks in his sleep. Temp. 101.4, evening 102.2.

August 21st.—Temp. 103.4 a.m. Has no pains anywhere, except in left ankle; very restless in his sleep; tongue very red, except left side, which is covered with thick white fur. Evening temp. 104.8.

Aug. 22nd.—Temp. 103.8. *Pyrogen* given at 6 p.m. yesterday. Has been sick several times during the night. Slept one and a quarter hours in snatches. Skin moist. Wandering and throwing the clothes off. Urine 44 ozs. Bowels acted naturally last night, light in colour. 2 p.m., Temp. 105.6. 3 p.m., 105.2. Has just been sponged. 4 p.m., Temp. 105.4. Has not vomited since 1 p.m. Breathing hurried. Wandering more. Pulse 98, irregular, two full beats followed by several small irregular ones. Answers rationally when spoken to. Dulness at right base. Coarse crepitus at left base posteriorly. Urine acid. Sp. 1022. No albumen. 5 p.m., 105.6. 6.30 p.m., 106.6. 10 p.m., 109.6. Died soon after. Temp. half-hour after death, 110.

No post-mortem.

These two cases illustrate well the usual termination of cases of rheumatic fever which end fatally. In the first case I think that the severe nature of the pericarditis accounts for the fatal termination; while the last is one of those cases where without grave complications the temperature suddenly rises without apparent reason.

At the Clinical Society of London in March, 1888, an interesting discussion took place on the hyperpyrexia of acute rheumatism. Dr. Ord brought forward the first case.

A man aged 32, a heavy beer drinker, admitted into St. Thomas's Hospital with a sharp attack of rheumatic fever; he was found to have acute inflammation of many joints, marked signs of pericarditis and slighter signs of

endo-carditis, with some pleurisy. Temp. 102.4. Urine contained $\frac{1}{8}$ albumen. He was slightly delirious. Two days later he was so violent that he had to be removed to a single bedded ward. On the morning of the 4th day his temperature rose to 108.4, while the patient had fallen into a state of restless unconsciousness with tremors. The ice pack was applied and maintained for four hours, at the end of which the temperature was 100, the patient had recovered consciousness, and the pulse had fallen from 160 to 100. During the next few days the temperature, after a first rise to 103.4, kept between 100 and 101. The signs of pericarditis disappeared, but those of endocarditis remained. The albumen had disappeared. On the morning of the 8th day the temperature rose to 105.4, the patient having passed through delirium into restless unconsciousness. The ice pack was again applied, the temperature falling to 100. After this the patient made a good recovery and was discharged after six weeks without sign of lung or heart disease. Dr. Ord brought the case forward to emphasise the value of cold applications to the surface of the body in hyperpyrexia. He urged that, notwithstanding the acknowledged value of the various antipyretic drugs in pyrexia, their use in hyperpyrexia was comparatively unsafe, large and frequent doses being required, whereby tonic symptoms were often produced.

Dr. Arkle read the notes of two cases.

1st. A clerk, aged 27, admitted into University Hospital with an ordinary attack of rheumatism. On admission he was treated with large doses of *salicylate of soda*. The night after admission he became very delirious, the joint pain disappeared, and his temperature ran up to 110.4. He was treated with ice cold bath for 40 minutes; the temperature fell to 97, but ran up four hours later to 107.2, while he was taking *antefibrin*. The bath was repeated for 25 minutes, the temperature fell again and showed no further tendency to run up excessively. No visceral lesion followed and the patient was ultimately discharged cured.

Second Case. E. C., a married woman, æt. 30. Had rheumatic fever 18 years before, but no complications. Had been ailing for a week with joint pains before she had been seen by a medical man. The temperature at mid-day on October 9th, 1887, was 102.5, at 10.30 the

same night it was 110.4. The patient was violent and delirious. No bath being available she was treated with ice cold packs. The temperature fell an hour later to 101, and for the next twenty-four hours averaged 103. It then fell to normal under *salol* and *salicylate of soda*. The patient was discharged well on October 27th, 1887. She had been re-admitted with another attack of acute rheumatism and pericarditis, but was now convalescing. Dr. Arkle stated that in his first case the man had taken 240 grains of *salicylate of soda* the day preceding his hyperpyrexial symptoms.

In the discussion which followed, Dr. MacLagan said "that he agreed with what had been stated by both gentlemen that the *salicyl* compounds, all potent in rheumatic pyrexia, were of no use in rheumatic hyperpyrexia."

"Rheumatic pyrexia and rheumatic hyperpyrexia were two totally different morbid conditions, essentially distinct in their pathogenesis; in the one the fever was due to increased metabolism, and consequent increased production of heat; in the other the rise of temperature resulted from paralysis of heat inhibition." He then went on to explain how this heat inhibition might arise in rheumatic fever, and "that cold acted not by lowering the temperature but by stimulating inhibition, illustrating it by the action of *digitalis* in stimulating the inhibitory nerves of the heart. Hyperpyrexia consisted essentially in paralysis of inhibition. Cold stimulated inhibition and cured the patient. Care must only be taken that inhibition was not over stimulated, for complete inhibition of organic life meant death."

Whatever theory we may hold with regard to hyperpyrexia, there is no doubt as to the success of the treatment in these cases, and it gives encouragement to persevere when a case looks almost hopeless, as not many years ago a temperature of 110 was looked upon as nearly certain to prove fatal.

In conclusion, I would like to say a few words about the value of the Turkish bath as a preventive in cases where there is a strong rheumatic tendency, or where there has already been one or two attacks of acute rheumatism. I have seen several cases where the benefit has been undoubted when taken periodically, and certainly valvular trouble does not counter-indicate

them, the only condition when they should not be allowed being marked atheroma.

DISCUSSION.

Dr. BURFORD called attention to sore-throat as a prodromal symptom of rheumatic fever; in these cases there is no tendency to suppuration. He had some years ago attended an apparently ordinary case of acute rheumatism, and one day when he called the patient expressed himself as quite well, and free from pain, the temperature being about 100°. That night he was summoned hurriedly, and found the patient in *articulo mortis*, with a temperature of 111°. He died almost immediately after Dr. Burford's arrival. Dr. Saundby had emphasized the symptom of sudden disappearance of pains in rheumatic fever.

Mr. CAMERON referred to the extraordinary efficacy of ice. He mentioned a case in which a temperature of 107° was rapidly and successfully reduced by a cold bath containing a quantity of ice.

Dr. WRIGHT said tonsillitis appeared to be one of the connecting links between rheumatism and chorea. The inflammation was, as Dr. Burford had said, not suppurative. In chorea the tonsillitis was in the middle of an attack, in rheumatism it was premonitory. Dr. Wright had seen several skin affections connected with rheumatism. In one there were blebs in various parts, including the mucous surface of the mouth. Dr. Moir had not referred to the occurrence of subcutaneous nodules over the bony prominences; after these pericarditis followed, often immediately. As to the local treatment of the joints by cotton wool covered with oil-silk, he thought this very efficient.

Dr. NEARBY asked what the experience of members was as regarded the occurrence of cardiac complications. In his experience the presence of erythema nodosum indicated a very severe attack. He called attention to the collective investigation that has been inaugurated by the *Review*.

Mr. MATTHIAS asked if in the cases of hyperpyrexia in which *post-mortem* examinations were performed, pus was always found?

Dr. DUDGEON mentioned a case in which the temperature remained at 106° for several days. *Aconite* and packing had no effect. When he gave *agaricus* and cold sponging the temperature came down, and the delirium passed off. He did not use cold bandages, as cotton wool with oil-silk covering acted as a vapour bath to the joint, which was bathed in moisture when the dressing was removed.

Dr. MOIR (in reply) said he did not recollect a single case during the last half-year in which there was sore-throat. He

thought there were fewer cases now than formerly. In the second case he related the patient was almost free from pain the day before the hyperpyrexia appeared. With regard to the rashes, erythema was noticed in two cases. The subcutaneous nodules were chiefly in children. He used the cotton-wool dressing Dr. Wright alluded to. The only other local application was mustard over the precordia. In reply to Mr. Matthias, he said there was pus in one of the cases of hyperpyrexia, but no evidence of absorption. He often used tissue with oil-silk in gout.

PRESIDENTIAL ADDRESS DELIVERED BEFORE
THE BRITISH HOMŒOPATHIC SOCIETY AT
THE CLOSE OF THE SESSION 1888-89.

BY DR. CARFRAE.

BEFORE we separate—after this, the 45th session of the British Homœopathic Society—I propose, as is our wont, to take a brief retrospective view of the work done therein, and I hope you will agree with me in thinking that the session has been one not unaccompanied by good practical results.

The first paper read was by Dr. Jagielski, on the *Modern Massage Treatment in Combination with the Electric Bath*.

A thorough practical knowledge of this mode of treatment is confined chiefly to those who make it a distinct speciality. And as comparatively few of our members do so, the discussion was necessarily somewhat limited. It would, I think, have added much to the value of the paper if its author had given us in the first part a somewhat clearer definition of what is meant by the "Modern Massage Treatment," and enlightened us a little more as to its *modus operandi*. Reading that part of the paper reminds one somewhat of the story of the man who was accredited with having read through *Johnson's Dictionary*. When asked how he liked it, he said "it was very interesting reading, but it was difficult to get at the thread of the discourse." So we may say of Dr. Jagielski's paper. The thread is somewhat tangled, and is with difficulty unravelled. The nearest approach, for example, to a definition of modern massage is to be found in the following passage: "Modern massage differs from the methods just mentioned in that it differentiates between the several tissues, vascular, nervous,

serous, fibrous, &c., of one or more of the individual parts affected, restricting diagnosis more distinctly to the anatomical or pathological lesions which represent the particular focus or causations of suffering." I do not know how far this definition satisfies you, gentlemen, but to my mind it seems—as our trans-atlantic brethren would say—somewhat *mixed*. We turn, however, with more satisfaction to that part of the paper which deals with the practical bearing of the question. Dr. Jagielski relates some very successful cases treated by massage, the electric bath, &c. These will well bear thoughtful perusal; and they warrant him, I think, in coming to the following conclusions:—

1st. That these cases were incapable of cure by medicinal treatment.

2nd. That the sudden and abrupt abandonment of the medicinal treatment to which they had been subjected was advantageous to the patient, and

3rd. That the cure effected in those cases has been permanent.

Massage alone, or in suitable cases combined with the Weir-Mitchell system and with electricity, undoubtedly supplies us with weapons to combat successfully many cases of disease which would otherwise vanquish all our efforts at cure.

The importance attached to this mode of treatment in certain uterine affections is shown by the fact that the present President of the British Gynæcological Society—Dr. Macan—made it the subject of his inaugural address. For the cure of chronic pelvic inflammation, whether peri- or pura-metritic, massage promises to be extremely useful. Its application to these cases was—as is now well-known—first proposed and practised by Brandt, of Stockholm, but, like many other useful things, it was shelved, so to speak, because it originated outside the charmed circle—the professional ring. "Some three years ago, however," says Dr. Macan, "Dr. Baul, of Vienna, was induced by Dr. Nissen, of Christiania, to give it a trial, and last year Dr. Profauter published a *brochure* on the subject, in which he gave the history of 16 cases treated by Brandt by massage in Prof. Schultz's clinique in Jena. The evidence these cases afforded was strong enough to convince Prof. Schultz, who examined the cases both before and after treat-

ment, that in massage we have a most powerful remedy for a large number of pelvic affections, both para- and peri-metric, fixation of the uterus, displacement and fixation of the ovaries, old inflammatory thickening of the uterine ligaments," &c. But the most startling claim put forth by Brandt for his method is that he can thereby cure that often otherwise intractable malady, prolapsus uteri. "That total prolapse of the uterus is capable of cure by this method," says Dr. Macan, "is beyond doubt." It is questionable, however, to my mind whether it will come into general use, because, in the first place, it is tedious, and I should think irksome to many patients, necessitating as it does daily *seances* for from four to eight weeks, and it can only be done efficiently when the aid of a skilled assistant can be secured. In the second place, it is manifestly liable to abuse.

The next paper was read by Dr. Cooper on *The Action of Lobelia Inflata and L. Cerulea, with remarks on Psora.*

The most striking feature of this, as of every other paper which Dr. Cooper has read to this Society or published elsewhere, is its *originality*. His views as to the action of *sulphur* in certain types of intermittent fever and neuralgias had this characteristic. So also were those anent the curative virtues of *liq. sodæ chloratæ* in some uterine affections, views which, however, I may remark by the way, my clinical experience has not enabled me to endorse. His theories as to the pathology of certain diseases of the ear were so original as to open to him the columns of our arch enemy the *Lancet*, and so we find in this paper first of all some interesting cases related, and secondly an explanation of the *modus operandi* of the remedy which, so far as I am aware, is quite original. Dr. Cooper believes that it acts as an antipsoric, somewhat in the same way as *sulphur* does. Hence the chief indication for its use is in diseases caused by *suppression of habitual discharges*. It was pointed out in the discussion by more than one member that the pathogenesis of the drug hardly warranted its selection in the cases narrated by Dr. Cooper, yet it seemed to cure the disease. Hence some other than the homœopathic action of the medicine must be sought to explain how this result transpired. Dr. Cooper believes that it acts as an antipsoric. He

uses the *acetum lobeliae*, which preparation he thinks is preferable to the alcoholic tincture.

In December (1888), Dr. Blake read a paper on *Headaches: Their Causes and Cure*. This title might be made to comprehend almost the whole range of practical medicine, because headache is one of the first—and is often the most persistent—symptom of an infinite variety of diseased conditions, and ought generally to be ranked as a symptom and not considered *the disease* to be treated. The second case Dr. Blake narrates will illustrate what I mean. It is described as one of “left supra-orbital neuralgia.” Among many other symptoms mentioned, we find “fœtid flatus escapes from abdomen, left lobe of liver occupies all the epigastric area, he gets two stools a week, his transverse colon is stuffed with fœcal matter.” “Here is a man,” he continues, “with all the evidences of spinal anæmia.” I would be inclined to say rather, here is a man with all the evidences of hepatic disease; and I should have directed my attention to curing that and unloading the stuffed colon, and should have expected the headache to disappear if I succeeded in so doing. Seeing that headache is a symptom common to so many diseases, we are not surprised to find it in the pathogenesis of so many medicines. If we look at Allen’s “*Materia Medica*” we find this symptom—*headache*—caused by upwards of 800 drugs. Hence, I repeat, we may say that the title of Dr. Blake’s paper may be made to include almost the whole range of practical medicine. Nevertheless, there are cases in which this symptom presents itself as the sole or most prominent one to cure. Dr. Blake relates several such cases and they will well repay careful study.

At the January meeting (1889) Dr. Blackley opened a discussion on *Diphtheria*, or rather on some practical points connected therewith. These were:—

1. The question of isolation.
2. Duration of convalescence.
3. Treatment—constitutional and local.
4. Treatment of sequelæ.

The answer to the first question—that of isolation—it seems pretty well agreed, is that a week or ten days is sufficient if rigidly enforced.

The duration of convalescence, says Dr. Blackley, may be put down roughly at about six weeks from the date of infection.

With regard to *treatment*, Dr. Blackley draws attention to two useful local applications. The first is the use of *bromine* in the shape of *bromoform*. This is used by inhalation. (2) A mixture recommended by Dr. B. W. Richardson, which consists of a mixture of *alcohol*, *chloroform* and *ammonia*. The *alcohol* is first saturated with *ammonia* gas, and then mixed with an equal proportion of *chloroform*. This is inhaled till slight narcosis is produced from a Woolf's bottle. The inhalation is repeated every two hours.

Sulphuret of calcium is another local application—by means of spray—highly recommended by Dr. E. Hubbard of New York (*The Medical Record*, New York, vol. xxxiv., p. 709).

I need hardly add that the use of these local applications does not interfere with the administration of our trusted internal remedies—*merc. biniod*, *merc. cyan.*, *crotalus*, *apis*, *agaricus*, *phylolacca*, &c.

In the treatment of *sequelæ*:—

(a) Albuminuria calls for *arsenicum*.

(b) Fatty degeneration of kidneys, &c., *phos*.

(c) Paresis of respiratory muscles, *strych.* (subcutaneously injected) and faradisation.

Paralysis of ciliary muscle, *atropine*.

Taking into consideration the opening notes read by Dr. Blackley and the discussion it evoked, it seems to me that this formed one of the most interesting and instructive evenings of the session.

In February we had an interesting paper by a visitor—Mr. J. M. Wyborn—entitled, "*What is Pyrogen, or Sepsin of Beef.*" As this was a paper in which the subject was handled more from a chemical than a clinical point of view, the discussion on it was naturally limited. We welcome it, nevertheless, as a very thorough exposition of all that is known of this complex compound, and hope that by-and-by some member of the society may be tempted to follow it up by a paper on its pathogenetic and curative virtues.

In March, Dr. Neatby discoursed on "*Some Miscellaneous Cases from General Practice.*" The paper embraced a vast variety of subjects, and gave rise to an

animated discussion. Perhaps the most interesting of his cases are those he describes of "Raynaud's disease." *En passant*, I may remark that the prevalent fashion of naming a disease after its discoverer is one much to be deprecated. To call inflammation of the conjunctiva *conjunctivitis*, or of the bronchial tubes *bronchitis*, &c., is reasonable. It conveys some definite idea to the mind of the disease. But such names as Raynaud's disease, Addison's disease, Graves' disease, Bright's disease, Hughling's, Jackson's, Ferrier's, Meniere's disease, and a host of other such for aught I know, seems to me very unsatisfactory and unscientific. Brown's, Jones' and Robinson's diseases may be added to the list any day, and would be unwelcome additions, I should think, to the *nomenclature of disease*.

In his remarks on a case of congestion of the lungs, Dr. Neatby says: "It would be interesting to me to know if congestion of the lungs is regarded by any as being a distinct disease, with a regular set of symptoms, course and duration." Personally I have always looked on congestion as one stage of the inflammatory process, whether occurring in the lungs or elsewhere. In pneumonia, *e.g.*, there are three well-defined stages:—

1. That of Congestion,
2. That of Hepatization, and
3. That of Resolution.

Each of these stages is marked by well recognised physical signs. But it does not follow that every case of threatened pneumonia goes through all these stages. A superficial abscess goes through three similar stages, 1st, the skin and subjacent tissues become congested; 2nd, suppuration takes place; and 3rd, healing of the cavity. But, as we can see every day of our lives, every case of local congestion does not go on to suppuration. Resolution may take place before the suppurative stage is reached. So it happens I apprehend in the lungs, and case No. 10 in Dr. Neatby's series illustrates this.

In April the Society had instead of the usual dissertation a *Clinical Evening*, when very interesting cases of Raynaud's disease, molluscum fibrosum, and enlargement of liver and testicle were shown by Drs. Blackley, Day and Moir; and Dr. Blake read some *Clinical Notes of Cases of Hypochondriasis and Bronchocele*. In the course

of these he propounds this problem for solution: "Does some hidden physical change underlie every moral disturbance?" And continues "That it is nearly a safe generalisation to answer in the affirmative." "Every bodily disorder," he says, "has a correlative mental manifestation; every perverted state of mind some preceding physical factor to explain it." This sounds a very fine generalisation, but I don't think it is borne out by facts. We know, for example, that the most diverse physical ailments cause the same mental symptoms. How many totally different physical conditions, for example, cause depression? Again we may have the most grave mental disease with absolutely no physical symptom whatever. Every one of us has seen cases of insanity with perfect physical health. The discussion on this point elicited this opinion from Dr. Hughes, which seems to me so near the truth that I think it worthy of quotation: "The truth," Dr. Hughes says, "seemed to him this, that certain systems of the body, as the digestive and the reproductive organs, powerfully affected the mental state; while others, as the respiratory, the circulatory and the urinary, had little influence upon it of a marked or characteristic kind." The meeting in May was devoted to a paper by Dr. Simpson of Liverpool, on "*Carlsbad and Adjacent Spas.*" This paper was interesting, as well from the graphic description of Carlsbad and its surroundings as from the valuable hints it gave as to the cases in which these waters are likely to be useful. A lively discussion followed the reading of the paper.

The next paper I have to notice is that which was read by Mr. Knox Shaw on *Phlyctenular Ophthalmia*. It was listened to, as it deserved to be, with marked attention by a large meeting of members, and gave rise to an animated discussion. One member thought that somewhat more attention had been devoted to the *pathological* and less to the *clinical* aspect of the disease than might have been done. It did not seem so to me. Nevertheless, if Mr. Knox Shaw would at some future period give us a purely clinical paper on this or some allied disease of the eye, it would, I am sure, meet with an equally hearty welcome. I urge this because we have a better opportunity of watching the course of disease and the effects of remedies in eye cases than in any others. The

whole thing is under direct observation, and if there is, as we hold, any superiority in our mode of treatment to that usually adopted, we have here a good opportunity of demonstrating it.

The last paper of the session was read by Dr. Moir last evening, on "*Cases of Rheumatic Fever which had been Treated in this Hospital.*" The paper was full of interest, but the number of cases was too small to admit of generalisations being made from them; the paper was suggestive rather than exhaustive.

We seldom have listened to a series of papers which have been of such a thoroughly *practical* character as have those of the past session. Every one, except that on pyrogen, has been of this type, and this is as it ought to be. The very *raison d'être* of this Society is to discuss and perfect what we believe to be the best method of curing our patients. On questions surgical, pathological and hygienic we are generally at one with the majority of the profession, but on the subject of medicinal treatment we differ from them. Hence we can well afford to shunt questions surgical, pathological, hygienic, &c., to the numerous societies which devote themselves to those branches of study. Our aim ought to be to perfect our therapeutic method, and in no way can we do so better in my opinion than by adhering to the example shown during the past session of having papers of a thoroughly clinical kind. This Society ought, in fact, to be essentially a *Clinical Society*.

Interested as we are in all therapeutic questions outside as well as in our own Society, I should like to draw the attention of those members who may not have noticed it to a paragraph in the *British Gynecological Journal* of May, 1889 (page 15). As straws show how the wind blows, so such a paragraph shows in my opinion the drift of current medical opinion. "Dr. Lombe Atthill," says Dr. Edis in his valedictory address as President of the Society, "has recently asserted that such remedies as *ergot*, *quinine* and *strychnine*—three of the most potent so-called emmenagogues—have no appreciable effect on the unimpregnated uterus, and do not produce any contraction of the uterine muscular fibre, or if they do the stimulation and contraction has no effect on the production of menstruation. He further asserts that in cases of menorrhagia and metrorrhagia—putting aside those cases

which depend for their origin on abortion, pregnancy or parturition—the medicines known as *astringents* might at once be discarded as useless. Neither *tannin*, nor *gallic acid*, nor any of the mineral acids or any other astringent has any effect in these cases; indeed, their administration was worse than useless—was probably injurious.”

Now I look on this statement as a very significant *sign of the times*. Yet when we think of it the wonder is—not that men like Dr. Atthill should now see the folly of attempting to cure hæmorrhage by astringents, but that they should not have been discarded long ago by all thoughtful and rational men. This will be abundantly evident if we look for a moment at the attempted explanation of the *modus operandi* of this class of remedies in any of the current text-books in *Materia Medica*. We shall admit at once that a styptic applied to a bleeding surface will check the hæmorrhage, but it by no means follows that when taken internally it has any such action. *Tannin* applied directly to a bleeding finger will stop the bleeding, but we have no evidence whatever to prove that *tannin* taken internally will have such an effect. Yet it seems to me as rational to suppose that it will do so as to suppose that it will check hæmorrhage from the lung or womb. We are not, therefore, surprised to find that the attempt to explain the action of astringents when taken internally is a very lame affair indeed. Dr. Nelligan, for example, has no better explanation than this: “We must suppose that they produce some peculiar change in the living principle of the structure generally which is incompatible with excessive secretion or discharge.” This seems to me simply a roundabout way of stating the supposed fact that astringents act by diminishing excessive secretion or discharge. But the supposed fact, as Dr. Atthill has found out, is a fiction. We, too, have discovered this long ago, and the sooner the rest of the medical profession do so also the better it will be for humanity at large.

If time permitted it would not be difficult to show that most of the divisions of the *Materia Medica*, where medicines are classified according to their supposed special action, are based on no better foundation than that on astringents. What for example is known about the action of *alteratives*, or to put it more plainly, what is an *alterative*? I shall leave Nelligan to answer the

question. "It is a term used," he says, "to define remediate modes of action with the *rationale* of which we are unacquainted" (*Mat. Med.* p. 410). In other words, we know nothing about it. Hahnemann—not an advanced knowledge of pathology as we have constantly dinned into our ears—gave the death blow to *antiphlogistics*. But antiphlogistics, as we all know, constituted the very foundation on which practical medicine was built in his day, and we should have thought that when the foundation was proved to be so unreliable and unsound the superstructure would be abandoned. But this is not so. Just as after Christianity had been accepted as the creed of the civilised world it was found that a portion of the paganism which it supplanted insensibly got woven into it, so the doctrine of the *rationalists*, although thoroughly demolished by Hippocrates, still forms a not unimportant part of practical medicine. Diseases, according to the *rationalists*, were hot or cold, moist or dry. Diseases characterised by too much heat were treated by cold, moist diseases by dry remedies, and so on. It sounds very absurd, but after all it differs very slightly from some of the practice of our own day. Only last night we listened to the successful treatment of rheumatic fever by iced baths. The cases so treated were characterised by hyperpyrexia—an excessive degree of heat. They were cured by cold—ice-cold—baths. Profuse watery evacuations from the bowels are treated by astringents. Here are good examples in the nineteenth century of hot treated by cold, moist by dry remedies. So that the *rationalists* or *methodists* of the Hippocratic era, and so-called *rational medicine* in the present day, are pretty much on a par, and we find that practical medicine has not made such gigantic strides as some writers would lead us to believe it has. Indeed, a little reflection will lead us infallibly to the conclusion that neither the one school nor the other can lay much claim to a *rational* basis for their methods.

It has been constantly urged by our opponents that we—homoeopaths—ignore pathology and simply treat symptoms. I maintain, on the contrary, that it is our opponents who are the true symptom-mongers—as we have been called. To give a so-called febrifuge or antipyretic for a febrile condition; an antacid for acidity;

an astringent for profuse discharge, and so on, is, I hold, simply treating symptoms by their contraries, as was done two thousand years ago. The difference between us and our opponents is, that whereas they treat *individual* symptoms, we treat *the totality* of the symptoms, that is the disease itself. And we do so by selecting a remedy which has the relationship of *similarity* and *not* contrariety to the diseased condition. This involves a knowledge of the action of medicines on the healthy organism. Hence our idea of a perfect *Materia Medica* is—not a work based on the supposititious virtues of medicines, but one consisting of a truthful record of all the symptoms each medicine has been known to produce on healthy individuals. Such a *Materia Medica* this Society, in combination with the American Institute of Homœopathy, hopes soon to be able to place in the hands of the profession. The two societies, as is well known to the members present, have been conjointly engaged on this work for some time. It is making rapid strides towards completion, and when finished it will, I feel sure, form the basis of all the *Materia Medicas* of the future.

It only now remains for me, gentlemen, to thank you for the honor you have conferred on me in selecting me as your President, and for your forbearance with me in my many shortcomings while conducting the business of the Society. I must add that a special meed of thanks is due on my behalf to our Hon. Secretary, Dr. Galley Blackley, without whose invaluable aid I would have been quite "out of it." Looking back on the work of the past session, I think we may fairly congratulate ourselves on the continued prosperity of the Society. We have, as is, alas! our wont, to lament some losses by death: Drs. Harvey, of Southport, and Rayner, of Manchester, have both died during the session. We have also to record several resignations: Drs. Theobald Kennedy, Stephens, Smart, L. H. Reid, E. B. Roche; but, on the other hand, we have had a considerable addition to our numbers—Drs. Simpson, F. Nankivell, Stoneham, Fernie, Corbett and Wright have joined us. This list shows, it will be observed, rather a diminution than increase in the number of our members. Nevertheless, if we look at the work done during the session, the thoroughly practical character of the papers read,

the keen interest taken in the discussions, especially by the younger members, and at the rapid progress made by the publishing committee of that great work, the "Cyclopædia of Drug Pathognesy," we have, I repeat, reason to congratulate ourselves on the continued prosperity of the Society.

CLINICAL REFERENCES.

BY S. H. BLAKE, ESQ.

I.

A MIDDLE-AGED WOMAN suffered from cancrum oris, or gangrenous stomatitis. The inner surfaces of the oral cavity were covered with a greyish-white material, at first sight not unlike a diphtheritic exudation, but the texture was looser, more dense, and emitted an excessive foetor which filled the whole room. *Arsen. iod.* and *merc. c.* were given for two or three days without any relief. Then *ammonium causticum* was given in drop doses in water every hour. In twenty-four hours after I found a wonderful change for the better. A great part of the sloughs had already cleared off, leaving a healthy looking surface underneath, the foetor was nearly gone, and the woman's health improved in every way. This change had commenced directly after taking the first dose of the *ammonium causticum*. When the mouth was completely cleared of sloughs, and in three days after she was discharged as cured. The teeth were also in a bad state, and the tongue foul. I cannot trace the production of the disease in this case to any special cause. It is interesting as showing that not a single symptom was left requiring other treatment; also as pointing to a condition differing on the one hand from ordinary throat diphtheria, which so often disappears rapidly under *merc. biniod.* and on the other hand, to that form of more simple stomatitis, which, whether from decayed teeth or other causes, with its salivation and ulceration, is so often quickly resolved under *kali chloricum* (*potassic chlorate*). The latter drug I have also found curative in as small a quantity as 1x, as well as in the more concentrated forms commonly used by the profession generally.

II.

A gentleman, about 25, after chancre, had bubo, which rose to about the size of a walnut. It was dusky red on the surface, prominent, fluctuated and had all the appearance of being about to point, being, in fact, a bag of fluid. He had about ten grains of *salicylic acid* to a six-ounce mixture. The bubo at once began to shrivel and diminish in size, and to my surprise, instead of continuing to point, gradually dispersed by internal absorption. This process of drying up (the same medicine being continued) ran over two or three weeks and left only an induration where the bubo had been.

III.

I once received a letter from a gentleman with whom I was not personally acquainted, and who was in the habit of prescribing medicines in the country in an amateur way, informing me that on reading a case reported in *The Homœopathic Review*, in which caries had been treated by *salicylic acid*, he decided to give *ac. salicylic* in a case of diseased thigh-bone. He gave material doses of the medicine, and within about three weeks, large portions of the shaft of the femur were discharged from the thigh, an event which was followed by recovery, although the necrosis had been going on for many months previously without any obvious change for the better. The conclusion one would naturally draw is that *salicylic acid* and its compounds may have some control either in hastening or in lessening the suppurative process in glands and bones.

IV.

A middle-aged woman had a papillary outgrowth on the dorsum of the tongue, pedunculated, about the size of a small hazel nut, and was treated for several months with *thuja* 6c. The growth diminished, though it was not altogether dispersed. On a previous occasion she had been treated by the same medicine in the same dilution by a homœopath, and with the same good result. After getting much better this patient passed from my observation.

V.

A young lady, unmarried, had suffered for eight months from very severe symptoms, which would point to cerebro-spinal or meningeal irritation. She had had

some mental worry, but the symptoms appear to have been chiefly due to a fall, when the back of the head was struck. Her previous treatment (not homœopathic) failing to relieve her, it was finally proposed to blister the nape of the neck. This was, however, not approved by the relatives, and they decided to try homœopathic medicine first. This patient was confined to her bed, the window blinds were always kept down, as very little light could be tolerated. Very little noise or movement also greatly accentuated her sufferings. She had lost flesh, could eat very little, and indigestion was very marked, especially heartburn, much distension of stomach and abdomen with flatulence and gastralgia being complained of. Desire for bitters. The symptom of greatest urgency was the almost constant headache—aching in the occiput—with neuralgia of an intense kind in the occiput and shooting thence to the right eye, the pain going to the back of the orbit. The left eyelid also drops. “The occipital neuralgia comes on when the slightest movement is made.” Hence the patient gets but little sleep, and her existence is practically one of almost constant suffering. There is coldness down the spine with chill, also neuralgic pains in lower intercostals, and sensation as if a cord were tied round the body. The submaxillary glands are swollen on both sides of the neck. Constipation extremely troublesome; bowels never move except by enema, and sometimes fail even with that. Eyes extremely sensitive to light, ears to noise. Bladder not affected, menstruation not materially affected; the patient is, however, rather anæmic, apparently due to prolonged illness and deficient power of digestion. She is very sensitive to coffee; it makes her worse. She cannot walk, for the limbs are drawn up and contract when she attempts to do so; they also “give way under her” when she tries to stand. My treatment began in May, and continued several weeks without avail, for no benefit of importance appeared to result from various remedies, such as *gels.*, *ignatia*, *bell.*, *bry.*, *ac. phos.*, *conium*, *opium*, *cicuta virosa*, *plumbum acet.*, *glonoine*. However, I have notes that after *cicuta vir.* ϕ ʒ i. ad ʒ vi. aq., the occipital pain comes on only after the slightest movement, the feet are not cold, and she sleeps better for three or four hours at a time, the glands of neck are smaller on both sides, eyes extremely sensitive

to light. After *opium* the sensitiveness of the ears to noise was so increased that she could hear the most distant sounds with painful acuteness; this medicine was therefore at once dispensed with, as no apparent benefit resulted from it. *Glonoine* produced no good, but was followed by marked aggravation of the gastric symptoms, and was not repeated.

The *Materia Medica* was frequently consulted, but for some three weeks no material result was produced; finally the occipito-ocular neuralgia suggested the use of *actæa* and *sanguinaria*. Improvement was marked and immediate after these medicines, and the whole morbid conditions cleared up very quickly. After a week the patient was able to come downstairs, and the remaining symptoms rapidly disappeared, so that by July she was able to travel for change of air. Practically, the cure took place in about three weeks under these two medicines. By August the 11th the bowels were quite regular, the constipation having been treated by *alumina*. Dreams at night troubled for a few weeks; *cannabis indica* was given for this; the symptoms gradually disappeared. By September 15th she visited me after her return and appeared in very good health. She married a few months later and was delivered of a healthy child at full term, about a year after marriage. The *sang.* and *cimicifuga* (in tincture) were given, at first alternately, then separately for two or three days at a time, and both appeared to play a part in the cure, which, I have no doubt, was almost altogether due to the use of these two medicines.

VI.

A gentleman, aged 35, contracted syphilis and the system was severely affected. He had been treated for the early symptoms by an allopathic surgeon chiefly by *hydrarg.*, *perchlor.* and *iodide of potash*. He did fairly well for a time on the mercurial treatment in full doses, but eventually got into a very low state. He then had coated tongue, ulcerated throat, nodes on the skull, tenderness of the scalp, glands of neck hard, and enlarged, psoriasis on scalp and various other parts. He had also a warty excrescence of the prepuce and an unhealthy moisture and irritation of its inner surface. Want of appetite, weakness and depression of the whole system added to his discomforts. *Merc. biniod.* 3x was

first given and followed by a very little amelioration. *Phytolacca* ϕ followed without any marked result. *Aurum met.* 3x was then used with decided benefit at once, and the noteworthy result of the use of *aurum* in this case was that not only did the general powers of the system rapidly rally under its employment, but the throat got well, the periosteal and scalp affections and glandular enlargements disappeared. The symptoms of the pains were cured and the enlargement of glands in the groin also went down under its use. Now symptoms, such as these, are, I believe, not recorded in the provings and clinical experiences of *aurum*, and it is interesting to note that not only those conditions commonly given as producible by *aurum* were removed by it, but also others equally in harmony with them as indicating a depraved constitutional condition, marked by irritation in the throat, glands and bones and periosteum. The cure of the warty outgrowth, soreness and catarrhal state of the penis is also remarkable when we consider how little has been recorded hitherto of the use of *aurum* in curing this particular manifestation of venereal disorder.

It is stated by authorities that *iodide of potash* under five-grain doses is useless in many, if not most, forms of syphilitic disease, and such may possibly be the case. It is not impossible, however, that any remedy, homoeopathic or otherwise, may fail to produce the effect desired in special phases of a disorder, until a dose be given sufficient to stimulate the local cells to such an extent as would not be required in other phases, whether this stimulation be from a similarly-acting drug, or whether the dose be given to produce some of its special toxicological symptoms, whether counteracting, increasing, or not previously existing. When a morbid product undergoes dissolution and absorption under the stimulus of a medicine (as, for instance, when the products of a chronic pneumonia undergo resolution after certain doses of *phosphorus* and *iodine*), though it may be argued that it is by first increasing some actual toxicological condition pertaining to both drug and disease, even then the question is brought within the homoeopathic sphere, but less reasonable is it to suppose that the result could be by counteraction of any one symptom merely, or by the induction of any fresh symptom, as equally unreasonable to suppose that

the effects are the result only of chemical changes induced directly on the morbid deposits by the drug operating on its surfaces as dead material and in a way altogether extraneous to the living cellular organisms. Given the same symptoms for drug and disorder with closely allied pathological conditions, we could not consider the problem (even allowing that morbid deposits are present and not accounted for in the toxicology) without allowing the whole of the phenomena to come into the question, together with the influence in the result which would ensue from living matter being an agent in all chemical changes going on in its immediate vicinity.

VII.

An old man was affected with extensive and long-standing syphilis, the bones of the skull being very carious, he had also phthisis evidently of syphilitic character, presumably syphilitic deposits in the lungs. There were copious thick purulent sputa, together with the ordinary symptoms of phthisis. No remedy did good, though several pulmonary remedies were tried, until *kali. hyd.* 1x. was tried, then immediate benefit followed, and the lung condition was cured. Here then in a case apparently of pulmonary syphilis, *potass. iod.* was not required in 30 grain doses, even if these large doses be required for syphilitic deposits occurring in the brain. The question arises, is the medicine homœopathic to the lung condition, otherwise to the brain and other parts? If homœopathic in all, might not the 1x strength be required to stimulate one organ, and ten grains another organ in order to produce this homœopathic result? A similarity may be sought in the pathogenesis of *iodine* in the character of its exudations generally, in the plastic nature of the fluids exuded, in blisters produced by it, in its ulceration and the morbid changes in the blood, and in the general mal-nutrition and lowering of the whole system of iodism, in the kind of rash on the skin, the swelling and induration of the testis, uterus, &c., the exudation in the mouth, and glandular affections said to be pathogenetic from *iodine*.

VIII.

A case of constitutional syphilis occurred in a man, aged 25, associated with suppurating local sores. The

case was seen during the first outbreak, the sores being still present. The skin was extensively affected with a pustular eruption, of ecthymatous character, very like small-pox, the pustules even being somewhat umbilicated with red areola. *Merc. sol.* 1c. cured all in a few days. This form of rash is rather rare in the first few weeks of syphilis, it closely resembles the pustules producible by mercury as also those curable by *hepar sulphuris*.

Bradford, Yorkshire.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *ACTÆA RACEMOSA*.*

BY ALFRED C. POPE, M.D.

THE *Actæa* or *Cimicifuga* or *Macrotrys racemosa*, popularly known as the black-snake root, belonging to the *Ranunculaceæ*, is indigenous in the United States. It is described by Dr. G. B. Wood as "a perennial herbaceous plant, with very much divided leaves and an erect stem from four to eight feet high, often branching at the top and terminating in a beautiful, light, feathery raceme of small white flowers. It grows in the woods or recently cleared grounds, through a large portion of the United States." (*Therapeutics and Pharmacology*, vol. ii., 169.)

The tincture is made from the root, which consists of a knotted head with numerous fine brittle rootlets, collected late in the summer or in the early autumn. The British Pharmacopœia directs the preparation of a tincture from the imported dried root. But as this rapidly loses its medicinal power by keeping, it is better to procure a tincture made from the fresh root direct from the American chemists.

The *actæa*, known among the North American Indians as the cohosh root, was for centuries used by them as an ocytotoxic agent. So far back as 1832 it was given in chorea by Dr. Young, of Chester County, Pennsylvania, who obtained this therapeutic hint from having seen it used successfully in this disorder in domestic practice. He published the result of his observations in the *American Journal of the Medical Sciences* for that year. Little, however, was heard of it in the practice of medicine until

* Revised from a lecture delivered at the London School of Homœopathy, 1882-83.

Dr. H. M. Paine, of Albany, New York, published a proving of it in the 3rd volume of the *North American Journal of Homœopathy*. This, which comprised four sets of experiments upon himself, with four others upon friends, is, together with experiments by Dr. Mears, Dr. Burr, Dr. Bacmeister, forty-six experiments on medical students by Dr. Hill, and others, given in all detail in *The Cyclopædia of Drug Pathogenesis*, vol. ii., p. 228.

In Allen's *Encyclopædia of Materia Medica* these, and some other provings, are set forth in *schema* form.

All experiments hitherto made with *actæa* prove that it is essentially a cerebro-spinal irritant, and it is through its influence upon the spinal cord that it acts upon various parts of the body; while mental disturbances, headache, temporal neuralgia and insomnia are the direct result of the brain disturbance it provokes. Again, the excitement of motor nerves which it produces is seen in the chorea-like symptoms and those resembling rheumatism and myalgia which are occasioned by it.

I will first examine the kind of mental disturbance excited by *actæa*. This is a miserable, dejected feeling, with great restlessness and a desire to move about and yet not knowing where to go or what to do. A feeling of melancholy with irritability, easily excited.

In one instance quoted by Dr. Hale (*New Remedies*) from Dr. King, *actæa* given in large doses (20-30 drops every hour) for rheumatism produced symptoms like those of delirium tremens. These were "nausea, retching, dilated pupils, tremor of limbs, incessant talking, and changing from one subject to another without any order, though patients were perfectly sensible when addressed. Great wakefulness, imagining strange objects on the bed and in the room, as rats, sheep, &c.; sometimes arousing from their incoherent talkativeness, as if startled, and inquiring regarding persons present—Who is that? What does he want here? &c.; with quick, full pulse, wild look of eyes, and the peculiar, indescribable expression of face commonly observed among those who labour under delirium tremens."

In one of three cases in which these symptoms occurred, after heavy dosing with tincture of *actæu*, the narrator says that he "was near being dismissed for

insisting that the patient had taken liquor." It should be remarked, that on the occurrence of these symptoms he reduced the dose to 2 to 3 drops, but he found that they returned immediately.

The prominent condition from smaller, though still very material doses, is one of melancholia, restlessness, and incapacity for mental exertion. It is worthy of note here that in one or two instances where this state of depression was excited in women the urine was increased in quantity, pale and of a very low specific gravity, like so-called "Nervous urine."

In some degree or other this state of mental depression is associated with each phase of the action of the drug. Especially so is it with the headache it gives rise to. This is commonly at first frontal, more on one side of the forehead than the other, and most frequently on the left side. The pain extends into the ball of the eye of the affected side, and over the eyebrow, whence it seems to dart over or through the head to the occiput, which feels sore, a feeling that is increased by movement.

In one instance where eight doses of a drachm each were taken, one every ten minutes, severe pains in the head, with much somnolency and coldness were felt. After a sleep, he awoke with headache, vertigo, flushed face, dilated pupils, and pulse 12 beats above the normal, and soon great uneasiness in the stomach.

Of all the symptoms connected with headache, that of acute pain in the centre of the eyeball is the most characteristic. It is thus described by Dr. Paine, who experienced it repeatedly during his experiments: "Immediately after rising, aching pain in vertex and occiput in paroxysms, at times quite severe. Pain in centre of eyeballs and also sensation as of pain between eyeball and orbital plate of the frontal bone, faintness in epigastrium with repugnance to food, which nevertheless did not prevent his taking a moderate breakfast." What a picture of a neuralgic headache is this!

After very large doses—as in the instance referred to, and only then—*actæa* produces great drowsiness. When taken in more moderate quantities, the early sleep is normal, but after about 3 a.m. the prover becomes restless, and when sleeping has dreams of a troublous character from which he awakes in a cold perspiration and with headache, chiefly occipital. How typical is

this early morning wakeful restlessness, with intervals of unrefreshing dreamy sleep, of the condition met with in excitable neurotic patients.

The symptoms referred by provers to the muscles resemble those of chorea, myalgia, rheumatism and slightly so those of arthritis.

We find, then, that provers experienced trembling in various limbs, twitchings in the fingers and toes, jerking in the muscles of the thighs; stitches in those of the chest and back; cramp in the muscles of the neck on moving the head. The hands and forearms are weak and trembling; cannot grasp anything firmly. "After going to bed jerking commenced on the side on which he was lying, obliging him to change his position; it began by a perceptible twitching in the left foot." "Severe pains in the arms with a numbing sensation as if a nerve had been compressed; these pains were first felt in the shoulder and passed down the arm and then the forearm, producing a very peculiar lame, numb, and sometimes cramping sensation." Similar pains in the legs, but more severe and constant in the upper part of the thigh, about the hip-joint and inguinal regions.

Similar in character are the muscular pains in the chest described as "stitches in the region of the heart," "pain in the left side of the chest," "lancinating pain along the cartilages of the false ribs increased by inspiration," "a catching pain at the left side just where the heart is, which comes on when she bends the body forward," "stitching pain as if from fine needles in the region of the heart, with slight twitching in the external muscles of that region, and slight palpitation."

Aching and pain in the muscles of the lumbar region is a very frequent effect of *actæa*. "Dull pain in the small of the back" is often mentioned, "terrible back-ache," "dull heavy pain in the small of the back extending towards the sacrum," "dull pain in the region of the lower dorsal and upper lumbar vertebræ," "weight and pain in the lumbar and sacral regions, sometimes extending all round the body, somewhat below the crest of the ilium, rheumatic pains in the muscles of the neck and back, feeling of stiffness and contraction, feeling of weight in the small of the back." Similar pains are also described as being felt in the limbs. "Dull pain in the right arm from shoulder to wrist," "rheumatic pains

in the muscles of the arms and legs of a drawing character," "pain in the right arm, elbow and wrist, and in the knee extending down to the ankle," "rheumatic pain in the knee joint, excruciating pain in left external malleolus and left forearm, lameness and inability to flex the second finger of the left hand, lameness of the left wrist. All these symptoms continued for several days."

In the ovario-uterine sphere the pathogenesis of *actæa* is undoubtedly deficient. Nevertheless, however, a few symptoms traceable to these organs were elicited in two or three women. While, in one of the provers who assisted Drs. Hill and Douglass in their enquiries, a leucorrhœa which had existed for a considerable length of time was cured; and in another, "leucorrhœa and chronic inflammation and congestion of the uterus were cured during the proving, while no other symptoms were observed in the provers until the disappearance of the uterine disease."

Again, the emotional condition excited by this drug, the neuralgic symptoms it evokes, together with the many indications given in the proving of reflex symptoms traceable to taking it, expressed in the stomach by "faintness," "goneness," "fulness," and in the abdomen by "pressure and fulness," and lastly "cold chills and prickling sensation in the mammæ," considered together would lead us to expect it to have a distinct action on the ovaries and uterus.

In one prover the catamenia appeared on the morning after taking half a teaspoonful of the tincture, and were attended with "a wandering pain in the back and around through the hips, lasting all the forenoon; it became quite severe at 10 o'clock, when she was obliged to lie down. She had never had much pain during the period." The discharge became more profuse during the latter part of the day, and there was a bruised sore-feeling in the vagina at the same time. In another prover there were severe forcing pains during the period.

These symptoms resemble a form of congestive dysmenorrhœa.

Accompanying the various conditions I have drawn attention to, rather than as independent phenomena, we find a clammy tongue, dry throat, loss of appetite with repugnance to food, a sense of faintness at the stomach,

with a feeling as though it were overloaded, and an occasional acute pain darting to the left hypochondrium, and into the umbilical region, Cutting pains in the hypogastrium and great uneasiness throughout the abdomen, with urgent desire for stool, followed by a loose papescient evacuation, or uneasiness and fulness, with a sensation as though diarrhœa would come on.

Dr. Paine, after his series of provings, suffered from anorexia, with alternate constipation and diarrhœa for a month.

“The urine passed during a proving is at first of low sp. gr. 1.005, and subsequently rises to 1.020. The quantity is greatly increased, and it contains an abundant deposit of urates.”

In several instances there was a well marked coryza, generally attended with hoarseness and a slight tickling cough. In one prover—a medical man, who had not had a catarrh for several years—a coryza, with sore throat and gradual involvement of the bronchial mucous membrane, exciting a dry, short, hacking cough, continued night and day for two weeks.

I now pass to consider the forms of disease to which such a pathogenesis as this has directed us.

The mental condition, with its restlessness, dejected feeling, and incapacity for effort of any kind, is of the type met with in some cases of hysteria, occasionally during pregnancy, and especially at the climacteric period in women. In patients at this time, who are depressed, who seek to be alone, and have a special dread of going out of their mind, as they phrase it, *actæa* is very helpful in restoring health. Still more frequently is this kind of depression associated with the headache—the neuralgic headache—that the symptoms it produces lead us to expect that it will cure. This headache is often, apparently, the consequence of some disturbance in the uterine health. The period is ushered in with pain—flying pains across the abdomen—while sometimes it is of a forcing character in the hypogastrium, and then is attended with an undue amount of discharge.

It commences, as I have previously described, in the forehead, mostly on one side. A sharp pain occupies the eyeball and extends over or through the head to the occiput, which becomes sore.

The cases of insomnia in which *actæa* is remedial are those where there is a low state of nervous excitement, sometimes the fruit of hysteria, at others arising from anxious watching. A fairly sound sleep for three or four hours is followed by a restless, dreaming drowsiness terminating in headache. Dr. Talcott describes it as "invaluable for the production of sleep in drunkards who are suffering from the effects of stimulation and who are passing through the horrors of delirium tremens. Opium eaters or those who are trying to stop the use of opium, and those who are suffering from the effects of protracted muscular strain from toil, watching or exposure, are strikingly benefited by the use of *actæa*." As the illustrations of its pathogenetic power I have given would suggest, it is a medicine always to be thought of in cases of delirium tremens, more especially when the victims of the abuse of alcohol are women.

Dr. Farrington (*Clinical Materia Medica*, p. 300) says that *actæa* is especially indicated in cases of spinal irritation, "when the upper and lower cervical vertebræ, particularly the latter, are sensitive to pressure; hence the patient will not lean back in her chair, because of the uneasiness which it produces. This symptom of *actæa* is usually reflex from uterine irritation."

That the action of *actæa* simulates some cases of chorea I have already shown. It is mostly, if not exclusively, in such as are acute, or after having lingered for some time, have recently assumed an acute phase, that it is useful. Again, it is generally indicated either in very emotional young girls or in cases having a rheumatic origin.

The following very excellent illustration of the former class was described in *The Clinique* for 1882, by Dr. C. H. Evans, of Chicago.

"Miss —, aged sixteen, a blonde, well built, well nourished, menstruating regularly, of previously good health and attending school constantly for a number of years, without any premonition, became melancholy, apathetic and languid, and complained greatly of fatigue from ordinary or slight exertions, which seemed to exhaust her exceedingly. Chorea shortly supervened, and for this disorder she was brought to me. The chorea movements were mostly confined to the extremities, the arms being chiefly affected, and the right more so than the left side of the body, Articles held in

her hand were jerked from between her fingers by the irregular movements, and thrown upon the floor or across the room. She complained of almost constant headache, which extended to the eyeballs and deeply into the orbits, and thence through the head into the occiput. The ocular pains were quite severe, and there was also intolerance of light with lachrymation. Pain in the lumbar region was also present. There were no uterine or ovarian symptoms. The heart was not examined. *Cimicifuga* 6 was prescribed, and taken in solution every four hours.

"Ten days later she reported herself as very much better in every respect. The remedy was continued, but its frequency changed to three times a day. Two weeks afterwards, she called to say that she was quite recovered, not only from the chorea, but from the attendant symptoms also. Three months have now elapsed, and there has been no return of the disorder."

In *The Monthly Homœopathic Review* (June, 1872), Dr. Gibbs Blake reported three cases, each illustrating the kind of chorea in which *actæa* is useful. In one, a girl of 15, who had had rheumatic fever seven years previously, and had been choreic for six weeks, the affection was entirely confined to the left side of the body—face, arms and legs—the movements in which were constant. Frontal headache was severe. There was no endo-cardial murmur. Here *actæa*, given in drop doses of the tincture three times a day, was very beneficial. In another, a somewhat less severe case, the patient was a pale, thin, nervous girl of sanguine temperament, 12 years of age, who had been choreic in the left arm and leg for a week, in whom there was no history of rheumatic fever. After taking *actæa* in the tincture for ten days, she was practically well and able to be useful in the ward.

Dr. Blake, in some remarks appended to these cases, regards *actæa* as being indicated in cases of chorea of rheumatic origin, and also in patients with a nervous system liable to be disturbed by external conditions; where in such we find that other symptoms correspond, then *cimicifuga* is the remedy for the individual case of chorea before our notice. Sleeplessness, restlessness by day, and the affection of the left side, he considers as prominent additional indications for the choice of this medicine.

In the epilepsy of the insane, Dr. Talcott states that he has used *actæa* with some advantage, though he has

never seen a positive cure result from taking it or any other medicine. The epileptics he has found to be most benefited by it are those "who have a remarkable heat in the back of the head, and extending down the back during the convulsions; and who complain of great soreness in the muscles of the neck and shoulders after the convulsions have subsided."—*N. Y. Hom. Times*, 1880.

To one condition, of which myalgia is the conspicuous feature, *actæa* is not only homœopathic to its individual symptoms, but almost always to the pathological state which has induced the muscular pain.

Most frequently myalgia arises from some mechanical effect occurring in a somewhat depressed and debilitated subject. Here, *arnica* is the remedy, and a very promptly efficient one too. But not seldom, especially in women, myalgia occurs simply in consequence of progressive debility. In not a few of these cases the muscle involved is the diaphragm, and a superficial examination may then lead to the erroneous diagnosis of dyspepsia. It is to myalgias of this type that *actæa* is homœopathic, and in their treatment has been proved to be quickly remedial.

In *The American Observer* (1879) Dr. Clark de Muth of Plymouth (Mich.), reported three very striking cases all rapidly cured with the tincture of *actæa* in two or three drop doses every four hours. These cases are to be found republished in the *British Journal of Homœopathy* vol. xxxviii.

The best illustration of the indications for the use of this drug in diaphragmatic myalgia is that given by the patient himself, the late Dr. Henry R. Madden, in *The British Journal of Homœopathy*, vol. 25, p. 498. Dr. Madden, in this contribution, tells us that he had all his life been subject to dyspepsia with a tendency to obesity, which always increased when his dyspepsia was greatest. By a diet approaching semi-starvation, he reduced his weight by 26 lbs. and his girth eight or nine inches. He returned to his usual diet and his health was improved. He now (in 1858) underwent a period of intense mental anguish and a domestic trial of the severest character. Six weeks after the death of his wife, while suffering from dyspepsia he one morning noticed a new and unusual pain in the chest between the middle of the sternum and the epigas-

trium. During the day the pain continued, and increased towards evening; it was now severe and attended with fainting, vomiting and such utter prostration, that the late Mr. de Michele, who saw him, thought he was in the collapse of cholera. This condition continued for 24 hours, and he gradually recovered. He now became subject to attacks of pain similar to that just described.

It resembled that of a person pressing with his fist firmly on to his sternum and forcing it inwards towards the spine. The attacks varied in severity, when unusually bad, the pain would gradually spread up the œsophagus and pharynx causing a peculiar tingling in the back of the throat, and thence extend across the shoulder and upper chest, and down the arms to the tips of the fingers, this tingling was always unpleasant and sometimes very disagreeable. The pain came on when attempting to walk fast or ascend a hill, never when at rest, excepting—and this is well worth remembering—twice during strong mental emotion. The attacks were always aggravated by flatulent dyspepsia. No relief followed many attempts to obtain it, and in 1862 his health entirely breaking down, he sailed for Melbourne. Before reaching Melbourne the attacks had entirely ceased, but recurred soon after landing and continued more or less until November, 1866, when, being engaged in studying myalgia, he asked himself, “Is it possible that myalgia of the diaphragm can explain my attacks?” He then analysed his case anew and with the following result:—

“In the history of the case,” he says:—

“1. Steady continued stretching of diaphragm from distended abdomen, followed by sudden removal of this distension by semi-starvation.

“2. Weakening of muscular tissue by low diet.

“3. Weakening of nervous system by long continued anxiety and depression.

“4 Re-stretching of diaphragm by flatulent dyspepsia. Here is a sufficiently pre-disposing cause.

“In the kind and position of the pain we have—

“1st. Forcing inwards of sternum at the spot where the anterior fasciculi of the diaphragm are attached, so that it could be readily produced by spasmodic contraction of this part.

“2nd. Extension of pain along the course of the phrenic nerve and down the branches of the third and

fourth cervical nerves with which it anastomoses—the pain being evidently nervous tingling.

“3rd. The attacks always excited by walking, when the diaphragm receives repeated gentle jerks from the shaking of the contents of the abdomen; thus corresponding with the gentle touches which so frequently provoke myalgic pains and contractions.

“4th. No pain caused by flatulent distension of stomach while at rest; thus corresponding with the steady firm pressure which myalgic muscles bear well.

“5th. The relief of pain by rest, which is so markedly the case in myalgia. These considerations induced me to treat the case as one of myalgia, though I must acknowledge that I did not do so with much hope of success. In selecting the remedy I passed over *arnica*, believing it to be suited chiefly to myalgia from over-fatigue, and decided on *actæa racemosa* as possessing an action both on the nervous system and on the muscles. The effect was very marked. I commenced with 3 or 4 drops of the mother-tincture night and morning, and at once experienced a relief from pain unaccompanied, as on all former occasions, with diuresis; but, on the contrary, my urine became remarkably high-coloured and loaded with lithates. In a very few days I was obliged to discontinue the medicine, as I suffered uncomfortably from its pathogenetic effects, especially from headache with aching pressure on the eyeballs. A few days after omitting the remedy the paroxysms of pain returned. I then tried *actæa* 12, but without result. Subsequently I ascertained that I could take the first centesimal dilution without over-action. Under the use of this remedy I have been completely relieved of this nine years' burden.”

The pain under the left breast, so often met with in women, especially in such as are of a nervous temperament, whether it be a myalgia or a reflex symptom from ovarian irritation, is rapidly controlled by *actæa*.

The cases of rheumatism in which *actæa* has proved remedial would, I think, in many instances have been more accurately defined as instances of myalgia. Though it does irritate the joints in a somewhat arthritic manner, and while it increases the amount of uric acid, it is chiefly in muscular rheumatism of the arms and thighs in nervous people who have suddenly “run down,” that

it is useful. In such persons also lumbago, torticollis, pleurodynia and sciatica are very frequently relieved by *actea*.

In another class of cases of rheumatism, Dr. Sidney Ringer writes very confidently of the value of this medicine. "A patient" he says "is first troubled with pains, apparently in most of the joints, but with scarcely any fever or swelling. The disease soon seats itself in one part, as the wrist or hand; the tissues here become much thickened, the bones of the wrist enlarged until, after a time, all movement is lost and the member becomes useless. Warmth allays the pain, and it almost ceases at night. The attack presents many of the characters of gonorrhœal rheumatism, but there is no history of gonorrhœa." Dr. Ringer adds that he has witnessed "the almost instant relief given by this drug in cases like that just described, after *iodide of potassium* and other remedies had been fairly tried in vain, the pain giving way at once, and the joints becoming supple and useful."—*Handbook of Therapeutics*. 4th Ed.

It is, as the few uterine symptoms evoked during a proving would suggest, indicative in some cases of dysmenorrhœa. These are cases where a dull aching frontal pain with a good deal of mental depression, restlessness, and fidgetiness, together with severe aching pain in the back and hips, and forcing and bearing-down pain in the hypogastric region precede the appearance of the discharge. They are cases of congestive dysmenorrhœa occurring in highly nervous or hysterical subjects.

In *The Lancet* (March 9th, 1889) is a paper by Dr. Craig Balfour, of Redbourne, Lincolnshire, upon the use of *Actea* in *Diseases of Nervous Origin*, in which he says that the value of this drug "as a therapeutic agent in disease of nervous or rheumatic origin seems to be far from appreciated by most men in general practice." One physician to whom he mentioned it, while admitting its value, "complained of an uncertainty in its action, as he had found it fail where he expected the best results." Accordingly Dr. Balfour appends a short statement of three cases in which he has used it successfully, *pour encourager les autres*.

These cases, at least two of them—the treatment adopted in the third was too complicated with other drugs to be of much value as a therapeutic observation

regarding one—these two cases are good illustrations of the homœopathic action of *actæa*; in both, that is, the condition to be cured was like that which *actæa* produces in healthy persons. It would be interesting to know whence Dr. Balfour obtained the information regarding this medicine that led him to expect the favourable results from prescribing it in these individual cases, which he secured from doing so.

To be able so to use this, as well as other specifically-acting medicines, as to be warranted in expecting "the best results," the pathogenetic action of the drug on the human body must first of all be studied, and then it must be prescribed in cases which present a pathological condition similar to the pathogenesis of the drug.

One of these successful cases of Dr. Balfour's is an instance of dysmenorrhœa in "a rather nervously constituted and not over robust young lady, who had suffered for years from acute dysmenorrhœa." "The pain," he says, "was mainly neuralgic, though perhaps partly due to congestion." He ordered "10 minims of the tincture of *cimicifuga* to be taken night and morning for a few days before the menses were expected to appear, and to be continued during the whole period." Great relief was experienced at once. This is precisely one of the cases in which, guided by the provings and the law of similars, homœopathic physicians both in England and America—more especially in the latter, the home of the *actæa*—have been in the habit of prescribing it for the last thirty years.

Very useful is the *actæa* in allaying the melancholia and irritable condition occasionally met with during pregnancy. Dr. E. M. Hale states that the late Sir James Simpson reported a case which he described as one of puerperal hypochondriasis, in which, after trying all the usual remedies in vain, he gave fifty drops of the tincture thrice a day, "with the result that in eight or ten days she was altered and changed in a marvellous degree, but all for the better, on the third or fourth day she informed me that the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel, and in a day or two she felt perfectly well again in gaiety, spirits and energy." (*Special Therapeutics of New Remedies*, p. 201, 5th ed.)

In puerperal mania, *actæa* is occasionally called for.

Dr. Farrington thus describes the symptoms of the kind of case. "The patient declares that she will go crazy, and her every action apparently indicates that she is keeping her word. She is suspicious. Her talk is nonsensical, and yet she seems to be conscious of what she is doing, and she says she cannot help it. Sometimes she has visions of rats, &c." (*Op. cit.* p. 299).

Then during the climacteric period, as I have already remarked, several of the pathogenetic symptoms of *actæa* point to its being useful in some cases. Thus, when we find the usual "flushes of heat" associated with depression of spirits, restlessness, headache, the pain being at the vertex, a sense of faintness or sinking referred to the epigastrium, and more or less sleeplessness, it will be prescribed with advantage.

Finally in gastralgia, when the pain is acute, darting to the left and downwards to the umbilicus, and is attended with the feeling of faintness in the stomach, or as it is sometimes expressed vernacularly, of "goneness," there *actæa* has been found very useful. Such cases generally occur in women, and have their origin either in spinal irritation or in ovarian disturbance.

One of Dr. Balfour's three successful cases is described as "obstinate dyspepsia," with "acute spasmodic seizures recurring at intervals of a few weeks and terminating in prolonged fainting fits" in a middle aged lady. The details so closely resemble the features of Dr. Madden's case, as to suggest that it was one of diaphragmatic myalgia, rather than of gastralgia. After a lengthened dietetic treatment with some advantage to the patient, on a return of the pain, he prescribed ten minims of the *tincture of cimicifugin* to be given every eight hours in a little water, and continued for a few days, to be recommenced whenever there was any return of the pain or feeling of discomfort. This treatment was so successful, that she is now quite free from any return of the severe neuralgic spasm, feels much better and can eat almost anything. Here the *cimicifuga* was quite homœopathic to the condition.

The kind of diarrhœa which follows *actæa* is, as has been already shown, irregular. Diarrhœa and constipation alternate, and are both probably the result of disturbance of the nervous system. It seldom occurs without the presence of other morbid phenomena, such as

gastric faintness, headache or neuralgia. In such cases, more especially when the patients are hysterical women or persons of nervous temperament, this medicine will be indicated.

The dose in which *actea* may best be given is not easily decided. Certainly the large quantities in which some have prescribed it are unnecessary, and in very susceptible people might easily provoke some of the pathogenetic effects of the drug, as did drop doses in Dr. Madden's case. On the other hand, no special virtue has been shown to be attached to high dilutions of it. Probably drop doses of the tincture, or of the first, second, or third decimals, given three or four times a day, will be sufficient to do good and properly watched will never give rise to any but a very slight aggravation, and that in but few cases.

Grantham, March 13th, 1889.

NOTES UPON AN EASY, RAPID AND EFFECTUAL METHOD OF PERFORMING CIRCUMCISION.

By C. KNOX-SHAW, M.R.C.S.,

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AFTER the interesting and complete articles that have lately appeared in the *Monthly Homœopathic Review* upon the importance to be attached to the prompt relief of a tight or adherent prepuce, it would be needless to add much more to the discussion; but at the same time it may be of interest to describe the method of operation now in vogue at the London Homœopathic Hospital, as experience has shown it to be both easy, rapid and effectual. The operation is not original but has been modified from a method introduced a short time since by, it is believed, an army surgeon.

The necessity for the operation being decided upon, the patient, if a child, is given a few whiffs of *chloroform*, and at the same time twelve to fifteen minims of a four per cent. solution of *cocaine* are injected into the prepuce, about the level of the corona, in two or three places. The object of the *chloroform* administration is to quiet the child, and to remove the alarm attendant upon any attempt at an operation. As soon as the *cocaine* is

injected, the *chloroform* can be withdrawn, as, owing to the injection, the rest of the operation is painless. Lately, in adults, no anæsthetic beyond the *cocaine* has been employed. Whilst the *cocaine* is being absorbed, three straight needles are threaded with fine cat-gut, in lengths of about ten to twelve inches. A narrow grooved probe is now oiled and passed through the prepuce orifice, between the upper part of the prepuce and the glans penis until it reaches the fold of mucous membrane at the corona, when the end should be felt in the middle line of the upper surface of the penis. Along this an unthreaded long straight needle is passed and thrust through the skin, one end appearing at the dorsum of the penis, the other protruding from the preputial orifice. A special pair of forceps is now used. These forceps are something like a straight pair of dressing forceps, with somewhat broader and flatter blades than usual, their peculiarity consisting in their blades being fenestrated for nearly the whole length of the gripping part of the forceps. Having drawn the prepuce forward by holding the needle in one hand, the forceps are applied obliquely from above downwards, behind the needle, between it and the glans penis. The forceps will have behind them the glans penis, and in front the prepuce included in that part pierced by the needle. The threaded needles are next taken, and one is passed through the centre of that part of the skin of the penis that lies in the fenestrated part of the forceps; the other two needles are put one on each side of the first, but still nearer the middle than the outer edge of the skin. With a sharp knife the foreskin is removed by passing the knife between the forceps and the needle. The forceps are then removed, taking care not to withdraw the sutures at the same time. There will now be three sutures of catgut passing on one side through the skin and mucous membrane across the tip of the glans penis and out on the other side through mucous membrane and skin. Withdrawing the divided skin and mucous membrane, the sutures are picked up by a pair of forceps as they lie on the glans, drawn out a little and divided in the middle; the corresponding parts are then tied. By this means the skin and mucous membrane are sutured together in six places. The operation is completed by seeing that the mucous membrane can

be thoroughly retracted beyond the corona. Occasionally the mucous membrane is not quite divided freely enough by the knife, but this can easily be remedied by a small snip with a pair of scissors.

No dressing is required to be applied, it causes much less subsequent pain to the patient to have none at all; the parts are simply dusted with *iodoform*. The after treatment consists of a warm carbohc or calendula sitz bath night and morning.

REVIEWS.

Lectures on Massage and Electricity in the Treatment of Disease.

By T. S. DOWSE, M.D. Bristol: J. Wright & Co.; London: Hamilton, Adams & Co.

THAT massage carefully and intelligently used is an important and valuable addition to our means of controlling disease, few will now be inclined to dispute. Equally certain is it that, like most other therapeutic measures, it is one liable to be abused, to be carelessly and incautiously applied or incorrectly adopted. It has, however, like antipyrine and similar remedies, become a fashion, if not a craze. A whole army of *masseurs* and *masseuses* has suddenly sprung into existence. In this army are many who are, doubtless, well qualified by training and experience, acquired under the direction of competent teachers, to pursue their calling with advantage; but, at the same time, there is too much reason to fear that not a few of them, having picked up some technical terms and a rough idea of the manipulations commonly employed, are passing themselves off as professors of massage without any real knowledge of the subject. Further, it must also be acknowledged that the when, where and how to prescribe this mode of treatment not having, until within a very recent period, formed any part of the therapeutic teaching of medical men, the ideas of massage possessed by the large majority of those now in practice are therefore of a somewhat crude order.

It is because we believe that when properly applied in well chosen cases, massage is a useful remedy, and because, from want of knowledge, it is liable to be ordered where it is not needed, and to be used injudiciously where it might do good, that we heartily welcome this volume of lectures from the pen of a physician who has been a highly successful student of the physiology and pathology of the nervous system, and has, with thorough enthusiasm, devoted himself to the clinical investigation of the therapeutic power of massage.

The volume consists of thirteen lectures devoted to the setting forth of the philosophy of massage, the modes of manipulation comprised in this term, and the forms of disease in which it may be advantageously employed. The lectures are all written in a colloquial style, which, while somewhat detracting from literary grace and elegance, has the advantage of simplicity, and renders the teaching easily grasped by the student.

The first chapter, that on the principles of massage, is perhaps rather an exception, for this one will certainly require very careful reading to enable these principles to be thoroughly understood. But, granted this careful reading, the *rationale* of massage proceedings will be found clearly laid down, while the physiologist will have little hesitation in admitting the soundness of the principles inculcated by Dr. Dowse.

The second lecture, which gives a very minute description of *effleurage*, *petrissage* and *tapôtement*, points out the qualifications necessary for an efficient *masseur* and the mode of living he should pursue in order to render himself efficient and useful, and is very clear and equally thorough.

The eleven following lectures describe the application of massage to the different parts of the body, and to those diseases and effects of injury in which it is useful. The seventh of these gives an account of the Weir-Mitchell treatment, of which massage forms an important part. This is a timely chapter. In appropriate cases this mode of treatment is invaluable; but the border line between the appropriate and the inappropriate has been too often lost sight of by medical men, greatly to the disadvantage and, indeed, the misery of the patient, to say nothing of the discredit such mistakes entail upon the method itself. Hence it is well that so full and complete a sketch of the suitable and unsuitable cases, as that Dr. Dowse has so very graphically described in this chapter, should be given to the profession.

Quoting Schreiber, a German authority on this subject, Dr. Dowse gives the following as "the physiological effects of massage":—

"1. To cause an increased flow of blood to muscles and soft parts, increasing thereby the circulation, and removing accumulations of waste tissue, whose retention causes various disturbances of function.

"To strengthen muscle fibres, and by setting up molecular vibrations to induce changes, not only on the muscle and nerve fibres, but perhaps even in the nerve centres themselves.

"2. To cause the resorption of exudations, transudations, and infiltrations in such organs as are accessible. To effect

the separation of adhesions in tendon sheaths and in joints without recourse to the knife. To remove, by grinding away, intra-articular vegetations.

“ 3. To increase by passive and active exercise of all the muscles the oxidising powers of the blood, in this way correcting disturbances in its composition and stimulating all the vegetative processes.

“ 4. To relieve the congestion of such internal organs as the brain, lungs, intestines, uterus, kidneys, &c., by increasing the flow of blood to the muscles.

“ 5. To stimulate directly the sympathetic nervous system, thus increasing secretion and reflexing the activity of unstriated muscular fibre, and so relieving various functional derangements.

“ 6. By systematic exercise (health gymnastics) to educate morbidly affected muscles, to convert abnormal into normal actions, and to suppress useless movements.”

These definitions of the therapeutic sphere of massage assign to it a sufficiently wide range of usefulness. At the same time it is in neuralgias, in disorders springing from a progressing degeneration of the cells of nerve centres, in spinal irritation, and above all in cases of neurasthasia, in conditions arising from atonic states of the blood vessels and lymphatics, and in joints that have stiffened through rheumatism, gout or injury, that massage is chiefly of therapeutic value. Further, Dr. Dowse is well assured of its health promoting influence in sleeplessness and in restoring those painful cases—all too numerous now-a-days—of dipsomania and morphinomania, as well as in the development of growth in feebly constituted children.

As a remedial agent it has the drawback to its general adoption of requiring a skilled person to perform the manipulations. Hence it can never come into general use, at any rate in the country districts, or among persons whose means are limited. It is, however, a therapeutic measure with which all medical men ought to be familiar, and one which in some degree and in some cases—for example in sleeplessness—all might be able to put into practice.

Dr. Dowse's book will prove useful in enabling massage and electricity—static, galvanic and faradic—to be applied not only systematically by the *masseur*, but partially, as an adjunct to other treatment in the course of some diseases. It contains very many hints which all practitioners can avail themselves of, hints which will be new to many, and for the value of which Dr. Dowse's experience is a voucher.

The two concluding lectures on electricity give a clear and

practical account of the mode of employing this force and of the kind of cases in which it may be prescribed with advantage.

The whole of the lectures are interesting as well as instructive, and the cases illustrating them add much to their interest and to the right understanding of the forms of disease where massage and electricity are remedial.

Lectures on Nervous Diseases, from the standpoint of cerebral and spinal localization, and the later methods employed in the diagnosis and treatment of these affections. By AMBROSE L. RANNEY, A.M., M.D., Professor of Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital, &c., &c. Profusely illustrated with original diagrams, sketches in colour, wood-cuts and photographs. Philadelphia: F. A. Davis, 1888.

FIRST NOTICE.

IN some *Remarks on the Psychology of Joking*,* Dr. Hughlings Jackson says:—"There would be a great intellectual advance—due, I presume, to internal evolution—when man began to value things for their beauty apart from their use, one sign of his having 'got above' his mere animal self."

Our author writes as though his subject were to him almost "a thing of beauty" not deprived of its accompanying "joy." He loves his work for its own sake, and we are not surprised. During the last few years, in the physiology and pathology of the nervous system, order has been steadily and rapidly "evolved" out of chaos. Where darkness reigned the light of patient observation and accurate investigation has shone in and nowhere have the results been more striking than in the sphere of the nervous system. The wonderful complexity of the nervous mechanisms, and yet the ease and perfectness of their operations (apart from disease) have been brought into relief, and call for admiration and reverence wholly apart from the possible utility of the information. We are, for ourselves, a little disposed to disagree with Dr. Jackson that a "great intellectual advance" is necessary for the appreciation of objects of such striking attraction as the nervous system, even as set forth in Dr. Ranney's book.

But we must descend from the beautiful to the useful—"evolution" has not yet placed us in a position where indifference to utility is possible!

The author even in the title of his lectures, recognises that all advancement in the study of nervous *diseases* comes from an accurate knowledge of the anatomy and physiology of the

* *Lancet*, vol. ii, 1887, page 800.

nervous system. Clinical observation may contribute to this knowledge, but it cannot replace it. Accordingly, as the preface tells us, "the first section treats of those facts (anatomical, physiological and pathological) upon which the science of cerebral and spinal localisation of to-day is of necessity based." This is done with unusual fulness and with exceptional clearness for a text book of medicine. It is done in such a manner that even the most abstruse points are made interesting, and their bearing upon clinical facts is plainly pointed out.

With respect to the author's views on cerebral localisation the following paragraph, which we find on page 28, will explain better than any words of ours. "There are at the present time three distinct schools among the experimental physiologists respecting the subject of cerebral localisation. Ferrier and Munk represent a faction which strenuously hold the views that the cortical gray substance can be mapped out into areas whose limits, as well as their individual functions, are clearly defined. Goltz stands at the head of a school which denies the accuracy of these views and supports the conclusion, originally advanced by Flourens, that the brain can only act as a whole. Errer and Luciani (in common with their followers) occupy a ground which opposes very sharply-defined boundaries to cortical areas, functionally associated with the various senses. They believe that these areas overlap each other to a greater or less extent. At present the latter (*sic*) view seems to be most perfectly in accord with clinical and pathological data."

Throughout the first two sections evidences now and then occur to support this last position. While the weight of evidence is certainly against Goltz's view, there occur, nevertheless, from time to time, cases which, if not actually supporting the opinion that the brain acts only as a whole, at least require an explanation. Such an one was recorded by Van Merris. A young soldier, aged 21, suffered from gradual failure of vision, double neuro-retinitis, dulness and slowness of all acts, increasing headache and coma. No localising symptoms of any sort were observed; there was no aphasia or convulsion. At the autopsy a gliosarcoma, the size of an orange, was found 'occupying the position of the right temporal lobe.'** Here, of course, hearing, taste and smell might all have been expected to be affected; albeit the gradual progress of the case may have afforded opportunity for the opposite hemisphere to take up the functions of the diseased part.

* *Am. Med. Science*, vol. ii., A. 21.

The pages on Aphasia are full and lucid—as lucid at any rate as so intricate a subject can be made. Broca's convolution is dethroned from the position it for a time occupied as the one centre for "speech." Several other centres, as those of hearing, sight, &c., are all shown to be necessary, as well as the third left frontal, to language and its proper expression. The varieties of aphasia, including agraphia, porrophrasia, &c. The new terms apraxia, olexia, &c., find a place in the glossary at the end of the work.

Before the first section is concluded, a summary of the effects produced by various cerebral lesions is given.

The whole of this section is embellished with many coloured diagrams illustrative of the text. These form a special feature of the work. They facilitate greatly the reading and understanding of so complex a subject. Many of them are from the author's own pencil, and the rest are copied or modified from reliable authorities.

Section ii.—Although this work may be read with interest and perhaps profit by specialists in neurology, this section demonstrates that it was not specially written for such. The whole work of this section in particular is for the student and the general practitioner. We know of nothing more helpful than this second section towards the proper understanding of a case which presents itself, being apparently one of disease of the nervous system. It discusses the various steps which should be taken by the aspirant in neurology during the clinical examination of a patient. First comes the clinical history of the patient; in these pages all the points of importance in the history of the patient are touched upon. Secondly, the "symptoms revealed to the physician to his sense of sight" are passed in review; these include: general appearance and physiognomy, the eye and its indications, the gait and the attitude, etc. The eye, its abnormalities and general significance are very exhaustively dwelt upon. Next, the "symptoms . . . revealed by various tests" receive attention; these include the spinal reflexes, superficial and deep. The place and value of these are well described, and methods simple yet ingenious are given for testing the commissural fibres and the "associating tracts" are given. We are sorry we have not space to reproduce these last. The "principles of electro-diagnosis"—of the highest possible importance—are sketched with precision and fullness. Some pages devoted to tests for the special senses, and to cerebral thermometry conclude this highly valuable and practical section. To be appreciated this book must be *studied*; to read it merely, except by those well versed in the subject, will be to underrate its merits. We heartily commend it to our English readers.

The Principal Uses of the Sixteen most Important and Fourteen Supplementary Homoeopathic Medicines; arranged according to the plan adopted in Physicians' Manuals, &c. Compiled from the Standard Medical Works of JAHR, HULL, HEMPEL, BRYANT, HALE, &c. London: E. GOULD & SON, 1889, 16th thousand.

THIS is a "domestic therapeutic" of the most approved kind. If it is not one of the most generally useful (and we are by no means prepared to say it is not) it is because it requires more care and more practice to use successfully than some others with which we are acquainted. Those who use works of this kind often complain that the list of medicines given under any particular disease does not include the symptoms of the case they wish to treat. Their idea that the patient suffers from rheumatism (or what not) affords them the only clue in the search after a remedy. The first part of this work constitutes a simple repertory in which symptoms complained of can be sought out apart from the pathological conditions with which they are associated.

There are many forms of illness to which no special name can be given, and for these cases such a work as this is the only one of any use. For diseases having definite names, sufficiently full instructions are given to lead to the choice of a remedy in simple and uncomplicated cases such as it is usual for the lay public to undertake.

There is also a "schema" or symptom list of the various remedies mentioned. This again will increase the means for accurate prescriptions by the careful and intelligent amateur. The use of local remedies and the dosage most suitable for general purposes are satisfactorily given.

We can especially commend this little book to laymen going abroad, whether to missionary or other work which places them in isolated districts far from medical aid. It may, however, be necessary to supplement the list of medicines mentioned by others, which the needs of any particular district may require.

Notes on Consumption, and Its New Treatment, Including Medicated Inhalations. By STAMMERS MORRISSON, M.D. 3rd Edition, revised. London: E. Gould & Son, Moorgate Street, E.C. 1889.

THAT this little work has attained a considerable degree of popularity is evidenced by its having arrived at a third edition. It is also a popular work in the sense of being intended for lay readers, and is therefore beyond the pale of strictly professional criticism.

The author speaks with the authority that considerable experience gives. Many of his hints and instructions respecting preventive measures cannot fail to be useful to those interested.

CLINICAL REPORTS.

LONDON HOMŒOPATHIC HOSPITAL.

Under the care of J. H. CLARKE, M.D.

*A case of double pneumonia. Lungs being affected one after the other. Chart showing the double crisis.**

A. E., aged 7 years. Was admitted to the hospital on May 8th, 1889, under Dr. Clarke. Complaining of pain in her left side.

Family history.—Mother dead, cause bronchitis. Father alive, but suffers from pulmonary hæmorrhage. One brother strong and healthy. There is consumption on the mother's side of the family.

Previous history.—Whooping cough and measles when 3 years of age. No other illness.

The present illness.—Commenced on May 6th, two days before admission, with giddiness and sickness when in school; followed in a few hours by headache and pain in the left side.

On admission.—A well nourished girl, complaining of pain in the left side; she is sweating profusely about the head and face; there is also great difficulty in breathing, and the *alæ nasi* are in active motion.

On examination.—Chest expansion very deficient. Lower ribs retracted during inspiration. Left side nearly motionless.

Right lung.—Resonance good. Respiratory sounds audible all over. Few crepitations at base. Left lung.—Dulness at apex in front as low as the third rib. Here breath sounds are marked. At back complete dulness is as high as the spine of the scapula, with a well marked pleuritic rub to be heard nearly all over the dull area.

Heart normal; no displacement.

Abdominal muscles rigid; slight gurgling in the right iliac fossa.

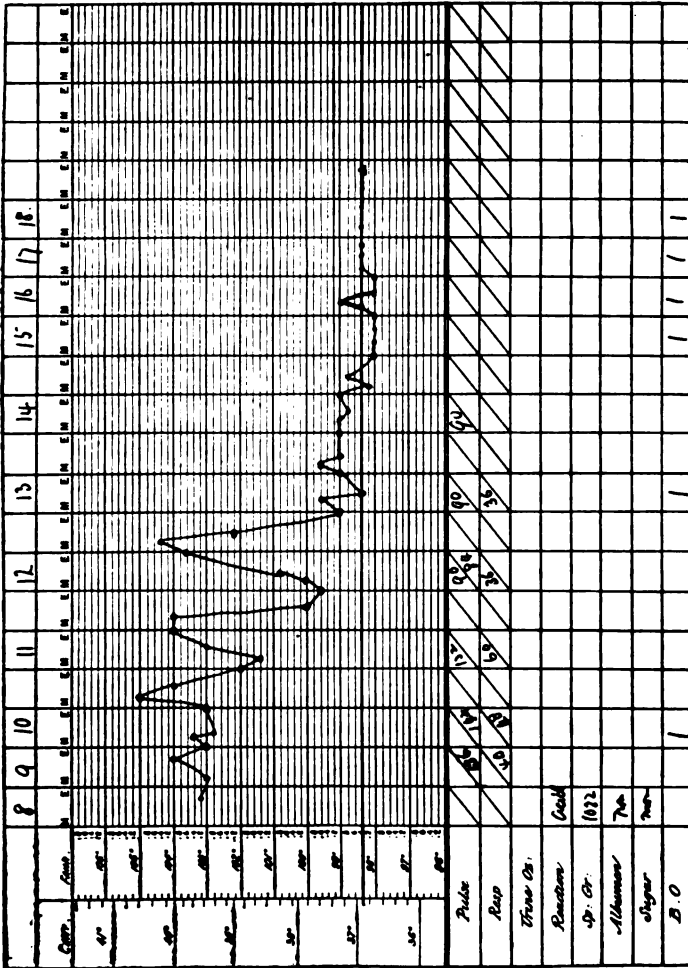
* For the notes of this case we are indebted to Mr. Lloyd Mathias, House Surgeon.

Tongue coated with a long, yellowish-white fur.

Urine 1022, acid, no albumen.

Temperature on admission, 103.2.

May 9th.—Temperature last night 103.2; 103 a.m. Complains of headache and pain in right side; pain in left side same as on admission; vomited three times in the night; constantly in a drowsy state; rub to be heard in the right axilla. *Bryonia* 3 gtt.ii. every hour.



10th.—Temp. last night 104; 102·8 a.m. Delirium all night; pulse 144; regular resp. 48; skin dry, harsh. *Arsenicum* 8 gtt.i. every hour.

11th.—Chest examined: Right lung, absolute dulness to spine of scapula to-day; left lung some dulness still, but breath sounds may be heard feebly and distant over the upper part, with a few crepitations; œgophony at 8th rib; pulse 132; respiration 60. *Veratrum* 1x gtt.i. every hour. Hot *belladonna* fomentations to chest and abdomen.

12th.—Temperature last night 104·2; 100·8 a.m. Crisis last night about 8 p.m. Temperature fell to 99, with complete collapse, and cold sweat broke out all over patient. Pulse 90; resp. 36. *Bell.* 1x gtt.i. every hour.

13th.—Temperature last night 103·6; 99·6. Another crisis last night. This morning well marked crepitation all over both lungs behind. *Phos.* 2 gtt.i. 2 hours.

14th.—Temperature last night 99.; 99. a.m. Breathing naturally; pulse good 90. *Phos.* 2 gtt.i. 4 hours.

16th.—Temperature remains at normal; takes food well; no pain.

17th.—*Arsen. iod.* 3x grs. ii. t.d., as there is a little dulness left at the right base; crepitation nearly all disappeared.

22nd.—Child well; sent to a convalescent home.

NOTABILIA.

THE LONDON HOMŒOPATHIC HOSPITAL.

As we mentioned in our report of the annual meeting of the Governors and Subscribers of this institution, the Board of Management have resolved on making an effort to obtain £30,000 to enable them to rebuild the hospital.

Such a step is, in our opinion, absolutely necessary. The disadvantages under which the practice of homœopathy has laboured by being carried on in an old building, the immense outlay in repairs and additions of one kind or other which has to be made every year, the waste of space which is inevitable in an old-fashioned dwelling house adapted to hospital purposes, render it imperative upon the Board to appeal to all who value homœopathy to provide the means requisite to enable them to build a hospital worthy of the memory of Hahnemann and of the therapeutic doctrine taught by him.

A beginning has been made. £2,000 have been promised, and we hope that our colleagues will so exert themselves among their wealthy friends as to persuade many of them to assist in building a central Homœopathic Hospital in London, which, like those of Cleveland and Pittsburgh in the United States, shall be a model for the rest of the country—in the way of hospital design.

Any subscriptions that may be sent to either of the editors of *The Review* shall be forwarded to the Treasurer of the Hospital Building Fund.

THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION, 1891.

At the recent meeting of the American Institute of Homœopathy, the Committee appointed at the 1887 meeting to make the necessary arrangements for this quinquennial gathering of medical men practising homœopathy in different parts of the world, the last of which took place at Bâle in 1886, met and agreed that the convention should be held at Saratoga on the 9th of September, 1891, and extend over the ensuing seven days.

The Committee consists of Dr. Talbot (Boston), chairman, Drs. Dake (Nashville), Dowling (New York), Bushrod James (Philadelphia), Ludlam (Chicago), Runnels (Kansas City), Comstock (Cincinnati), and Orme (Atalanta). A committee so constituted will, we may rest assured, leave nothing undone that can contribute towards making the Convention a complete success in every way. Dr. Hughes, of Brighton, to whose energy and wisdom we were indebted for the success of the Bâle meeting, is the permanent secretary, and to him all communications relating to it should be addressed.

Saratoga is an admirably chosen *locale* for the meeting. In itself a town of much interest, it is within six or seven hours by rail of New York, or may more pleasantly be reached from that city by a sail up the Hudson River to Albany—one of the finest of excursions—during a day. It boasts of having more extensive and better hotel accommodation than any other town in the States, while railroads render it easy of access from all parts of the Union and of Canada. We trust that a large contingent of members will be present from England and all parts of the Continent.

LADIES' AMBULANCE CLASS, RAMSGATE.

We have once and again had the pleasure of congratulating our colleague, Dr. Hawkes, of Ramsgate, on the energy he has shown in giving lectures on ambulance work and on the

success he has met with in doing so. The following paragraph from the *Kent Argus* of the 29th of June is an additional testimony to the value of the work he has engaged in :—

“LADIES’ AMBULANCE CLASS.—On Tuesday evening the members of this class were called together to receive the certificates awarded by the St. John’s Ambulance Association, which were presented by their lecturer Dr. Hawkes. The doctor complimented the ladies on their success, and said it was exceedingly gratifying to him that the entire class, 27 in number, who had presented themselves for examination had been pronounced by the examiner, Dr. Steet, Chief of the General Post-office, London Staff, competent to give first aid to the wounded or sick, and he hoped, too, that all would take up the second course, which would probably be held in October. He then presented the certificates with a few kindly words to each recipient. After this was done, Mrs. Hinds, the Secretary to the class, begged Dr. Hawkes to accept three vols. of Ruskin’s works, also a letter weight with gold plated scales and weights, as a small token of their esteem and gratitude. The Doctor having suitably acknowledged the gifts, proposed a vote of thanks to the Secretary, which was warmly responded to ; and with the hope that they would all meet again for the nursing course, the pleasant evening terminated.”

This success is all the more gratifying when we remember the attempt which was made some time back to prevent any acknowledgment of his lectures by the Association in consequence of his therapeutic views.

We congratulate him on the marked appreciation his lectures have received, and trust that he may long continue to do such good work.

THE NURSING INSTITUTE AT BATH.

It would seem that someone writing in *The Hospital* upon nursing institutes ventured to say that there was no institute for training nurses at Bath. Upon this, Dr. Percy Wilde made the following statement :—

“We take our ‘probationers’ entirely from the educated classes, and in addition to ordinary medical and surgical training, they receive instruction in the administration of baths, the application of massage, and the use of electrical appliances. After twelve months’ training they alternate private nursing with work in the ward, and the result has not only been satisfactory from an educational standpoint, but from a financial one. Practically the earnings of private nursing entirely cover the cost of the hospital nursing, and if our funds had been large enough to allow us to make our arrangements on a more extensive scale, there would have

been a considerable profit from this source. This should be satisfactory to those who propose to follow the same system at the Royal United Hospital."

HOMŒOPATHY IN THE OLD SCHOOL.

In the *Lancet*, June 8th, appears an article on "Uterine Remedies," by Naunton W. Davies, F.R.C.S., in which he comments on the utter failure and uncertainty of the usual emmenagogues of the old school, including the *permanganate of potash*, which was lately introduced with such a flourish of trumpets by Drs. Ringer and Murrell. Of the latter, Dr. Amand Routh says that it failed with him 17 times out of 20! What, then, does Mr. Davies believe in? Our old friends *pulsatilla* and *caulophyllum*. He gives the story of an old lady who consulted him "about a young friend of hers who was suffering from advanced anæmic symptoms, and had been the subject of long-standing amenorrhœa. She told me that the patient had been treated by several eminent doctors, and that they had failed to bring on the 'period.' 'So I gave her some *pulsatilla*,' remarked the old lady, 'and brought Nature to her senses.' This story served to fix the remedy in my mind, and encouraged me to test its efficacy, which I have since done with good result." Mr. Davies uses the combination of *pulsatilla* and *caulophyllum*, introduced by Oppenheimer Brothers, which we noticed last month, as a sample of how homœopathic remedies are being introduced as "new" ones to the old school.

It is surprising that when a practitioner finds such success from homœopathic remedies, hitherto laughed at, he should not at once resolve to study the system to which he is indebted for his knowledge of them, and see whether similar "good results" will not follow its adoption as a whole. It must come to this.

FINED ONE GUINEA!

WE have the following story from one of our colleagues in a London suburb. One of his patients, whom he was to attend in her confinement, sent for him, but when he arrived the baby was born. Meanwhile, in their difficulty, the friends had sent for a neighbouring allopathic practitioner. He also arrived too late, looked at the patient and took his departure. On leaving the house he was asked what his fee was. "I understand," says he, "that your ordinary medical attendant is a homœopath." On the reply being "Yes," quoth he, "That being so, I charge a guinea—but had he been one of our school, I should have charged nothing!" A lucrative development of the *odium medicum*, and a new mode of punishing a patient for her belief in homœopathy.

PROGRESS.

Forty-two years ago a Bill was introduced into the Legislature of the State of Michigan rendering the practice of homœopathy a State's prison offence! It passed the lower House before it was discovered by the friends of homœopathy, and through judicious efforts on their part was defeated in the Senate. Eight years after this, the Legislature enacted a law requiring the Regents of the University to "always maintain at least one chair of homœopathy in the University of Michigan. For twenty years the Regents succeeded in evading the obligations the Legislature had imposed upon them. In 1875, another Bill, requiring the Regents to appoint two Professors—one of *Materia Medica* and one of the Theory and Practice of Medicine—to teach homœopathy, was passed by both Houses and the Regents yielded. Now, in 1889, homœopathy is taught by Professors of *Materia Medica*, Practice of Medicine, Practice of Surgery, Ophthalmology and of Otology in the University.

In the struggles for victory during all these years, Dr. Sawyer, of Monroe, Mich., has been in the front. And we are glad to see that this energetic and persistent advocate of homœopathy has been unanimously elected to fill the President's chair at the meeting of the American Institute of Homœopathy, to be held at Waukesha, Wisconsin, in 1890.

HOMŒOPATHY IN NEW ZEALAND.

OUR readers have, no doubt, been much interested in reading the extracts from letters from a correspondent in Dunedin, who was practising homœopathy quietly, but most successfully, which we have more than once published in the *Review*. We were not at liberty then to give his name, as he had not seen his way openly to avow himself an adherent of the doctrines and practice of Hahnemann. We have now, however, received a letter from him, stating that he has at length openly cast in his lot with us, and has taken on the practice of Dr. Wankless, who died recently, leaving no successor. We were sure he would do so when a fitting opportunity occurred, and that a man who had at the Dunedin Medical Society so fearlessly avowed his belief, who had by his honesty and courage been retained a member of the Society, and who had succeeded in having an objectionable rule regarding homœopaths rescinded, could not long remain in the half-and-half position in which he then stood. We congratulate him on the decisive step he has taken—we welcome him heartily as a colleague—and we wish him the success which we feel assured is in store for him. His name is *William Lamb*, and he is an M.B., C.M. Edin.

His career shows once more that when a man investigates homœopathy honestly, and without prejudice, there can be only one result, namely, conviction of its truth and the adoption of it in his practice.

THE PENNSYLVANIAN FLOODS.

WE regret to learn from *The Hahnemannian Monthly* (June), that among the victims of the destruction of Johnstown was Dr. JOHN K. LEE, who for twenty years has been the only professional advocate of homœopathy in the valley of the Connaugh. The trials and hardships he encountered during the earlier years of his practice, in the defence of what he knew and felt to be the truth in medicine, were numerous; but "when overtaken by the terrible rush of waters which cost him his life, he stood proudly among the first citizens of Johnstown, and was respected by all who knew him." How great had been his success may be gathered from the fact that Mr. Elder, the solicitor to the Cambria Ironworks of Johnstown, lost no time in applying, through Dr. Trites, to the Hahnemann Hospital of Philadelphia to secure a representative of homœopathy, and to obtain means to open a free dispensary in Johnstown. The appeal was immediately responded to by the Ladies' Board of the hospital, and Dr. H. E. Kistler was at once sent down provided with a full set of medicines, instruments, &c., to enable him to open the dispensary forthwith.

The *New York Medical Journal* mentions the names of no less than five other medical men who lost their lives in the same disaster.

ACTION TO RECOVER FEES—MALAPRAXIS IMPUTED.

THIS was an action brought by Dr. Andrew Miller, of Rosslyn Hill, N.W., before Mr. Justice Stephens, without a jury, to recover fees for professional attendance on the defendant's wife and child. One of the defences raised—negligence and want of skill—gives the case special importance. Briefly stated, the facts of the case were that Dr. Miller was engaged to attend Mrs. Goddard in her confinement, that he was summoned early in the morning (September 27th), went as soon as possible, but arrived after the birth of the child. The placenta, which was detached but not expelled, was removed. On the third day some portions of membrane came away, as to the size of which there was conflicting evidence, the defence relying on the evidence of a nurse, who said that

one piece was a foot square. Mrs. Goddard got up on the fourteenth day, and on October 24th she visited Dr. Miller's house, where an erosion of the cervix was diagnosed and treated by local applications. On October 31st she again visited Dr. Miller, and a further local application was made. On November 1st Mrs. Goddard had a sharp rigor, which ushered in an attack of pleurisy. Dr. Miller attended up to November 21st, and on two occasions met the patient's brother, a medical man, in consultation. On the date mentioned he was requested to discontinue attendance. The defendants in the action made a counterclaim. The plaintiff, Dr. W. H. Fenton, and Dr. Cooper Rose were called, examined, and cross-examined at length, the case occupying two days. For the defence Mrs. Goddard, the nurse, and Dr. Edward Blake, who saw the patient on November 21st, were called. Counsel subsequently stated that after the evidence given the defendant felt that he could not contest the case further, and would submit to a verdict for the amount claimed.

The judge said this course was very creditable to the defendant. He might say he had certainly formed an opinion of his own about the case, and should, no doubt, have found a verdict for the plaintiff. He also commented on the charge which had in effect been made against Dr. Miller, and expressed the opinion that a medical man could not have done otherwise than bring an action under such circumstances. There could be no doubt in the present case that Dr. Miller was bound to come to this court. It was one of those cases which might be of vital importance to the reputation and position of a man in the medical profession, and everyone who was himself a member of a profession must feel that a person must defend his professional capacity at all hazards. Therefore the order would be made as asked. He gave judgment for the amount claimed, with costs on the High Court scale.

ELIXIR VITÆ, OR FOUNTAIN OF JOUVENCE.

SOME time ago the papers had a mysterious paragraph to the effect that Dr. Brown-Séguard had discovered a fluid obtained from an infusion of parts of the bodies of young animals, which restored their youth to old men. Dr. Brown-Séguard himself, by injecting some of this fluid under his own skin, immediately felt himself 10 years younger. Well, this seemed so improbable that we were inclined to treat it as a stupid hoax. But here, in *The Lancet* of July 20th, is a paper by Dr. Brown-Séguard himself, saying that his reported discovery of a rejuvenating fluid is perfectly true, and that it has made him as vigorous in mind and body as he was

26 years ago, when he practised among us in London. He is now 72 years old, and for several years back had been growing steadily weaker and weaker, so that four and sometimes two hours work in his laboratory completely exhausted him, and he had to go to bed. "The day after the first subcutaneous injection, and still more after the two succeeding ones, a radical change took place in me, and I had ample reason to say and to write that I had regained at least all the strength I possessed a good many years ago." Then he goes on to say how he tested in many ways this recovery of strength. The fluid which has these rejuvenating effects is "a liquid containing a small quantity of water mixed with the three following parts:—1. Blood of the testicular veins (of dogs and guinea pigs). 2. Semen (of same animals I suppose). 3. Juice extracted from a testicle, crushed in water immediately after it has been taken from a dog or a guinea pig." The water was only three or four times the volume of the other substances. The liquid was filtered through a filter paper. For each injection one cubic centimeter of the filtered liquid was used. The animals employed were a strong healthy dog (from 2 to 8 years old) and a number of very young or adult guinea pigs. He has not tried the essence obtained from the two kinds of animals separately. He made 10 injections, two in the left arm, all the others in the lower extremities, from 15th May to 4th June. He ceased the injections on 4th June, to see how long the good effects would last. For four weeks no marked change took place, but from the 5th July his state of weakness gradually but rapidly returned, and he is now as he was before the injections. A colleague of Dr. Brown-Séguard's tried the injections on several old men, and with precisely the same results as those Dr. Brown-Séguard observed in his own case. It remains to be seen whether a renewal of the treatment will again restore his youth to the old man, and if the process can be carried on indefinitely. If so, we shall soon see our septuagenarians trooping to Paris to partake of the French savant's *elixir vite*. Soon there will be no old men. But what about the old women? Will no one find an *elixir vite* for them, or must they still make shift with their "Bloom of Ninon" and other cosmetics that give but the external similitude of youth, while their more fortunate male friends enjoy the reality? But what if the short spurts of rejuvenescence produced by the injections should be followed by a more rapid decadence, and, like the increased vigour effected by alcoholic stimulants, only in the end hasten the inevitable debility; the poor old man would be like the hero of Balzac's *Peau de Chagrin*, and find that each fresh application to his *elixir* was a draught on his own vitality, whose

resources must soon be exhausted. If that is so, then the old ladies will have no cause to envy their male contemporaries, for at least the feminine aids to youth and beauty do not tend to shorten life.

Dr. Brown-Séguard has since simplified his method of rejuvenating old men, as we learn from the *Journal de Médecine* of July 14th. We give the information in the original French, for though a medical periodical should not be squeamish, we must draw the line somewhere, and we prefer to give this new proposal of the eminent French physiologist veiled in a foreign tongue, for we fear we could not put it into decent English:—

“ Mais M. Brown-Séguard s'est ingénié, depuis sa communication du 26 juin, à trouver un procédé plus pratique à l'usage des vieillards qui ont perdu leurs facultés intellectuelles et physiques. C'est un traitement facile à suivre en secret, même en voyage. Qu'on en juge,

“ Deux sujets épuisés, l'un âgé de 55 ans, l'autre de 65 ans, éprouvant une faiblesse cérébrale très marquée, vinrent consulter M. Brown-Mephisto. L'éminent physiologiste leur conseilla simplement, pour recouvrer leur vigueur perdue, d'avoir recours à.....*la masturbation* ; mais une masturbation mesurée, scientifique, faite d'après les règles d'un art machiavélique.

“ Il faut masturber lentement de façon à faire fonctionner le testicule, mais s'arrêter avant l'éjaculation afin de ne pas priver l'organisme de la précieuse sécrétion testiculaire qui, d'après M. Brown, est l'essence même de la vie. Aussitôt que la contraction indicatrice de l'éjaculation commence, il faut cesser la petite manœuvre. Les deux vieillards ont suivi le traitement et ils sont maintenant ardents et vigoureux au physique comme au moral.”

Can this possibly be what Mephistopheles alludes to when he tells Faust:—

“ Doch zu verjüngen giebt's auch ein natürlich mittel ? ”

The same *Journal de Médecine* informs us that the distinguished physiologist now proposes to rejuvenate old ladies also by hypodermic injections of infusions of the ovaries of young animals, but whether of rabbits, guinea-pigs or cats seems to be at present undecided. Well may the writer exclaim:—

“ La science fait aujourd'hui de grandes choses et nous pouvons nous vanter d'avoir une belle fin de siècle ! ”

À CASE OF PERIPHERAL NEURITIS DUE TO : CHRONIC ARSENICAL POISONING.

A LADY, aged 56, married, and with a large family, had always enjoyed excellent health till 18 months ago. Since then she had suffered a good deal from pain, and had been treated for gout and rheumatism. When first seen (Sept. 22, 1888) she had an appearance of suffering, an unhealthy muddy-looking complexion, the tongue was thickly coated posteriorly, the appetite very bad, there was obstinate constipation, the pulse was 110, and the temperature normal. For the previous few

months she had, as she described, lightning-like pains down the legs, and suffered at intervals of three or four weeks from what seemed an almost typical "gastric crisis." The pain now seemed more fixed in the soles of both feet, which were found to be completely anæsthetic to pricking and pinching. Sensibility was very much blunted on the dorsum of the foot, and less so up the front of the leg; in the latter region the muscles were notably atrophied. There was great unsteadiness of gait; she could only maintain the upright position with some difficulty, and swayed sensibly when the eyes were closed. In attempting to walk she swayed from side to side, the knees were bent very much, and the toes turned outwards and dropped. On being placed against the wall with the heels fixed the toes could not be raised from the floor. The skin of the legs had a glossy appearance, and there was some mottling. Complicated movements could be performed with both hands, and the grasp was fairly strong. Some of the finger-joints were swollen and painful to pressure, extreme coldness, alternating with heat, were complained of in both feet; these symptoms were also objective. Plantar reflex was abolished; the knee jerks were exaggerated in both legs, and there was no ankle clonus. The muscles supplied by the anterior tibial nerve gave no reaction to faradism and only feebly to the galvanic current, but there was no qualitative change. The eyes reacted to light, but did not accommodate for distance: the pupils were equal and moderately contracted, and the discs seemed normal. Relief to the pain was obtained by the use of static electricity and general electrification by friction. During this treatment one of the gastric attacks occurred. She had severe pain in the region of the stomach, nausea (no absolute sickness) and extreme faintness, accompanied by a feeling of unsteadiness even when in bed, objects in the room seeming to rise and fall before her eyes. These symptoms had quite passed off in two days.

About this time the patient developed a well-marked "writer's cramp" in the right hand, with total anæsthesia of the tips of the thumb and first two fingers. All the symptoms improved under static electricity; the pain went and the sensation was almost completely restored. She now complained mostly of a feeling of heaviness and stiffness in the legs, especially at night, and as if a board were tied to her feet. By November she had improved so much that she could walk without help, and could raise both feet with the heels fixed. There was no pain, the atrophied muscles had notably grown. The power in the hand had equally increased. All went well until December 15th, when there was a complete breakdown, ushered in by

extreme pain and tenderness of the right foot, and a distinct blush on the outer aspect. There was paresis of both feet, with almost total anæsthesia of the tips of the fingers, and inability to close the hand. The extensor muscles of the foot were very tender, and the sensation of pricking and deep pressure were markedly retarded on the soles of the foot and front of the leg; above the knee the sensation was normal. The muscles supplied by the anterior tibial nerves of both legs gave no response to faradism, and slightly exaggerated reactions to galvanism, but no qualitative changes. The knee-jerks were diminished. There was also gastric pain and nausea. . . . On investigation being made it was found that the patient had been working for nearly two years with some suspicious Indian muslins, which were found to contain *arsenic*.

Dr. Gowers saw the patient, and wrote, "There seems to me to be no reason for doubt that Dr. M'Clure's diagnosis is correct. Peripheral neuritis certainly exists. Apart from alcohol, a mineral poison is by far the most probable cause. Spots of pigmentation of the skin is one of the characteristic effects of chronic arsenical poisoning. I have seen it several times in consequence of the long continued administration of *arsenic* to prevent bromide rash. No other cause of these symptoms can be traced. *Arsenic* is the only cause which accounts for the skin pigmentation and the nervous symptoms. It does account perfectly for everything in the case. The exposure to *arsenic* appears ample. Thus the evidence appears overwhelming to me. Such a case is very rare. I have never seen one like it before, nor do I remember reading of one; but such cases would probably have been misunderstood till recently. All the cases of *arsenic* paralysis recorded of late years have followed acute *arsenical* poisoning. The prospect of recovery is good."

Of the usual symptoms of *arsenical* poisoning the following were absent: with the exception of the periodical attacks referred to there was no gastric pain or nausea, no irritation of the eyes, no cough, or dyspnoea, no typical tongue, no albuminuria, and no *arsenic* was found in the urine. The most important point, in the diagnosis as a neuritis, was the implication of the sensory as well as the motor nerves.—*Lancet*, p. 1287, vol. i., 1889.

HYDRASTIS DIARRHŒA.

FROM *The Chironian* of February 15th, we transcribe the following interesting case by an anonymous writer:—

"Without attempting any explanation I will relate to you an incident which is odd, to say the least:—

"A lady aged about thirty, who had been under my care

for some time, came to me in the early part of October, with a condition calling for *hydrastis*, which I prescribed, saturating No. 25 pellets with the sixth centesimal potency, and ordering three pellets three times daily.

"Among other symptoms, she had had constipation, with mucous covered stools as an evidence of the catarrhal condition of the rectal mucous membranes. Often becoming very much constipated, she would, at such times, take old-fashioned doses for temporary relief, but it always required a large dose to act, and castor oil never would have much effect; her favourite being two 'blue pills.'

"About a week after the above prescription she returned and informed me that I was doing too much for her bowels, as she had suffered with diarrhœa ever since she had taken the medicine, and felt compelled to stop using it a few days before, and now the diarrhœa was moderating. I was tempted to prescribe for the diarrhœa, but, as the symptoms were disappearing, concluded to let well enough alone and continue with *hydrastis*; so, pretending to change the medicine, I again handed her a bottle of the same. I was not looking for much effect in the bowels, but only considered the constipation as adding to my symptoms for prescription, and thought it might make a slight improvement there. It is needless to say, I had no thought of a relation between the diarrhœa and my prescription; and so was considerably surprised when, a few days later, my patient returned and with fire in her eyes, gave me to understand that she could not stand "that purging" which had returned as bad as ever. I prescribed a few powders of *sac lac* and upon her return the diarrhœa had ceased, as also had the symptoms for which *hydrastis* was first brought to my notice. About a month later I again had occasion to prescribe *hydrastis* and was much surprised to have the same result as before. There has been no occasion for its use since, but the lady having carefully marked it 'constipation,' has used it in place of her 'blue pills' with, apparently, the happiest results, for she says 'it's such a comfortable cathartic.'

"This patient is a lady of intelligence, and was prepared to answer quite fully all questions in regard to stool and its accompaniments, and I am, therefore, enabled to give you the particulars.

"Stool—Sudden, very profuse, watery, pale yellow, very offensive and with much flatus.

"Before stool—Painful, full feeling in rectum, with sudden violent urging to stool.

"During stool—Could say nothing of this, as 'it just seemed to be one sudden splash.'

"After stool—Complete relief, but felt weak.

"Aggravation—Beginning about 6 or 7 A.M., would have three, four or five stools before noon, and one or two at longer intervals during afternoon.

"When taking the single dose of her own accord to 'open' the bowels, she takes it on retiring, and the following morning will have from one to three rather profuse, watery, windy stools, preceded by slightly painful urging."

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

Dr. ROTH.—In our next issue we propose to give some account of the recent interesting competition at the Albert Hall among the girls attending the Board Schools, in those physical exercises which through Dr. ROTH's exertions have to some extent become a part of elementary education. We regret that Dr. ROTH's absence from London prevented him accepting a position as a judge on the occasion.

Communications, &c., have been received from Dr. DUDGEON, Mr. CAMERON, Dr. BURFORD, Dr. WRIGHT (London); Dr. HUGHES (Brighton); Dr. PERCY WILDE (Bath), &c.

BOOKS RECEIVED.

A Handbook of Materia Medica and Homœopathic Therapeutics. By T. F. Allen, M.D. Philadelphia: F. E. Boericke. 1889.—*A Cyclopædus of Drug Pathogenesy.* Edited by R. Hughes, M.D., and J. P. Dake, M.D. Part x. London: E. Gould & Son.—*The Clinical Use of Prisms.* By E. E. Maddox, M.B. Bristol: J. Wright & Co. 1889.—*American Resorts, with Notes upon their Climates.* By Bushrod W. James, M.D. Philadelphia and London: F. A. Davis, 1889.—*A Modern Superstition in Disease. The Germ Theory Reconsidered.* By Lewis Sanders. New York: Temple Court. 1889.—*Homœopathic League Tracts. The Economy of Homœopathy.* London: J. Bale & Sons.—*The Third Annual Report of the Homœopathic League.* London: J. Bale & Sons.—*The Homœopathic World.* London. July.—*The Hospital Gazette.* London. July.—*The Tocsin.* London. July.—*The Nursing Record.* London. June.—*The Chemist and Druggist.* London. July.—*The Monthly Magazine of Pharmacy.* London. July.—*The North American Journal of Homœopathy.* New York. May and June.—*The American Homœopathist.* New York. July.—*The New York Medical Times.* July.—*The Medical Record.* New York. June.—*The Hahnemannian Monthly.* Philadelphia. July.—*The Medical Era.* Chicago. July.—*The Clinique.* Chicago. June.—*The Medical Counsellor.* Ann Arbor. June.—*The Medical Examiner's Bill.* By B. Trites, M.D. Philadelphia.—*The Indianapolis Journal.* June 21.—*Homœopathic Journal of Obstetrics.* New York. July.—*Bibliothèque Homœopathique.* Paris. May.—*Revue Homœopathique Belge.* May, 1889.—*Allgemeine Hom. Zeitung.* Leipsic. July.—*Leipziger Populäre Zeitschrift für Homœopathie.* July.—*Rivista Omiopatica.*—Rome. June.—*Revista Argentina de Ciencias Médicas.* Buenos Ayres. Sept., Oct., Nov. and Dec., 1888.—*Bulletin de la Soc. Med. Hom. de Franc.* July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPK, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:—

PROVINGS OF *NATRUM MURIATICUM*.

[In preparing for the *Cyclopedia of Drug Pathogenesis* the article on *Natrum Muriaticum*, I have been allowed to use a translation of the Austrian re-proving of the drug, by Dr. Galloway, made many years ago with a view to an arrangement of it for the *Hahnemann Materia Medica*. In the midst of it I find two provings, by Schreter and another, which belong to quite another category; and which, for obvious reasons, are not admissible into the *Cyclopedia*. They have, however, an interest of their own, as being among the few actual provings on the healthy which were newly made for the pathogeneses of the *Chronic Diseases*, and the only ones extant in day-book form. (They were, of course, made in Hahnemann's later manner, viz., with rarely-repeated doses of the 30th only.) I have, therefore, sought this place for them in the *Monthly Homœopathic Review*; and have appended to their record the comments of Dr. Watzke, the editor of the whole re-proving, which will (I think) be echoed by most of their present-day readers.—
R. HUGHES.]

15. Dr. A. Schreter proved salt as early as the year 1829 on himself and a girl, and that exclusively with the *thirtieth dilution*.

A large part of the salt symptoms of Hahnemann's proving is the gain which results from the above.

Sr. is 27 years of age, blonde, sanguine temperament, middle height, slender build, suffered as a child from scalled head, got safely through scarlatina and measles, and was perfectly healthy until he brought on hæmorrhoids by immoderate use of black coffee (? Ed.) which were removed by the use of cold sitz baths. We furnish the report of his proving in his own language.

April 10th.—10 globules, 30th dilution.

Palpitation of, with pressure at, the heart, as if his heart would burst; on being pressed with the hand it was somewhat relieved (directly).

Pressure in the scrobiculus cordis as if something solid lay in the stomach and caused this pressure; it forces him frequently to take a deep breath (five minutes after).

Empty eructations recurring from time to time.

Yawning and stretching (quarter of an hour after).

5. Hiccough.

Feeling of emptiness in the stomach as if he had great hunger, and yet no appetite was present.

Itching, sometimes like shooting, in the orifice of the urethra, which adheres together as if gummed; even with strong pressure the lips of the orifice do not separate.

10. Burning and itching of the orifice of the urethra in the evening while taking a walk.

Passionateness.

Twice was the call to urinate so strong that he was obliged to leave everything to attend to it, towards evening.

He cannot keep his thoughts together; however much he intends to meditate on a subject, still his thoughts stray directly to many others.

April 11th.—No medicine. Morning sleep full of dreams, yet he knew nothing about the dreams. Urging to stool; he could scarcely reach the closet, and a very papaceous stool followed.

Melancholy humour.

15. Offences which he had inflicted, and others on him, always passed continually through his mind, and he could not free himself from them. This discouraged him still more, and he had no disposition to do anything.

Hatred towards persons who had offended him.

Itching on the head; he was obliged frequently to scratch it.

Hair falls out when he takes hold of it.

20. Ebullition to the head, with sweat on the forehead after dinner. The belly very much distended and swashy after water or beer.

Disposed to nothing; would like only to sit with his hands in his pockets, or to sleep. (Afternoon.)

The whiskers fall out profusely.

Has urging to stool, so that he frequently believes that he will not be able to wait, and yet no evacuation follows.

In blowing his nose the inner corner of the upper eyelid of the left eye distended itself as if with air, and particularly on the first occasion he believed that something had fallen out of the eye; the part after that remained painful as if sore, particularly on being touched in the afternoon. (Was this not a mechanico-physiological phenomenon?)

25. Pressure on the right eye.

He loses his sight.

Itching on the tip of the glans followed by desire to micturate. The urine very clear.

The left nostril painful as if sore, swollen, red and hot; the pain as if sore is increased by contact towards evening.

Blowing his nose is troublesome on account of the painfulness of the part.

30. Heat of the body alternating with cold flushes and shuddering over the back, without thirst.

Feeling on the right lower eyelid as if the skin were somewhat rough.

Weariness and weakness in the knees in the evening as if they would give way.

Feeling of apprehensiveness in the chest.

Forgetfulness; he recollects with difficulty whilst meditating on something in the evening.

35. Ill-humour; he will not go into any company in order not to vex others; he feels that he would easily cause ill-will.

Passionateness towards evening.

Very awkward; as he takes some small object in his hand it falls out; he stumbles against other objects.

Indifference; almost aversion, towards the opposite sex.
Very forgetful; that which he was about to write down does not occur to him.

40. Sneezing.

April 12th.—Without medicine.

The tongue coated yellowish with insipid taste in the mouth.

(After breakfast inclination to vomit). After urinating there flows a thin fluid out of the urethra, which causes an itching and afterwards a burning.

In the bones of the forearm a pain (what kind?), which becomes more violent when he lets the hands hang down, and is relieved when he moves the arms.

45. Pressure in both temples, as if the head were screwed in a vice.

Urging and straining in the rectum, as if after violent purging.

After dinner feeling of dryness in the back part of the pharynx.

Beer belches up so that it fills his nose, although it was made entirely without hops.

The prepuce is contracted behind the glans, in consequence of which arises an unpleasant feeling of dryness, increased in walking, as soon as the glans comes in contact with the trousers.

50. Much thirst in the evening.

In drinking quickly, a dull pressure behind the right ear.

(At the usual time he is not sleepy).

Frequent yawning. The first time it caused constriction of the right side of the throat, whence the pain went into the neck, which therefrom became quite stiff.

Pinching in the belly and emission of flatus, likewise empty eructations after drinking much water.

April 13th.—10 globules of the 30th dilution.

(Soon afterwards I was much vexed, but had to swallow my mortification, therefore I do not know whether the action is thereby disturbed). Up to noon no symptoms.

55. In driving out a sensitive feeling of dryness in the eyes, as after having wept long.

Chilliness and cutting through the back in the evening, without thirst.

The external left orbital ridge painful to contact, as if he had struck it.

April 14th.—No medicine.

As he fell asleep in the evening, he started, when some one came into the room, so violently that he was seized with a strong palpitation of the heart.

Slept right well.

60. The prepuce contracts behind the glans, and the smegma smells strongly of chenopodium vulvaria.

Itching and crawling on the glans, which causes him to scratch.

A shooting below the left shoulder, particularly in drawing in the back, yet not noticeable in taking a deep breath.

Dull shooting in the left side of the chest.

He is very glad about something. The joy, however, soon passes.

65. He commences to work with ardour and great attention, but both soon pass away; the work vexes him.

Hesitation when working; he cannot get on well.

In the left hypochondrium, tightness as if from incarcerated flatus, in the afternoon.

Urging in the bladder, without urination.

Three evacuations in the day, and each thoroughly digested.

70. Pressure on the vertex and compression in the temples.

Itching of the glans, causing him to scratch.

Cutting and burning after urinating with discharge of thin mucus, which leaves transparent stiff stains on the shirt.

Bleeding of the gums.

15th April.—No medicine.

The customary stool early in the morning fails.

75. Pressure in the front of the chest.

In the evening a cold shudder in bed, it shook him so that his hands and feet trembled and his teeth chattered, without thirst and without subsequent heat or sweat.

Violent pressure below the heart, as if some one were pressing from the belly up against the heart, with palpitation, which was less strong than quick. This condition was increased by lying on the left side, and diminished by turning on to the right; it lasted till he fell asleep.

16th.—The former dose repeated.
In the morning erections, before taking medicine.
Headache; a pressure, which would pass out by the eyes; on pressing the eyes it became easier.

80. Apprehensiveness, anxiety in the breast with pressure in the scrobiculus cordis, most violent after a deep expiration.

Feeling of hunger several times throughout the day.

Pain in the region of the sacrum.

(Much hawking of mucus with nausea and inclination to vomit, in smoking as usual.)

Two normal stools.

85. Prickling itching on the glans.

(A few red, slightly elevated little spots on the glans.)

In the evening in bed a cold shudder, which shook him, but less than the day before.

17th.—No medicine.

Sleep sound as usual.

In stretching himself a feeling of tension in the breast, which hurt him a good deal in taking a deep breath.

90. Obtuse shooting and tearing in the left axilla.

Pain in the sacrum as if bruised in stooping and straightening himself again.

In the bones of the left forearm a pain as if bruised, which increases on contact and becomes almost insupportable on pressure. A similar pain in the bones of the fingers, and especially the first phalanx of the right hand.

A slight abrasion of the skin of the right hand inflames, forms into a vesicle, under which some pus is collected.

As if paralysed in the loins, and so weak in the sacrum that he can neither stand nor walk properly; he is best lying, almost the whole day, chiefly so after dinner.

95. He was not rightly disposed for anything the whole day, and would do no work.

(A stitch as with a needle, or as if from a fiery spark, in the joint of the right index finger, in the evening).

A compression in the left joint of the maxilla, chiefly in opening the mouth.

Much hunger the whole day. While he otherwise ate little he was now obliged to eat frequently and much, for he is again hungry in an hour.

Falling off of the hair of the whiskers and the pubes.
100. Frequent call to urinate, and each time he emitted much properly-coloured urine.

Three evacuations in the day, thoroughly digested.

Obtuse pressure in the front with dullness in the same part.

Frequent scratching and itching on the head and in the whiskers.

He finds it difficult to cross one leg over the other.

105. (Eyes dry and burning in the evening on writing.)

18th.—Lameness in the sacrum, chiefly in assuming the erect posture.

Itching in the beard obliging him to scratch.

Paralytic drawing in the right leg, which ultimately extends up into the thigh; at the same time he had scarcely any strength in it in standing (for one hour at noon).

(Smarting and itching in the palm of the left hand as if from a flea-bite; he was obliged to scratch it for half-an-hour).

110. No desire at all for work.

After dinner sleepy, still his siesta is only a light slumber.

The sight vanishes in reading, and he feels a pressure in the right eye, which spreads into the head, and which disappears in walking about the room.

In the right nostril a crawling with pressure in the right eye, as often precedes sneezing, and even after blowing the nose it does not disappear.

Chilliness in the afternoon without thirst.

115. He goes to bed later, and yet cannot fall asleep.

19th.—Bitter taste in the mouth in the morning.

Erections in the morning in bed.

Dull stitches in the corns.

Frequent hunger; he eats much more than usual.

120. Two thoroughly digested stools.

No desire to work; he only dallies with it, and cannot settle down to earnest occupation.

Spasmodic constriction in the anus.

Hawking up of mucus, which is easier detached than usual.

He fired up at every little thing towards evening, as he was melancholy and idle in the forenoon; then he preferred not to speak.

20th.—125. Cutting in the belly in the morning; during stool alternate fæces and wind, with cessation of the cutting.

Dull stitch in the corns.

Bitterness in the mouth.

Towards the time of micturition a cutting, followed by discharge of a thin moisture from the orifice of the urethra.

Itching on the glans in the neighbourhood of the frenum preputii.

130. Feeling of lameness in the hips.

Frequent yawning.

Voluptuous irritation coming on suddenly in sitting, which disappeared in walking about.

Hang-nails came several days, and although he cuts off diligently, others appear again directly.

Dull pressive headache from both sides of the cranium, but particularly from the right side, worst whilst reading and writing.

135. Every little thing makes him violent and to get into a heat.

Very frequent yawning.

Three evacuations, the last very tenacious.

(After a pollution cutting in the urethra.)

21st.—A few minutes after urinating cutting in the urethra.

140. Pain as if sore in the urethra on pressure.

On the side of the nail of the third and fourth finger of the left hand a slight redness and swelling, which pains as if sore on pressure. (It was from this part the hang-nails were excised.)

Dull stitch in the joint of the middle finger of the right hand.

Headache, as if the head would burst.

Dull pressure in a hollow tooth.

145. Tearing and drawing in the shoulder, later in the arm, as in rheumatism.

Fluent coryza.

Very thick mucus comes from the nose.

A pock size of a pea on the right thigh, surrounded by a dark red areola, and which causes an itching; after scratching it pains as if sore.

Burning in the internal canthus of the right eye, provoking him to rub it.

150. Bad, earthy complexion.

The teeth feel as if numb in pressing them together ; it seems as if they were longer and did not fit one another.

Swelling of the gums, painful on contact ; gums easily bleed.

The sight goes in writing.

155. Frequent stitches in the rectum, particularly in the afternoon.

A pain below the left lower ribs, as if he had been struck on that part ; and when the vest sits close, as also from any pressure, the pain is increased.

Drawing in the urethra after urinating.

Dull drawing in the teeth.

Itching on the trunk in the evening in bed.

160. A jerk in the left elbow so that the hand became paralysed, as if by a feeling of pain ; it ceased on stretching out the arm.

Amorous dreams in the night.

He was already sleepy about 9 p.m., and he could not arouse himself at 6.30 a.m.

22nd.—Above the left knee and on the left thigh small pocks as on the right thigh.

The inner surface of the lower lip pains as if indurated, particularly in fingering it.

165. The middle and ring-finger inflamed and painful one side of the nail.

The hair of the whiskers falls off.

Frequent jerks (?) in the left elbow, during which nearly everything falls out of his hand.

Numbness (?) and stiffness between the shoulders, combined with drawing pain.

Scratching (?) and clawing in the inflammation of the left ring-finger.

170. A jerk in the penis when not urinating.

Burning in the left scapula, as if hot water were poured on it.

Amorous thoughts in the evening in bed.

He was drowsy early ; went to bed 8.30 p.m., and first awoke at 6.30 a.m.

23rd.—Erections in the morning.

175. Crushing (bruised ?) about the heart lying in bed in the morning.

Boring in the nasal bones, especially at the root of the nose and towards the right cheek.

Fluent coryza for a few days.

Crawling in the nose.

Aching and pressing in the upper teeth on right side for some hours.

180. Pressure and grinding (?) in the bones of the left cheek. This feeling extends soon to the left teeth, and from thence to all the other teeth. It seemed to him as if he could not properly bring the teeth together.

Dull stitches in the maxillary joint.

Fine stitches as with needles above the forehead.

Constant hawking of mucus while smoking.

Taciturn and peevish when questioned.

185. Grinding (?) in the bones of the right arm.

Pressure in the eyes, particularly in the right, in the evening.

Chilliness in the evening, with thirst, two evenings together.

Strong itching in the sacrum, that obliges him to scratch, in the evening in bed.

He falls asleep early and awakes late.

190. Vivid dreams of persons dear to him for two whole nights.

24th.—After the morning erection slight burning in the urethra.

Itching in the eyes, which obliges him to rub.

Strong itching on the scalp; he must scratch much.

195. The hair of the head and whiskers falls off.

Drawing and tearing in the right shoulder, which compels him to breathe deeply, in the evening in bed.

Itching on the back, where there are traces of some little pustules.

Grinding (?) and tearing in the shoulder, with stiffness of the neck and back.

Throughout these days always two properly-digested stools.

200. He is sleepy in good time, and sleeps long and deep.

Vivid dreams of distant journeys.

25th.—The inflammations near the nails are healed.

On the inner surface of the lower lip a suppurating pock, which pains as if sore and burning on contact.

Eruption on the forehead like millet, which, however, is only noticeable on feeling it.

205. For many weeks, after he no longer lived on homœopathic regimen, the gums always bled.

XIX.

Am., the girl that Dr. Schreter induced to prove common salt along with him, was 18 years old, sanguine temperament, blonde, looked blooming, had scalled head (though probably not at the time?) and had always been healthy with the exception of the ordinary children's diseases. She confined herself, like Dr. Schreter, to globules repeated three times.

The results of her proving (they were not incorporated with that of Hahnemann's) are as follows:—

August 20th.—*Three globules, 30th attenuation.* No indications of action up to evening.

In the evening, in bed, she felt a contraction in the stomach.

Chequered dreams in the night.

21st.—No medicine. Considerable pain in the head soon after waking in the morning up till noon.

Weakness in the whole body; her feet felt heavy; in standing she was weary directly, it was easier to her to walk; in the intervals she felt quite well in driving, sitting and lying. To the above was added a sensitiveness of the whole body; wherever one touched her it gave her pain, as if she had formerly been smartly hit on that place. It was worst around the loins. Poverty of ideas, she was obliged to think a long time before she could find the right expression.

210. Standing became so difficult that she was obliged to sit down directly from weakness.

The hands tremble in writing.

Anxious dreams in the night, of murder and killing and fighting. When she awoke she was in a cold sweat and heat.

During a thunderstorm in the night she had a far greater anxiety than usual; cold sweats drove her at last out of bed.

The white of the eye somewhat injected.

22nd.—*Again 3 globules of the same attenuation.* No symptoms on this day.

23rd.—215. Shooting in the ears a few times whilst sitting still in the forenoon.

Cheerful, merry, well-disposed.

A small painful vesicle on the upper lip below the septum of the nose.

24th.—Slept profoundly with confused dreams.

A small suppurating vesicle near the right commissure of the lips, most painful on being touched.

220. On the inner side of the right forearm three red elevations the size of lentils, which itch strongly, but which have almost quite disappeared within 24 hours.

Strong appetite. She ate much during the day.

Small vesicles on the upper lip below the septum of the nose.

Towards evening very cheerful. She could have done nothing but dance and sing.

Feet very light, as they were the day before heavy.

24th.—225. Head heavy, reeling, dull, directly after waking.

Eyes slightly injected and watery.

The vesicles below the nose burn, and it seems to her as if she had a wet nose.

After another (last) dose of three globules of 30th attenuation, on this and the following day no phenomena.

27th.—The catamenia appeared punctually, with somewhat less colic than usual. The flow was rather more than usual, but she was chilly the first day and yawned much, particularly in the afternoon.

28th.—Frequent burning and cutting in the hypogastrium in urinating, and whilst sitting at the dinner table most violent (yet not every time she urinated).

29th.—230. In the night heat with anxiety. She was obliged to uncover herself. At the same time the menses flowed freely and she had confused dreams.

An eruption over the whole body which caused strong itching. On the throat and the arms it is the size of millet. On the abdomen, the nates, and thighs the spots are the size of small lentils. She was obliged to scratch severely, whereupon it ceased to itch for a short time. At the first it was only perceptible to the touch, like papulæ. After scratching it became red and harder. The itching prevented her sleeping.

30th.—Small vesicles form on the upper lip below the nasal septum, which then unite, giving rise to a scab, that after a few days partly dissolved and left behind a red spot, which lasted for two weeks.

From 1st to 9th of September.—Fine stitches through the head, gumboil on the inner side of the right jaw near the tongue. This lasted six days. In eating it hurt less than usual.

235. Dulness of the head with obtuse pressive pain, especially in the temples, chiefly when stooping.

Sore throat, worst early in the morning and evening.

Vesicles on the forehead and nose.

Chequered dreams.

On one part of the head where she had struck herself six years before, she experienced pains from contact.

10th.—240. Small vesicles behind the left ear which do not itch.

11th.—Since many days constant chequered lively dreams.

Pinching in the belly, as if from worms, in the evening.

12th.—She laughs about subjects not at all laughable, and indeed so violently that she cannot recover herself. At the same time the eyes fill with tears, so that afterwards she looks as if she had been crying.

15th.—Twice, contraction in the occiput behind the ears with shooting in the head.

245. Compression of the cranium with pressure in the middle of the head.

17th.—For two days brown spots on the back of the hand, as if it had been struck, yet without pain.

18th.—The concha of the left ear swollen, inflamed, with burning pain. A few days after itching behind the ear; at the same time gritty itching eruption on the knee, which lasted some days.

19th.—Small red vesicles rise here and there on the arm and itch.

20th.—The left half of the nose swollen, inflamed, painful, as if the nostril had contracted, with itching; but when touched painful as if sore.

21st.—250. The commissuræ of the lips both broken out.

22nd.—The menses came two days earlier with colic.

The menses appeared 14 days after, tolerably strong, yet without her knowing, quite without pain. (At that time she had lived for 10 days no longer according to homœopathic rules).

The two last provings may, according to the point from which they are viewed, lead to different ideas and conclusions.

“Two hundred and fifty-two symptoms from a few globules of 30th dilution! What a rich harvest!” cries.

one. "There can no longer be any doubt that the smallest doses in drug-proving on the healthy are not only useful, but that they deserve also unqualified preference over massive doses! One need only consider the poor results furnished by many of the foregoing provers with crude doses of kitchen-salt!"

"So," says the second, "that is the secret of the extraordinary fruitfulness in symptoms of the Hahnemannian codex? Does not the one-half of the above symptoms bear the unmistakeable stamp of self-deception? And is the other not manifestly the result of accident? Who will be able from this picture to discover the features of the salt disease? Is it not clear that, because only it furnishes no insight into the character of the drug-disease, it contains the proof of the inutility of small doses in physiological drug-testing?—apart from the probability, that so uncommonly productive a harvest of symptoms from such seed, were they even the undoubted property of the drug proved, would place our credibility in the eyes of our opponents, on all occasions, in a very suspicious light?"

Both are right and wrong.

Several of the symptoms detailed may by all means be referred to inaccurate observation, as in Sr.'s proving ss. 14, 22, 48, 49, 51, 52, 53, 58, 60, 64, 65, 66, 93, 133, 156. Other of Sr.'s symptoms are hereby rendered somewhat doubtful, in that our worthy colleague, out of so many observers, *alone* has them. Such are "itching in the whiskers; falling off of the hair; feeling of dryness in the eyes as after long weeping; pain, swelling, redness, heat (inflammation), of one ala nasi; teeth as if numb on pressure; lower lip painful, hard; ineffectual urging to urinate; a jerk in the penis; itching, crawling, red spots on the glans; contused feeling about the heart; shooting and tearing in the axilla; pocks on the thigh, &c.

But much greater scruples by far are raised by the symptoms of the female prover Am. than by those of Sr.

Whilst the usual abdominal symptoms of kitchen salt are almost null, the mental symptoms of the drug stand in contradiction to those of all the other provers. The phenomena of the skin are, in one who had suffered, or perhaps still suffered during the proving, from scalled head, in such numbers and from such doses, at least

very suspicious; other symptoms, moreover, must be viewed as frequent attendants of the catamenia.*

In spite of this it is not to be denied that Sr.'s own proving especially contains a considerable number of symptoms which may be viewed as peculiar to common salt, even if it be at the same time an impossibility for the soundest observer, by the aid of such phenomena alone, to project a characteristic picture of the salt disease. In my opinion this only can be inferred with certainty from these two questionable provings, viz., that experiments with the smallest doses may indeed sometimes furnish contributions worthy of notice to the completion of the physiological picture of a drug, and hence are by no means to be neglected, but that they seldom excel in practical value the experiments with the medium and larger doses, and still more rarely enable the latter to be wholly dispensed with.

W.

CLINICAL REPORTS.

BATH HOMŒOPATHIC HOSPITAL.

By PERCY WILDE, M.D.

Chronic Enlargement of Lymphatic Glands.

THE term adenoma may mean enlargement of the mucous, sweat or sebaceous glands. Lymphadenoma is generally used to express a general enlargement of the lymphatic glands associated with progressive anæmia. "Chronic enlargement of the lymphatic glands" appears, therefore, to define most clearly the very common disease we now propose to consider.

We of course generally recognise such tumours as prominent symptoms of a general constitutional state, in this they differ from cysts which, I think, are purely local or accidental.

But it by no means follows that an enlarged lymphatic is evidence of a scrofulous constitution. We meet with cases where the primary irritation has been due to local

* We do not know if Sr. sent in the symptoms of Am. at the same time along with his own to Hahnemann, but find it very probable, inasmuch as both provings were simultaneously begun in 1829. We may therefore suppose it to be very probable that Hahnemann must have had his reasons for not including the latter in his codex.

causes, the gland in fulfilling its function has prevented the return of some poisonous matter to the general circulation, and the enlargement and possible suppuration is the result of this accidental condition.

In either case the object of our treatment will be to remove the cause, but if the enlarged glands are a cause of disfigurement and inconvenience due to a scrofulous constitution, there are few people who will wait patiently until every constitutional taint is removed from the system before they are relieved of the tumour.

The tumour directs our attention at once to the constitutional symptoms, and these symptoms direct us to the remedy which is specific to the tumour ; this is one of the advantages of the homœopathic principle.

One of the remedies to which this principle most frequently directs us in this complaint is *silica*, and clinical experience supports the indication.

Even if we had not the experience of homœopathic physicians to look to, we could find evidence of its value from empirical experience. Why is it that certain mineral waters are held in high estimation for the cure of scrofulous diseases, and the healing of old wounds and sores? The chemical balneologist has not answered the question yet. Let us take, for example, the springs of Barèges in the Pyrenees ; they are classed among the "sulphur spas," and this neighbourhood abounds in "sulphur spas," most of them richer in this ingredient than the springs of Barèges, which contain a mere trace. But this spa has been singled out by empirical experience as most valuable in the class of cases for which the homœopathic physician would use *silica*, while its neighbours enjoy no such reputation. The reason can be found in the fact that the water is almost a pure spring water, except for the unusually large amount of *silica* it contains in a soluble form.

Our method of trituration gives us *silica* in a soluble form, but not in a sufficiently active state to break down an indurated and organised gland of many years standing, and since 1882 I have used the *silicate of soda* in preference to the ordinary preparation.

This is known in commerce as "liquid glass," and it has some peculiar physical properties. The liquid is freely soluble in water, and is not precipitated by strong acids ; when dry it is absolutely insoluble.

I mention this because since I introduced this drug to the general body of the profession, as a remedy for enlarged glands, its preparations have attained a commercial value, and I know that one firm have sent out a soluble salt in crystalline form which is stated to be purified *silicate of soda*. *Soluble salts of silica* in the solid form are a physical and chemical impossibility.

Some years ago I succeeded in producing a sugar containing a large proportion of *silicate of soda*; but I have not continued the experiments nor published them. The purified crystals of the chemist contained neither *silica* nor sugar, although they did contain soda.

The commercial *silicate of soda* is a product formed in the manufacture of glass, and often contains many impurities, and varies very much in density, from that of a tenacious jelly to that of a thin fluid. I have found it better for internal use to have the salt prepared specially, so that I could be certain of having a solution of definite strength. Another point of considerable importance in the administration of the *silicate of soda* is that it should be given in free solution. I generally commence with three to four drops three times daily, and each dose is given in one-third to one-half of a tumbler of water, or better still in milk.

The effect of the remedy requires to be watched, for it may cause active changes in the tumour within forty-eight hours, and if the medicine is persevered with, the resolution is too rapid, and suppuration takes place, but it will not always do so; it may be necessary to continue the medicine over a period of many weeks or months, and the only discernible effect is the gradual reduction of the size of the tumour. This variation is due to the difference in the pathological state of the glands enlarged. So far as my experience enables me to judge, there are two kinds of enlarged lymphatic glands; in the one there is hypertrophy chiefly of the adenoid tissue, and in the other the fibrous tissue is more largely involved. I have only lately begun to be able to distinguish between these two classes of glands as they occur in the patients who come before me, and I have had no opportunity of verifying my opinion by *post-mortem* examination, but I think that it will be found to be correct, and I may go further and say that in all

tumours that a gradual transition from one kind to another will be found, depending on the hypertrophy of one particular tissue and the organ affected.

I believe the *silicate of soda* is a more powerful stimulant to adenoid gland tissue than any other drug, and I regard it as acting primarily on this tissue, because I have never been able to trace any other change produced by its action. The patient taking it, will complain of only one symptom, and that is an increasing pain in the tumour. This is the only symptom I have to record after seven years continuous use of the remedy, and I have had great opportunities of studying its action, because it has earned for me some local reputation for the cure of this form of tumour.

Where there is a large tumour composed of a bunch of lymphatic glands and no immediate symptoms follow its use, the first appreciable sign will be that the apparently solid tumour will become softer, so that the individual glands composing it can be made out, and the subsequent result will be the gradual diminution of the size of the glands until the whole disappear. The soft bunch of cervical glands which form a tumour of considerable size in anæmic young women will yield much more promptly than the single indurated gland, especially when that gland is situated in the breast. It is these enlarged glands in the breast which have given me the most trouble. When not malignant they are always curable, but the difficulty I have found is to decide upon the right remedy at the outset. If it is a lactiferous gland the best results are obtained from *phytolacca* and *conium*, followed by *hydrastis*. If the enlargement has gone beyond the stage of *hydrastis*, and is indurated, *calcium sulphate* (6-30) is most valuable, whereas when the enlargement is in an ordinary lymphatic gland, *silicate of soda* appears to be the best remedy.

In a case now under treatment in which the gland is very indurated and gave considerable pain, and the patient being just the right age and constitutional type for malignant disease, *conium* 1x used as a paint caused decided aggravation of the pain half an hour after each application. I ceased the application and used *calc. sulphate* 30, and the pain ceased and the tumour has diminished considerably in size.

As tumours of the breast are more likely to be in the

lactiferous than the lymphatic glands, *silicate of soda* is not so frequently useful.

Since 1883 every case of chronic enlargement of the lymphatic glands which has come under our notice has been cured, or so considerably reduced in size that the patients have not thought it worth while to continue treatment. When we consider the hopeless point of view from which these tumours are regarded in the old-school hospitals, the result illustrates well the value of the homœopathic principle in therapeutics which has guided us to the choice of *silica*. When the lymphatic glands throughout the body are the subject of malignant disease, in cases of multiple sarcoma, *silicate of soda* is as useless as other drugs. In the only two cases that have come under our observation at this hospital, *hydrastis* relieved the pain, and, I think, rendered the progress of the disease far less rapid than is usually the case. Even in the advanced stages, *hydrastis* was more effectual as an anodyne than opiates.

(To be continued.)

TWO CASES OF SUNSTROKE.

BY H. E. DEANE, ESQ.

Surgeon Army Medical Staff.

CASE I.

In July, 1883, the master tailor of a line regiment stationed in Ireland complained to me of a headache which often almost incapacitated him from work, especially when stooping in the workshop in the course of his duty. About seven years before, he had had sunstroke in India, and ever since had suffered continuously with a heavy, pressive pain at the occiput, at times accompanied by throbbing. He was a temperate man. Having undergone the various orthodox methods of treatment both abroad and at home, but with no relief, he had given up hope of being cured, and indeed only mentioned it to me one day casually. I decided at once to give him *glonoin*, and being then somewhat inexperienced in the action of the drug, I put about 10 drops of the 1st decimal into a tumbler of water, and told him to take a dessert spoonful three times a day. I saw him a week later. He had only taken two doses of the medi-

cine, because as soon as he had taken it "he thought he was going mad!" In about six hours this medicinal aggravation passed off, and with it the original headache: and he expressed himself as "not knowing how to feel without his headache." On enquiry from India two years later he had had no return of his trouble.

CASE II.

The next case is a parallel one, but well illustrates the difference in the action of the medicine when given in a tropical climate and during a continuance of the disturbing influence—the sun—and when given in a cool climate.

In August, 1886, in Bombay, a serjeant of a line regiment complained to me of a pain at the occiput, spreading over the vertex and round the temples. He had sunstroke in 1878; was insensible for eight days, and was invalided home for change of climate. Since then he has been subject to these headaches, when walking much, or when out in the sun, even when protected.

Belladonna failing to relieve him, on August 10th I gave him one drop of *glonoin* 1x, he then being prostrated with the pain at the occiput, face flushed, and throbbing arteries. In half-an-hour he began to perspire about the head and then all over the body, with very slight increase of the occipital pain. In little more than another hour he had a remarkable feeling of cheerfulness, merely experiencing a slight heaviness in the head, and was able to eat, which he had not felt inclined to do for three days. The next day the pain returned slightly, and I gave him two doses of *glonoin* 1x at intervals, with still less aggravation and no consequent perspiration. For the next day or two he had no headache in the day, but at night when lying down it came on. I gave him a dose of *glonoin* night and morning from August 13 to 23, when he was perfectly free of all headache, and had comfortable nights. He had no rise of temperature during the height of the paroxysms. On September 9 I was sent for to see him, and found the symptoms had returned with great severity. He had been on the rifle range in the sun, and shooting in the glare, from 6.30 a.m. till 2 p.m., with half an hour's intermission for breakfast, and on getting home he was

again prostrated with the pain. *Glonoïn* relieved him again, but on October 11 he was still suffering from some headache, when I lost sight of him.

With reference to these cases of bursting, occipital headaches, following exposure to the sun, I may say I find *glonoïn* almost specific, and the drug will not affect pain situated elsewhere in the head in the same way, unless accompanied by the occipital pain. In the tropics I find the dose must be larger, and a patient will not gain immunity from a fresh access of pain, under the medicine, when exposed to a tropical sun, especially on an empty stomach, though such immunity seems to be conferred in this country.

HYSTERECTOMY: A NEW DEPARTURE, WITH "RESTITUTIO IN INTEGRUM."

BY G. H. BURFORD, M.B.

Late House Physician to the Hospital for Women, London.

At a recent meeting of the Gynæcological Society, the statement was made and reiterated, "that the etiology and clinical history of uterine fibroids was a chaos." Such being the case, it is not surprising that the modern and successful school of operators have sought for a method which did not involve the entire removal of both organ and tumour. If the present state of knowledge of one of the most common, most persistent and most troublesome of all pelvic neoplasms be thus limited, any operation having for its object the "restitutio in integrum" is to be welcomed.

Schroeder in Berlin* practised such a method of operation a few years before his death; but like all new operations, it was at first but partially successful. Breisky in Vienna† preferred complete ablation; and Hegar‡ and Kaltenbach give no decided pronouncement in its favour. Yet there is no doubt that in skilled hands this operation has a future. I will describe it in detail, together with some new points in *technique*, as I saw it performed in Prof. Carl Braun's Vienna clinic early in this year.

* Hegar und Kaltenbach, *Operative Gynæcologie*, 1886.

† *Op. cit.*

‡ *Op. cit.*

After the usual abdominal incision, the considerably enlarged uterus was exposed, and pressed up out of the pelvis. An elastic ligature was placed as low down as possible round the uterus and tightened. The fundus uteri was now boldly cut into, and the capsular bed of a large intra-mural fibroid exposed. By lengthening the incision, the tumour was shelled out of its bed by dissection, during which process the uterine cavity was opened. This was immediately disinfected with iodoform wick, and the removal of the fibroid proceeded with. After complete extraction of the tumour, the endometrium was again carefully disinfected, and closely stitched: a plug of iodoform wick having been passed through the cervical canal into the vagina for drainage. The elastic ligature was slightly loosened, and all bleeding orifices carefully tied; and when all hæmorrhage was staid, the opposed surfaces of the capsule were united by the "*Fortlaufende Naht in Etagenform*," or continuous suture applied in terraces. Nearly at the bottom of the sac, a continuous suture was run completely round the capsule, brought out ultimately close by the first insertion, and tied. This process was continued until five or six separate "terraces" of sutures had been applied, and the whole capsular bed closely stitched together.

The division in the uterine peritoneum was carefully united, and the division in the parietal peritoneum also. But every suture in the latter was made to pass through the sutured wound in the former, so that the wounds in the visceral and parietal peritoneum were thus intimately united. In other words, the parietal peritoneum, during the closure of its wound, was stitched to the uterine surface. The superficial wound was now closed, with the exception of the lower angle, into which a plug of iodoform wick was inserted, and the patient removed to bed. Convalescence was very satisfactory.

This is a record of a successful operation, planned on a new basis, which is much more in keeping with the best traditions of surgery than the old method of extra-peritoneal hysterectomy. The enucleation of an intra-mural fibroid *per abdominem*, the new method of treating the capsule, and most important of all—the union of the peritoneal wounds—will be treated in greater detail in my paper in the Transactions of the Gynæcological Society of London of this year.

Very many of the unpleasant and dangerous symptoms of uterine fibroids can be controlled and checked by properly selected homœopathic remedies. The hæmorrhages, the reflex nerve troubles, and the dyspepsia can be considerably reduced by the appropriate simillimum. But when bleeding is constant and intractable, rapid increase in size has become intolerable, and pressure symptoms dangerous, then resort to operation is distinctly indicated. Not in all cases is the *restitutio in integrum* possible, but in all suitable cases it well deserves careful consideration, if only to remove a well-founded and growing prejudice against permanent crippling of the reproductive functions by operative interference.

London Homœopathic Hospital,
August, 1889.

CLINICAL LECTURE.*

BY DR. JOUSSET.

On Pneumonia and some of its Remedies.

PNEUMONIA is a frequent malady, and one liable unexpectedly to terminate fatally after only a few days' illness. When I add that this malady attacks chiefly those in good health, and that it may bring sudden mourning into families, it is easy to understand how great is the responsibility of the medical man, and how the smallest details of treatment are of importance, for on the choice of the remedy often depends the issue—fatal or fortunate—of the disease. Practitioners of homœopathy are especially interested in this subject, for the public, unqualified though it be, is their judge—a judge who, though ready to admire an unexpected success, is disconcerted and cross in face of a failure.

Homœopathic therapeutics belong to the class of alternative medication; that is to say, the remedies act without external perturbation, and in favourable cases the patient seems to get well by the unaided efforts of nature. On the other hand, the uninformed are led to believe, in unfavourable cases, that it has no action whatever, and

* Translated from *L'Art Médical*, August, 1889.

that "energetic measures" were necessary. Whatever one may do or say, this gentle action of homœopathic medicines will always constitute a formidable weapon in the hands of the ignorant against the method of Hahnemann. We should need to have no fatal cases, or at any rate no deaths except in cases recognised to be always fatal.

The principal medicine in the treatment of pneumonia is *bryonia*. All homœopathic doctors are agreed upon this. We recommend, even when another medicine is indicated, that *bryonia* be continued in alternation therewith. It is only in exceptional cases that *tartar emetic* or *sulphur* should be given alone.

The following case of severe pneumonia will furnish us with illustrations of special indications for remedies. Mme. Z. was a feeble and decrepid woman, with a deformed chest; she has had pneumonia more than once before.

1st day, 10th May.—After a bad night was taken with violent fever, preceded by shivering, nausea, a sharp pain in the left side and a frequent cough. No stethoscopic signs; *bryonia* 6 was prescribed.

2nd day, 11th May.—The malady is becoming defined; temp. 40° C.; pulse 120, strong and regular; auscultation reveals "crepitant râles" at the lower part of the left lung; the *facies* is bad; the complexion grayish and the weakness considerable. In the evening *carbo. veg.* was alternated with the *bry*. The patient takes a little milk and weak spirit.

3rd day, 12th May.—The collapse is more pronounced; hands cold, pulse rapid, temp. as yesterday; no expectoration, friction sound mixed with the râles; same treatment. The milk caused sickness, and was replaced by yelk of egg in water; spirit continued.

4th day, 13th May.—A noticeable improvement; a little sleep in the night; temp. 38.2° C. in the mng. and 38.7° C. in the evg. Some diarrhœa. Same treatment and diet.

5th day, 14th May.—Fever increased, 39° C. mng.; 39.9° C. evg.; pulse 96; dyspnœa very marked; *facies* bad, thin, nose pinched; lower lip retracted as after death; eyes dull; tongue very dry; the lesion is the same; a little rusty expectoration; diarrhœa continues. Replace *carbo v.* by *arsenic* 6. The *arsenic* was indicated by the

weakness, the anxiety and agitation of the patient and the diarrhoea.

6th day, 15th May.—Condition about the same; temp. slightly lower, 38.6° C. mng.; 39.4° C. evg.; weakness excessive; involuntary stools; same medicines; a little food administered forcibly—3 yolks of egg, 2 spoonfuls of Malaga wine daily.

7th day, 16th May.—The condition seems desperate; temp. 39.4° C.; automatic tossing of arms and head; tries to uncover herself; nevertheless, the pulse maintains its strength and regularity, and the expectoration continues, although not abundant. In the evening, the countenance more and more hippocratic; it is feared she will die in the night. I return to the *carbo veg.*, alternated with *bryonia*, and insist on the eggs and wine.

8th day, 17th May.—The night has been quiet; patient has slept; temp. lower, 37.8° C.; pulse 76.

Convalescence progressed slowly, being hindered by delay in the resolution of the hepatisation, which was not completed until the 26th May, the 17th day of disease. During this time the temp. was 37° C. in the mng. and 37.5° C. in the evg. The pulse rose to 92, 96, and even 100. The patient continued to progress, but did not experience that entire comfort, nor enjoy the good appetite of true convalescence. The medicines used during this period were *tartar emetic* 6 and *bryonia*, in alternation.

On the 17th day, when the resolution was complete, intermittent febrile movement began, about 5 o'clock, with feeling of great heat, ending in the night with abundant sweat. At the highest the temp. was not more than 38° C. Sixty centigrammes of *sulphate of quinine* first retarded and then suppressed the fever.

We have said that *bryonia* is the chief medicine in pneumonia: our patient took it throughout. We have now to indicate more clearly why *ars.*, *carb. v.*, *ant. tart.* and *quinine* were given, and why they were given in different strengths.

Arsenic was indicated by extreme prostration, pallor, much dyspnoea, tendency to become cold, and irregularity of pulse. Diarrhoea confirmed the need for the drug.

Carbo. veg.—Clinical experience has long taught that this remedy is indicated in pronounced collapse; it is properly

speaking the remedy for commencing dissolution. Those who have seen its effects in conditions of profound collapse in cholera, will realize that this is no exaggerated expression. This remedy works veritable resurrections. It must not, however, be supposed that this result happens in all cases. We are only doctors, and cannot work miracles. When the disease is too far advanced, and absorption is arrested, *carbo* fails like every other medicine, but it should be remembered that our high dilutions are capable of absorption when more material doses remain inert in the stomach. *Carbo veg.* is not a remedy for any one disease, but for the state of collapse in every disease. Its indications are absolute prostration, coldness of the limbs, face and tongue, with elevated central temperature. Nevertheless, the lowering of the central temperature, indicating a more profound collapse, is not a contra-indication for *carbo*. A pinched nose, hollow eyes, dull or anxious look, lower jaw more or less depressed, livid or grayish pallor, pulse small, irregular or absent, carphology, throwing off the clothing, and tossing of limbs and head (indicating commencing dissolution) are indications for *carbo vegetabilis*. We have dwelt at length on the indications for this remedy, because we believe it is not often enough employed, although it is so precious a resource in desperate cases. In the case before us it was twice prescribed, and each time with success. Let me repeat, we must not be discouraged by failures, for like all medicines it must be absorbed before it can act.

Antim. tart. The indications for *tartar emetic* are well-known; it is the medicine of hepatisation. When resolution delays, with sleeplessness, redness of face, absence of thirst, diminution of expectoration, noisy dyspnoea (symptoms improperly termed paralysis of lung) *ant. tart.* is indicated. The patient was restless and anxious; she had a nervous apprehension and despair; these symptoms were accompanied by palpitation of the heart.

Sulphate of quinine. A febrile attack, slight it is true, but absolutely regular in its appearance at five o'clock fully justified the use of *quinine*. This medicine removed the last symptoms and induced a sure convalescence. One word on the doses employed; clinical experience alone was our guide in this matter.

Since Tessier's work at the hospital Ste. Marguerite, it is well known that the dilutions of *bryonia* do all that can be done in the treatment of pneumonia. We generally use from the 6th to the 12th dilutions. Without blaming our *confrères*, we have not followed them in giving full doses of the strong tincture. For where dilutions of *bryonia* have failed, strong doses (40 drops a day) have not succeeded better, even after being continued several days. We have therefore concluded that when *bryonia* does not succeed in the doses we use, that either the case was not a suitable one for *bryonia* or it was beyond all therapeutic resources. Clinical experience, similarly, has guided to the 6th dilution for *arsenic* and *tartar emetic*, and to the 30th for *carbo*. It is easy to understand that insoluble substances can have no action on the body in their crude forms. The extreme division that the homoeopathic process of preparation induces, facilitates absorption and renders them active. General experience has confirmed the usefulness of the 30th dilution.

As to *quinine*, after comparative experiment, I have satisfied myself of the superiority of strong doses over dilutions in attacks of intermittent fever. I may add that this opinion is accepted by the majority of the homoeopathic school.

REVIEWS.

On Neuralgia: Its Causes and its Remedies. By J. C. Burnett, M.D. London: Homoeopathic Publishing Company. 1889. Pp. 180.

Dr. BURNETT characteristically dedicates this little book to "the manufacturers of morphinomaniacs, in the small and faint hope that its study may lessen the number of hypodermic syringes in active service!" We are afraid that Dr. Burnett is but too well justified in regarding his hope as "small and faint." To prescribe a pain-obscurer is the simplest thing in the world, and to use a hypodermic syringe is almost equally easy, while to find a specific medicine is oftentimes a work involving a long search and is therefore tedious. Moreover morphia taking is as pleasurable as alcohol imbibing. Hence patients are satisfied until they find themselves ruined in mind and body. Thousands are at this moment suffering tortures from the endeavour to cure neuralgia with morphia,

just as in the time of the late Mr. Skey numbers were mentally and morally destroyed by striving to carry out the mischievous theory that alcohol was remedial by virtue of its possessing feeding and sustaining properties.

Here Dr. Burnett illustrates the treatment of specific neuralgia by cases—some of which we have read occasionally before. The importance of taking into consideration the diathesis of the patient, or any morbid taint with which he may have become infected, is well pressed by the author, and it cannot, we are sure, be pressed too strongly.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. SAJOUS and 70 Associate Editors, etc. Illustrated with chromo-lithographs, engravings and maps. Five volumes. 1889. F. A. Davis, Philadelphia, New York and London.

Nor long ago we gave a full account of the scope and manner of execution of the first issue of this great work. The issue of 1889 appeared punctually as promised, and considerably earlier than the issue of last year, at once enhancing its value in our eyes. It is drawn up in substantially the same plan with one or two important modifications.

One or two of these are as follows:—

The dates of all journals referred to are mentioned in the text, thus greatly facilitating research.

An index has been added to each volume, besides the complete triple index at the end of the entire work.

The practical worth of each article has been increased by giving a careful description of treatment, operations, etc., and by the reductions of weights, thermometric measurements, etc., from metric to English terms, and conversely.

Besides these major improvements, we notice that though the volumes are not larger than last year they contain much more matter and many more pages, owing to improvements in the typography and paper. The index is much fuller and longer. The editor is evidently alive to the necessity of making the work of practical value. The therapeutic column of the index is especially good; the dosage being added even where not stated in the original article.

We turn with curiosity to the therapeutical section proper, that is, the chapter devoted to drug treatment. Its 150 pages are full of interest and not devoid of instruction. The subjects are taken up in alphabetical order. The researches into new drugs and new uses of well-known drugs are referred to.

Adonis vernalis and *aestivalis*, the new heart tonics, receive mention for the first time; *agaricine* is introduced as a remedy for night sweats (to which it is so homœopathic); *aletris* is becoming known as a "uterine tonic;" *antipyrin* occupies 16 pages, of which 6 are devoted to warnings against, and illustrations of, the accidents which accompany its administration. In one instance extreme collapse with a copious hæmorrhagic exanthem, was followed by death. *Arsenic* is recommended for warts, and for gastralgia, and *aurum* (the arseniate) for cutaneous and syphilitic affections. *Cactus* and *caffein* are new heart remedies; *bursa pastoris* is stated to be the most useful of all hæmostatics; *casacara*, besides being a valuable aperient (which we are told may produce catarrhal enteritis), was accidentally discovered to be good for rheumatism; *cocculus indicus* has been used, as with us, for dysmenorrhœa, and more recently for *petit mal*: *creolin*, which was studied in 1887 by Esmarch, has during the past 18 months received much attention and taken a high rank as an antiseptic (see page 570); *ergotin* is credited with the power of abruptly cutting short attacks of migraine in some instances; *hydrofluoric acid*, administered by inhalation, is said to kill tubercle bacilli, and to save alive the patient in phthisis; *gelsemium* is borrowed for various infantile fevers; *hydrastis* is a valuable drug in hyperæmia and chronic inflammation of the internal genital organs, and especially for hæmorrhages. In emetic doses, *ipeacuanha*, we are told, is the most powerful hæmostatic in severe hæmoptysis of phthisical patients, and it was used externally in 50 cases of anthrax without a failure. *Strychnia* is recommended for dipsomania, and Dr. Brunton's use of *strychnia* for insomnia (together with his ingenious explanation of its action!) in cases of brain fog, is alluded to. *Phytolacca* for mastitis and *picric acid* for quotidian fever receive passing mention. *Salicylic acid* is stated still to rank as a specific for acute rheumatism, and we are immediately informed that, nevertheless "relapses were more common than under the older methods of treatment, and that patients were often left enfeebled. It appeared to have no effect whatever in preventing, reducing or limiting the intensity of the cardiac lesions, and the mortality of the two sets of cases was much the same." Such a specific is surely worthy of our unqualified admiration!

We give these quotations to show at once the scope of this therapeutic chapter and the way the "wind blows," therapeutically speaking, in the old school, whose dominancy is demonstrably short-lived. This chapter is only an illustration of the remarkable amount of labour which the whole book represents, and of the vast fund of information, from count-

less sources, which it contains. In every instance the reference is fully given that the original investigation or statement may be studied or verified. Seven hundred and fifty-six journals furnish material from which the Annual is compiled, and 234 books, monographs, theses and transactions are pressed into service. Of the journals, one only represents homœopathy, viz. :—*L'Art Médical*. We are inclined to think that this journal (valuable as it is), owes its presence in the list to what would be called its unsectarian title. And yet hydrotherapy is allowed to be represented by name; why not homœotherapy? We are sure that the therapeutic section at least would profit by a liberal allowance of acknowledged homœopathy.

In conclusion, we have only three other remarks to make respecting this work :—1st: That it is far and away the best book we know for enabling the practitioner, with the least expenditure of time and labour, to keep abreast of the ever advancing times. Secondly: That its sphere of usefulness would be much extended by making the volumes obtainable singly. This would involve printing the reference list in every volume, and would necessitate a higher relative charge per volume. Thirdly: We hope we may look for *The Satellite* with more regularity and punctuality in the future than in the past.

Health Troubles of City Life. By G. HERSCHELL, M.D. (Lond.),
Bristol: J. Wright & Co. London: Hamilton, Adams & Co.
1889.

IN this essay Dr. Herschell sets forth the dangers to health which arise from that intense devotion to business which the keen competition characteristic of our times, and the excitement and rush which have followed the introduction of the electric telegraph and telephone have rendered inevitable, not only for the achievement of success, but even to maintain a footing. "We live at the end of a cablegram and calculate our profits by the one-sixty-fourth of a penny," urged a Mincing Lane merchant to us on one occasion, as a reason for returning to town when being pressed to remain a day longer in the country. The amount of excitement and anxiety involved in such a career is necessarily provocative of neurasthenia. Dr. Herschell has done well to raise a warning voice against it, and to point out the measures necessary to prevent early indications of a break-down from such a cause bearing fruit.

His advice is excellent, and conveyed in so clear and simple a style that every man of intelligence who will read what he has written may readily understand him.

American Resorts: with Notes Upon Their Climates. By
BUSHROD W. JAMES, A.M., M.D. Philadelphia and
London: F. A. Davis, Oxford Street, W. 1889.

Few physicians are better qualified, by study and extensive travelling, to write a book on climate and the qualities of places suitable for invalids to sojourn in than is Dr. James. The plan upon which he has worked in preparing his book is an excellent one; but the area of the United States is so vast, the types of climate met with between Alaska and California are so various, and the towns adapted to meet the wants of the convalescent or to excite the hope of recovery in the seriously ill are so numerous, that to compress anything like an adequate account of each and all into 200 pages is simply impossible. Nevertheless, this is what has been attempted, and consequently, although we are introduced by name and situation to a large number of health resorts, the amount of information vouchsafed regarding each is tantalisingly small in the large majority of instances.

The first two chapters give an interesting sketch of climate, of the elements which constitute a healthy climate, and of the benefits to be derived from and the dangers to be guarded against in health resorts. Then follow chapters on seaside, fresh water, and mountain resorts; trips upon ocean, lake and river; mineral springs; summer and winter resorts. These chapters give one a good idea of the immense resources of the United States in providing a variety of climates and of excursions, which are indeed almost boundless. With a good deal more detail, and the elimination of a number of the smaller and less developed towns, Dr. James' book would have been more useful. As it is, however, it has a considerable value, especially for the English tourist, in giving an idea of the places best adapted to individual requirements and the period of the year at which a trip across should be undertaken.

The chapter on therapeutics—the climates best suited to those forms of disease in which a change of air is most commonly advised—though slightly written, except in the case of phthisis, where the suggestions offered are fuller, will prove useful to those who go to the United States in search of health.

A large and handsome map of the United States and Mexico accompanies Dr. James' work.

The volume concludes with a translation of that portion of Dr. Woeikof's work—*Die Klimate der Erde*, relating to North and South America and the Atlantic Ocean. This is very interesting.

To anyone wishing to get an idea of the opportunities presented by the United States for providing him with a climate such as his state of health may require, Dr. James' book may be recommended with confidence. We only regret that it is not fuller of information.

Archives of Surgery. By JONATHAN HUTCHINSON, LL.D., F.B.S.
London: J. A. Churchill, 1889.

ALL who, in years past, enjoyed the benefit of Mr. Hutchinson's teachings will welcome these pages from his pen as a reminder of himself, and as a substitute for the more complete work, for which they have so long vainly wished and hoped. His own pupils and acquaintances will require no explanation of the *raison d'être* of the *Archives*; for others his own words in the preface to the first issue form the best possible introduction. "It may seem almost a work of presumption to begin the issue of a journal to which I purpose, with but very few exceptions, to be the sole contributor. The fact is that I have a very large store of clinical material, much of which is carefully edited and ready for the press. My engagements are such as to preclude that continuous attention which is needful to prepare a book. I can only do fragmentary work, and I am much attracted to a form of publication which will permit of my recurring to the same subject, should it seem desirable to make additions or corrections." . . . "I shall consider, as my objects, the elucidation of symptoms and the development of principles of treatment."

The *Archives* includes general surgery in its consideration, and enlarges upon the special subjects in which the author-editor is interested, and the first number is a specimen of the general arrangement of the future issues. The student, to whom Mr. Hutchinson was always a friend, is not forgotten; "a catechism of surgery, with cases for diagnosis," occupying 15 pages, closes the letter-press. Four coloured illustrations are to appear in each quarterly issue, and are to form, when the journal is concluded, a "smaller atlas of clinical illustrations." The illustrations are beautifully executed, and are not to be simple reprints of the large atlas.

We have great pleasure in welcoming this very interesting periodical, and shall look forward to the subsequent numbers with impatience. The publication of these full and accurate records of facts patiently observed and noted during many years, cannot fail to instruct, as we are sure they will interest, every practitioner and student of surgery. Lastly, though perhaps not least, homœotherapy is indebted, in more instances than one, to Mr. Hutchinson's researches. An illustration of this is found in the article on *arsenic* which

we quote on page 569. We gladly recognise this indebtedness here, and shall not fail to make use in the future, as we have in the past, of the knowledge such facts give us, on the principle made available to us by the genius of Samuel Hahnemann.

[This journal has not been sent to us for review, but we gladly take this opportunity of commending it to our readers.]

CLINICAL NOTES.*

LONDON HOMŒOPATHIC HOSPITAL.

J. C., a girl of eight years of age, admitted into the London Homœopathic Hospital for chorea, on May 23rd, under Dr. Byres Moir.

Family and personal history.—She has always been a healthy girl, never had rheumatic fever, but has had measles and whooping cough. Never had "growing pains," or at any time suffered from tonsillitis. Father alive and healthy. Mother died seven months ago from bronchitis. She has one brother who suffers from "sore eyes," but is otherwise quite healthy. No sisters. No history of consumption, rheumatism, or heart disease in the family.

Present illness.—Began about four weeks before admission into the hospital. Shortly before this the child did not seem to be quite well, moping a good deal and not taking interest in things going on around her. It was then noticed that she began "twitching" her arms and head, and also making grimaces. She used constantly to drop things which she held in her hands. With regard to the cause of the onset of the illness, the father, who gave the above statement, thinks that a fright she received at school may have had something to do with it. At school she had always been a very forward girl and very fond of her work, and, perhaps, was a somewhat nervous child.

On admission.—She was a fairly healthy-looking child, with a fair complexion and good colour in the cheeks. She was well nourished and muscles and bones fairly well developed. There were no subcutaneous rheumatic nodules.

Examination of heart showed its area of dulness to be very slightly increased to the left. Apex beat in 5th space $\frac{1}{4}$ inch internal to nipple line. There was a soft, blowing, systolic bruit at the apex, conducted slightly into the left axilla. The second sound was quite clear at the base.

The lungs appeared to be quite healthy, the air entering

* For these notes we are indebted to Mr. Wright, house surgeon.

them well. No râles were to be heard anywhere. The patient was constantly making grimaces and irregular and purposeless movements of the hands and arms. The tongue was protruded with a jerk and then withdrawn into the mouth. She was also constantly shrugging her shoulders. She complained of no pains anywhere. Urine, sp. gr. 1082 acid, and contained no albumen. She was put on 1st diet without meat. No medicine was given for first few days.

By May 26th she seemed slightly better, but there was still a considerable amount of choreiform movement.

On June 1st she was given *actea racemosa* 1, gtt. i. three times a day. At that time she seemed considerably improved, though the movements came on very strongly when the child was spoken to.

On June 8th she was very much better.

She improved up to the 15th June, when *liq. strych. nit.* 1 in 200, 2 drops three times a day was ordered.

On the 18th she was allowed out of bed to sit about on the couch, but in a few days she appeared to be worse, so was ordered back to bed again.

The patient soon began to mend again, and progress was uninterrupted until the 3rd of July, when the choreiform movements returned again slightly. On the 24th July the *liq. strych. nit.* was changed to *ferrum reduct.* 8x grii.

On July 9th she was ordered *ferrum arseniatum* 8x grii. three times a day; from this date her progress was rapid, and she was finally discharged cured on the 6th of August, and proceeded from the hospital to Eastbourne.

NOTABILIA.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THIS important and influential body, the largest medical society in the world in which the principle and practical results of Hahnemann's therapeutic doctrine are studied and discussed, has just completed its forty-first annual session.

The first article of its constitution describes the object of the Institute to be "the improvement of homœopathic therapeutics and all other departments of medical science."

To become a member of the Institute a candidate must be certified, by three members, to have pursued a regular course of medical studies "according to the requirements of the existing institutions of the country," and to sustain "a good moral character and professional standing." The place and time of the candidate's graduation must also be certified to. This certificate is laid before and examined by a board of

censors, five in number, appointed at the commencement of each annual meeting. Their report is then submitted to such meeting, when it is of course open to any member present to object to any candidate proposed for election by the reporting Board.

We should have thought that such provisions would have been sufficient to secure that the membership of the Institute would be restricted to those who accepted homœopathy as the basis of scientific drug-selection. With one or two unimportant exceptions—the most conspicuous being Dr. Lauder Brunton's friend and fellow helper in teaching homœopathy to the profession in England—Dr. S. O. L. Potter—such has been the case. The provision has therefore worked well hitherto, and moreover has prevented this great association becoming exclusive among homœopaths—all otherwise qualified who are ready to join a society having for its object the improvement of homœopathic therapeutics and all other departments of medical science are eligible to its membership.

Some there are who seem to desire to introduce the thin end of the wedge of exclusivism. Their spokesman is Dr. H. C. Allen, of Ann Arbor—not the editor of the *Cyclopadia of Drug Pathogenesis*, be it remembered. Dr. Allen is, we believe, a member of the International Hahnemannian Association—a body which delights in "C. M's." and other mystical "potencies"—and enjoins on each member the signing of a set of rules which it is impossible for any practitioner never to depart from.

Dr. H. C. Allen, at the meeting in 1888, gave notice that at the one just held he should propose the introduction into the application for membership of a clause setting forth that the applicant "is a believer in, and a practitioner of homœopathy." This he did, and, notwithstanding that he received the powerful support of the President (Dr. Talcott), his proposal was rejected by a majority of 42 out of 112 voting.

Dr. Allen's proposal was a very mild one indeed, and some years ago would probably have been acceptable, at any rate at the formation of a homœopathic medical society. But we have learned by experience that the wider we make the way of entrance into our societies, provided that the discussion and teaching of homœopathy are secured, the more useful they are in developing and propagating our therapeutics.

The difference between our medical societies, and those of the dominant majority is that, in the former everything relating to medicine, *including* homœopathy, is regarded as a fit subject for discussion; in the latter everything relating to medicine, *except* homœopathy, is debated.

The following excellent remarks upon this proposal by

Dr. Orme, of Atlanta, Georgia, a recent President of the Institute, and one of its oldest members are, we think, thoroughly sound, and at a time when in some quarters the bigotry and narrowness of the chiefs of the old school seem to be appearing among a few adherents of the new are very refreshing reading. They appeared in the *American Homœopathist* for August, the editor of which is a supporter of Dr. H. C. Allen's proposal.

"I regret exceedingly the introduction of this resolution, not because I have any fear that it will be adopted, I believe that there is too much of the spirit of liberality in this Institute for that, but on several other accounts.

"I dislike to have to oppose anything that is proposed by my friends, but I dislike still more to have any unnecessary disturbance of the harmony of our Institute.

"We are doing well under our present rule of admission, which is fair and liberal; under this we can repulse the charge of illiberalism and exclusivism. Our friends, the enemy, have constantly endeavoured to make us appear as exclusive, and we have as constantly and with more vehemence denied and repelled the charge. In doing so, we can point to the courses of study and text-books of our colleges, and to the scope and variety of work accomplished by our Institute. We are upon solid ground as a liberal medical society, even although we do especially engage in the study and development of homœopathic therapeutics. We should avoid even an appearance of exclusiveness.

"The founders of our Institute were men of liberal views, forced by oppressive circumstances to protect against the illiberality of the time and organise a separate medical association, but they did not exact a *declaration* of a belief in what physicians might know little or much about, and they were prepared to say to any seeker after the truth, as I would have the Institute to say now, 'If you are thinking of investigating homœopathy, if you wish to mingle with us who are engaged in its study and development, *come with us and we will do you good.*'

"This resolution, being a proposal to change the bye-laws, must have a two-thirds vote. Instead of securing even one-third of the votes of the members present, I trust that it will be put to rest under so emphatic and overwhelming a vote, that nothing that smacks of illiberality will ever again be attempted in this body.

"It is objectionable, because it attempts to establish a *creed*—a thing that is not only incompatible with, but offensive to, a scientific body. Who knows when other items to the creed may be proposed? Who knows whither this mis-

chievous precedent may lead? Some friend, with more enthusiasm than wisdom, may next propose to require a pledge, to use only the 'single remedy.' Then another may wish a committal to the 'dynamization' theory; and there is no telling where this innovation might end. The time of the Institute should be given to scientific discussion, and should not be taken up with questions of this sort, which, once commenced, might lead to constant turmoil and contention, where there should be unity and concord.

"This resolution is unnecessary, because the title of our Institute implies sufficiently an interest, if not an absolute belief, in homœopathy; while its constitution commits it, as its object, to the improvement of homœopathic therapeutics and all other departments of medical science!

"As every applicant for membership must be vouched for by three of our members, it is not likely that any enemy would attempt to enter our camp, and we have nothing to fear even in such a case. It is to be strongly presumed that applicants approach us in good faith; and even if they should not be firm in homœopathic belief, but should wish to join us as a medical society for the 'improvement of all departments of medical science,' in the name of science let them come. The Institute will be a good school for them, and we may learn from them as well.

"There are many who are willing to learn homœopathy who have had their attention drawn to it, and are 'inclined' to believe in it, but who scarcely know whether they are believers or not. Shall we shut our doors in the face of them, when they, in good faith, wish to join with us in a study of the subject? Are we not students ourselves, and should we not welcome all others who wish to join us?

"At all events let us not put upon ourselves the stigma of being a scientific association with a 'creed.' Let us not be retrogressive and narrow, but liberal and progressive, and thus retain the respect of the scientific world to which we are now so well entitled."

COTTAGE HOMŒOPATHIC HOSPITAL, BROMLEY.

THE Phillips Memorial Homœopathic Hospital, which has been founded by the numerous friends of the late Dr. Phillips, has, after many difficulties in obtaining suitable premises, been opened at No. 19, Widmore Road, Bromley. There are two wards, each containing two adult beds and one child's cot, and the dispensary which the late Dr. Phillips successfully carried on for many years will in future be continued in the out-patient department of the hospital. It starts under promising auspices, having for its patrons the Duchess of

Manchester, Sir S. A. Blackwood, and Sir John Farnby Lennard, and for its president Mr. R. W. Perks, of Chislehurst, while Mr. E. F. Duncanson, of Bickley, is the chairman of an influential committee of 22 ladies and gentlemen. It is not intended that the institution shall be a rival to any similar existing institution, but to supply what has been felt as a deficiency, namely, a local hospital where the poor who prefer the homœopathic treatment can be received for that purpose.

[We congratulate Bromley and Dr. Madden, our energetic *confrère*, on their success in having so quickly brought to an accomplishment the proposal to found a homœopathic hospital in connection with the dispensary there, and in memory of its founder, the late Dr. Phillips. A memorial which, while doing honour to and perpetuating the name of the dead, confers health and happiness on the living, is the right kind of memorial, and one which the warm sympathies and benevolent mind of our lamented colleague would best have liked. May the institution prosper and do a noble work!—*Eps. M. H. R.*]

HOMŒOPATHY IN NEW ZEALAND.

From the *Dunedin Evening Star* (June 19 and 21) we learn that Dr. Lamb, who is surgeon to the "Court St. Andrew" and "Court Enterprise" lodges of the Ancient Order of Foresters, announced to the quarterly meetings his adoption of homœopathy. In each case it was resolved "that the services of Dr. Lamb be retained." Our *confrère* has evidently gained the goodwill of the families of the brethren of the "Ancient Order" during the seven or eight years he has attended them. He is now adding to their obligations to him by adopting the potent and benign method of Hahnemann. We are sure neither doctor nor patient will regret the acquisition.—[*Eps. M.H.R.*]

RUMEX CRISPUS IN PRURIGO.

IN a paper entitled *Dermatological Observations*, by Dr. Emil Tertze, the following interesting and carefully described case of prurigo is recorded:—

Six months ago, a young man, twenty-five years of age, of good physique and phlegmatic temperament who, with the exception of a gonorrhœal infection several years ago, so far as he could remember, had never been sick, complained of having been afflicted for the last eight or nine months with a very annoying skin affection. From the beginning the trouble had been called eczema, and the last remedy pre-

scribed for him, and which the patient had faithfully taken for seven or eight weeks, was Fowler's solution of *arsenic*. It had done him no good, however; on the contrary, it seemed to have aggravated the trouble.

The eruption, though more copious at the flexor plane of the arms, especially the forearms, and the inner portion of the thighs, was not confined to these localities, but could be found more sparingly also on and between the shoulders, on the breast, lower portion of the abdomen and lower legs. It appeared in the form of solitary noduli which, here and there more numerous, cropped out at various distances from each other in quick succession, but irregularly as to locality and time. The colour of the single noduli, rough and hard to the touch, did not vary from that of the normal skin. With the aid of a pocket-lens, there was observed at the top of each fully developed nodulus, a minute vesicle of a structural density apparently greater than that of the surrounding epidermis, which contained a very small quantity of a clear lymph-like fluid that tardily escaped on puncturing the vesicle with a needle. The eruption was exceedingly irritable, and the patient tried to relieve the often intolerable itching by frequent rubbing and scratching. By this operation some of the noduli were invariably torn by the finger-nails, and the lymphic liquid, intermixed with a drop of extravasated blood, oozed from the tiny wounds, but soon dried up into small, hard and dark coloured crusts which, quite numerous at first sight, were the most conspicuous feature of the disease. In some instances the torn noduli became slightly inflamed, increased in size, and assumed the character of large papules. Beneath the detached scabs white marks were left, in colour fairer than the skin, which were enclosed by a circular deposit of a brownish pigment, somewhat darker in shade at the immediate border of the marks. The latter remained visible for some time, and gave the skin a spotted, mottled appearance.

Sudden changes of temperature, especially rapidly cooling off, or warming up of the body, the warmth of the bed, as well as damp, rainy and chilly weather, greatly aggravated the trouble in every respect. So, apparently, did strong alcoholic drinks. The cause of the disease was entirely obscure, and all hypotheses regarding it mere speculation.

It will be readily seen from this description that the name *eczema* was an out-and-out misnomer; its whole character and development differed distinctly and essentially from the disease known by that name. The principal points of difference between the two diseases, with special reference to the case in question, are briefly: the non-confinement of the trouble to any definite locality; the absence of any hyperæmic or inflam-

matory condition of the skin; the nodular character of the eruption; the solitary appearance and structural peculiarity of the vesicle; the form, size, consistency and colour of the scabs; the peculiarity of the marks left on decrustation; the intensity of irritability.

I think the proper name of the affection described is that of a pruriginous disorder, the *prurigo mitis* of our text-books.

A few drops of *rumex crispus* 6x, taken three times a day, and, on improvement, morning and evening, cured the trouble within a few weeks. What I had noticed of the action of this remedy in former cases held good also in this. The improvement soon began with a rapid decrease of the intolerable itching, quickly followed by the withering and drying up of the still existing noduli, and the cessation of any fresh subsequent outbreaks.

Graphites and *causticum*, I think, would follow well on *rumex* if the latter should fail to effect a complete cure.

My purpose in publishing the history of this case is to direct the attention of the younger members of the profession to a valuable prurigo remedy heretofore, perhaps, unknown to them; because in their future battles with that rebellious disease they may possibly experience some day the pruriginous sensation of having come, discouraged and hopeless, to the end of their therapeutic string.—*Hahn. Monthly*, Aug., 1889.

[The subjective symptoms which suggest *rumex* in a case of vesicular eruption are aggravation of the itching when undressing or otherwise exposing the skin to the air, and relief from warmth and from scratching, which, however, causes burning and little sore spots. The itching also may change rapidly from place to place.]

CLINICAL EXPERIENCE.

ONE is amused, and yet made to feel sad, at the lack of consistency made manifest in perusing a list of the most valuable of the old school remedies, and in noting the discoveries of new and wonderful uses to which certain drugs can be put. Of course, this is the result of "clinical experience," and as such is, from time to time, announced in old school journals. Truly, "clinical experience," like charity, covereth a multitude of sins and therapeutical plagiarisms.

For instance, one Christopher Columbus of medicine has lately made the startling discovery, and as such has announced it to the wondering multitude of allopathic physicians, "I know of nothing more remarkable in practical therapeutics than the rapid recovery of profound anæmia under this drug (*ars.*), excepting *ferrum* in chlorosis, and its action seems to be

specific." Another "regular" asserts that out of 105 cases of chorea treated exclusively with *arsenic*, there was only one that did not recover in a wonderfully short length of time and small doses were used.

Other strange facts that have lately been made known to the medical world through "clinical experience" are "habitual constipation of infants is met well with *nux vom.*, while *sulphur* seems to do better if the stool is very dry."

And again, *rhus tox.* has been found of value in incontinence of urine.

Another medical light of the allopathic school publishes the following: It is well known that most of the agents which possess value as diuretics are so because they tone up the heart and exercise a tonic influence upon the general nervous system.

"Corn silk acts in that manner.

"It is a most valuable diuretic, soothing and unirritating. Like some other remedies upon which is based the law of 'similia,' in overdoses it produces, in healthy persons, the same symptoms which, in small doses, it cures."

Surely the light is breaking through the darkness—those that once were blind are now beginning to see; and all that is to be done to perfect the entire enlightenment of the allopathic school—is for them, by diligent and conscientious labour, to rediscover, by "clinical experience," that hundreds of drugs have the same curious action that is found in "corn silk."—*The Chironian*.

THREE PUBLIC LECTURES DELIVERED BY DR.
BRASOL IN THE LECTURE HALL OF THE PEDAGOGICAL MUSEUM AT ST. PETERSBURG. A
FRAGMENT FROM THE CONTEMPORARY HISTORY
OF HOMŒOPATHY IN RUSSIA.

By Dr. BOJANUS.

Das Alte stürzt es ändert sich die Zeit
Und neues Leben blüht aus den Ruinen.
SCHILLER. (Tell.)

(Continued from page 876.)

III.

AFTER the delivery of the third lecture, on "Posology," only two speakers, neither of them being of the medical profession, took part in the discussion which followed, viz.: Mr. Heard, a tutor, and our previous acquaintance Mr. H. Goldstein, professor of chemistry. Mr. Heard was the first to speak. He announced that he had been a believer in homœopathy for twenty-five years, his attention having first been

drawn to it by the circumstance of his having been an eye witness of its usefulness, and of remarkable cures which had been effected by its means, when administered by a layman, a landowner whom he knew in the Tambow Government. He afterwards had read articles on the subject which were the means of increasing the interest he felt in it; one article he remembered had particularly impressed him. It was written by Claude Bernard, and appeared in the *Revue des deux mondes*, under the title of "The action of a homœopathic dose of *curare*." He afterwards read the *Organon*, and in general watched the progress that homœopathy made in the scientific world. He noted at the time with great interest the secession from allopathy of the celebrated English physician, Dr. Horner, and his adoption of homœopathic principles. He afterwards commenced to administer homœopathic remedies himself with such good results that he eventually became an adherent of the cause. And now, after having listened most attentively to the opposition which had been offered to these lectures, he must confess that his convictions in regard to the soundness of the principles of homœopathy had not been shaken in the slightest degree. He pointed out that from the very commencement of these lectures, from the dispute about the term "homœopathy" to that about the action of attenuated doses of common salt, the opposition had been more occupied with setting verbal traps to catch the lecturer than in entering into the substance of the lectures themselves. With regard to the questions about the why and wherefore of the action of common salt, he would go so far as to say, that had the lecturer met them with the reply "I don't know," his convictions would not thereby have been in the least shaken, for what allopathist, he asked, was prepared to answer at a moment's notice questions relating to the action of drugs on the internal organs and to the *causes* of such action? The lecturer, however, had not left one question unanswered, although of course some answers might have been more satisfactory. The refusal of Professor Tarchanow to accept the results of clinical practice and experience as a criterion by which to judge of the merits of medical treatment, was indeed astounding, the more so as the learned gentleman had acknowledged that there had been cases where homœopathic treatment had effected a cure. It seemed, however, that although such instances were well and authentically established they were after all of no value, and in no way proved the existence of healing properties in the remedies employed. Professor Tarchanow had moreover, in the opinion of the speaker, abused and exaggerated the self-deception and "psychic-

influence" argument, for what application could such reasoning have in the case of children and infants. In any case it applied with equal force to allopathic or any other method of treatment. Professor Tarchanow demanded that a series of experiments should be tried on animals, the learned gentleman's experience having proved to him that the effect of any deleterious substance was always the same on animals quite irrespective of the size of the dose. Could it be possible that the Professor was not aware of the researches of some very celebrated physiologists which proved beyond doubt that a minute dose of any given drug would produce on an animal the very contrary effect to that caused by a large dose of the same drug? Mr. Heard then referred to the remarks and objections which had been made by Mr. H. Goldstein, and mentioned with regret that gentleman's warning to the medical students present not to be deceived by the fallacies employed by the lecturer. Mr. Heard observed that this self-imposed guardianship appeared to him, at any rate, to be quite superfluous, as the university professors took every care that the students' minds should be kept free from any bias in favour of homœopathy. If he (the speaker) might be allowed to say a word to these young men it would be to advise them in their search after truth not to neglect any honourable means by which that search might be furthered and assisted, and to endeavour to free their minds from all bias and prejudice whatsoever. If after diligent study and careful research, conducted with the assistance of experiments, they became convinced that homœopathy was baseless, and untrue in principle, certainly it would be their duty to oppose it to the best of their power. On the other hand, should their researches and experiments lead them to the opposite conclusion, they would, he was sure, have the courage to step forward in its defence, and bear without shrinking the hatred and persecution of their former comrades as became men who were fighting for the truth. Mr. Goldstein then followed. He repeated the long and wearisome remarks delivered at a former lecture, about his thorough knowledge of homœopathy, its literature and its principles. He again announced that in his reading he had endeavoured to discover whether homœopathy claimed to be merely an empirical method of treatment or whether it aimed at being considered a theoretical system found on principles. He had applied himself carefully to the examination of the principle which underlay the expression *similia similibus curantur*—a principle the soundness of which no homœopathist since Hahnemann had attempted to prove—and he had come to the conclusion that the formula was a false one. He again quoted the passage in the

Organon (1st edition) about the cannon ball as evidence in favour of the conclusion to which he had arrived. In Hahnemann's days, he informed the audience, it was believed that animated bodies were governed by one set of laws and inanimate by another, hence the "vital energy" hypothesis, in which Hahnemann thoroughly believed. This hypothesis had long since been proved untenable, and since the principle expressed by the above named formula rested upon it, *similia similibus curantur* must inevitably fall with it. Why had the lecturer passed over the speech of Mr. Heard without comment? In the speaker's opinion that gentleman, in his attempted defence of homœopathy, had entirely overthrown and destroyed the law *similia*. (The President here remarked that Dr. Brasol's silence in respect to the speech of Mr. Heard might be explained by the fact that the former's turn to speak had not yet come, upon which Mr. Goldstein withdrew the expression which conveyed the insinuation directed against the lecturer.) If, as affirmed by Mr. Heard, a small dose of any given drug would produce an opposite effect to a large one, how was it possible that the effects of the larger dose could serve as a guide to the selection of the smaller one. His perplexity had only been increased by the lecture just delivered on the size of doses. He was perfectly certain that a dose of iodine of the 6th dilution or the $\frac{1}{10000000}$ degree of attenuation* (*sic*) could not possibly be detected by any chemical process whatever. In a similar vein to this Mr. Goldstein commented upon the microscopical researches of Mayerhofer, and upon those of Crookes referred to by the lecturer, after which he once more took up the subject of common salt, in respect to which he asked the following question: If a dose of a tablespoonful of common salt were immediately followed by an homœopathic globule of the same drug, what effect would the latter have upon the system? No strict scientist, he averred, would undertake to answer this question. Again, in a case of inflammation of the lungs where phosphorus was administered homœopathically, the action of the air upon that drug during preparation would change it from phosphorus to phosphoric acid! To sum the case up in a few words there could not possibly be any scientific explanation of homœopathy, there being no scientific basis for it. Probably men would always be found who advo-

* This remark, be it remembered, was made by a man who professed to have thoroughly studied homœopathy. His studies however had not been deep enough to enable him to acquaint himself with the rudiments of homœopathic drug preparation. True his mistake was only a matter of a cypher—one ten millionth instead of one millionth—and a cypher after all fairly represented his knowledge of homœopathy.

cated it and lent it their practical support, but its principles had as little to do with science as its practice.

Dr. Brasol, in summarising the opposition which had been offered to his lectures, stated that as from their very commencement to their close none of his opponents had even so much as touched upon the fundamental principles of homœopathy, he could but conclude that in preparing their weapons for attack they had in view, not homœopathy as it is in all its scientific reality, but a homœopathy of their own, or homœopathy as it appeared to their individual understandings. Everything that had been said by him in his lectures to prove the existence beyond doubt of the law "similia," every circumstance and fact which in his second lecture had been adduced in support of homœopathic pharmaceutics, and in conclusion everything brought forward by him to show the importance of clinical research and experiments as tests of the action of homœopathic remedies administered in minute doses, had been ignored by his opponents. Their opposition consisted mainly in asserting and reasserting the following pre-determined dicta:—

1. There *was* no such thing as the law "similia."
2. In homœopathic treatment Nature was the healing agent and not art.
3. Homœopathy ignored the causes of disease.
4. The so-called "pure" homœopathic remedies were really compounds, foreign substances being introduced into them by friction with the glass vessels in which they were prepared. Minute details had been discussed, but so far as the opposition was concerned the principles of homœopathy had remained not only unshaken but untouched.

Dr. Brasol then proceeded to deal with the objections which Professor Tarchanow had raised, and which he regarded as more worthy of attention than any of the others that had been advanced, even after taking into consideration the outspoken declaration of the learned professor, made at the commencement of his speech, that he knew nothing whatever about homœopathy. *He*, at any rate, had shown his appreciation of the importance of the subject by wishing to regard and criticise it as a science, and by his readiness to weigh and consider any circumstance which, to his mind, seemed to tell in its favour. The learned professor had, however, contended that the law of similars was contradicted and proved unsound by the teachings of the science of biology. It was strange that he did not observe the contradiction into which he himself fell when he wished to regard the practice of inoculation as telling in favour of homœopathy. The professor was, in fact, altogether mistaken in assuming that the formula

"*similia similibus curantur*" was predicative of the *way* in which homœopathic remedies acted upon the system, it merely expressed the principle on which these remedies were *selected*. Some homœopathists had, in fact, long ago given expression to the opinion that remedies selected according to the teachings of the law "*similia*" must necessarily *act* on the system as opposites (*contraria*).

With regard to the learned professor's refusal to admit clinical experiments as proofs of the beneficial action of homœopathic treatment, he could only say that such reasoning was very inconsistent. Every science in its own peculiar province possessed, and must possess, its own peculiar methods of demonstration. With regard to experiments on animals, the lecturer explained that he had never said anything against the establishment of such a series of experiments. He must point out, however, that it was difficult to understand how anybody could regard a case of convulsions produced by an over-dose of *strychnine* any otherwise than as a case of poisoning, and consequently as a case of "*indicatio causalis*." Homœopathy, as he had before pointed out, had nothing whatever to do with such cases; it was entirely concerned with idiopathic diseases, and in this province only could homœopathic remedies be applied. A case of idiopathic paralysis would be treated by *curare*, *atropin*, *conium*, *rhus*, or any other homœopathic remedy which circumstances might indicate as best. Referring then to the opposition which had been offered by Mr. H. Goldstein, Dr. Brasol thought that that gentleman must have been aware of the sense in which the term "*pure*" was used. When simple or pure remedies were spoken of, it was well understood that chemical purity was not meant. The accidental admixture of certain particles of other substances with any drug during the process of attenuation could not be taken into account as in any way altering the pathogenetic character of the drug, because such substances must necessarily have been present when it was proved, and have been included in its pathogenesis. Mr. Goldstein had himself informed us that there was no such thing as chemically pure iron. True, this circumstance was regarded by homœopathists with indifference, for it affected allopathists no less than themselves. Still, it must be confessed that up to the present we had always believed in the possible existence of pure drugs, a purity obtained by means of chemical science. If we had been deceived, then the burden of the responsibility rested with that science and not with us. Mr. Goldstein as its representative would, he hoped, note this. The question of the action of common salt was so clearly one of quantity and not of quality that it was

not necessary to pursue the subject further. It was known that any extension of the superficial area of a given substance separated its molecules, but whether the force thus set at liberty was dynamic or physical had not yet been determined, and it was in connection with this question that he had appealed to the experiments and observations of Crookes. In answer to the professor's (H. Goldstein's) remarks about the possibility of detecting the presence of drugs when highly attenuated, he took the opportunity of informing him that the presence of the $\frac{1}{100000000}$ part of a grain of chloride, by means of nitrate of silver, could be detected beyond the shadow of a doubt, and that its reaction on iodine was equally capable of detection. These were *facts*, and belonged to the province of experiment and actual knowledge, not to that of dialectics. All the anti-homœopathic literature that had ever been written in any country had not shaken one of the principles that lay at the basis of homœopathy. With regard to the reproach of Mr. Goldstein, that the directions which were given in the text-books of homœopathy to laymen practitioners were very faulty, he would observe that exactly the same thing might be said with equal justice respecting the hand books of allopathy, but really what had these matters to do with the root of the question? The learned gentleman should surely have directed his attention to graver subjects than these, especially as, according to his own statement, he had thoroughly grounded himself in the knowledge of homœopathy, a statement by the way not borne out by the character of the opposition he had offered to it. The lecturer then called attention to the fact that two of his opponents had made very important admissions,—Professor Tarchanow that homœopathy should be regarded as a science, and Mr. Goldstein that it was so permeated with the spirit of the reigning school of medicine that in most matters it could not be distinguished from it. It would seem to follow from this that homœopathy *was at least* deserving of scientific criticism, and that there was after all nothing *irrational* about it whatever. The history of medicine would shew that the advantageous position occupied by the reigning school at the present day, was largely owing to its gradual adoption of homœopathic principles. The progress that clinical science had made was *altogether* due to the adoption and application of those principles in practice, as its views on pathology and symptomatology, its custom of proving drugs on a healthy subject, clearly showed. Its employment of certain drugs (of course without acknowledging the source from whence they were obtained) which could only be administered according to the principles of homœopathy, pointed in the same direction.

Dr. Brasol concluded his remarks by expressing the hope that in proportion as the history of medicine and the principles of homœopathy were known and understood, the two schools would approach each other. The time would come when there would be neither homœopaths nor allopaths, but only medical practitioners of thorough scientific knowledge.

Our report of course ought to close here, but we cannot refrain from placing before our readers a short description of the final attack made by Mr. Goldstein upon the lecturer. It so well illustrates the style of the man from an æsthetic point of view, and moreover, serves as a fitting conclusion to the whole of the remarks which during these lectures he had made against that "system of medicine" which he had studied so well. In the absence of Professor Tarchanow, Mr. Goldstein took upon himself to make a remark in respect to the reference which the lecturer had made to that learned gentleman. Professor Tarchanow, he said, had expressly declared that he knew nothing whatever about homœopathy, and he had, in fact, only attended one lecture (the second). If, said Mr. Goldstein, it appeared to me (knowing, as I did, that Dr. Brasol was a homœopathist delivering a lecture on homœopathy) that I was listening to a lecture delivered by a professor of the opposite school, it was not to be wondered at that Professor Tarchanow, listening to a discourse about medical science—his knowledge of that science being entirely confined to allopathy, should have believed that the lecture bore a thoroughly scientific character, and that it was deserving of being criticised accordingly. If I stated that I could not distinguish the lectures of Dr. Brasol from similar ones delivered by professors of the reigning school of medicine, it was because there was nothing strictly homœopathic about them. All that they contained might be found in any medical text-book, and was perfectly well known to every medical student who had reached his third term. Further, it was not the fault of chemistry if homœopaths were ignorant of the fact that there was no such thing as chemically pure water, and science again was not to blame if such elementary knowledge, which every student possessed, came as a new revelation to the lecturer.

At this juncture the President closed the debate.

(To be concluded).

PROGRAMME OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS, PARIS.

THE Paris Congress, which will be over before our present issue is in the hands of our readers, bids fair to be full of interest. The sections are entitled:—

I.—General Materia Medica and Therapeutics.

II.—Applied Materia Medica and Therapeutics.

III.—Legislative Teaching and Hospitals.

In Section I. Dr. Piedvache reads a paper on *The Opposite Effects of Medicines on the Healthy and the Sick, etc.*; Dr. Jousset (père) treats of *The Relation of the Microbic Doctrine to Homœopathic Therapeutics*; Dr. Pinilla, of Madrid, discusses *The Relation of Homœopathic Therapeutics with Other Branches of Therapeutics*; Dr. Gaillard has a paper on *Methods of Study*; and Dr. Conan on *Medical Electricity*.

In Section II. 14 papers are to be read. They are as follows:—

Homœopathic Treatment of Bright's Disease (Dr. Hansen).

Homœopathic Treatment of true and false Tabes Dorsalis (Dr. A. Villers).

Curability of Diatheses (Drs. Criquelion, Gutteridge and Imbert de la Touche).

Homœopathic Use of some New Medicines (Dr. Ozanam).

Caféin in Neuralgia and Insomnia (Dr. M. Jousset).

Iritis, etc., and Uterine Affections (Dr. Parenteau).

Croup and Diphtheria (Drs. Serrand and Oxford).

Seven Cures of Paralysis Agitans and Senile Trembling (Dr. Imbert de la Touche).

Phthisis in Algeria (Dr. Feuillet).

Gonorrhœa in Women (Dr. Edward Blake).

Homœopathy in Pregnancy (Miss Keating, M.D.)

Homœopathy in Gynæcology (Miss Bankine, M.D.)

Some Surgical Questions (Dr. Watson).

Section III. :—

Monopharmacy (Dr. Gaillard).

Propagation, Teaching and Hospitals in Spain (Drs. Pelluer and Garcia Lopez).

Suggestions Respecting Secret Remedies (Dr. Rappaz).

Nomination of a Commission of Pharmacology (M. Ecalle).

Laus Respecting Medical Practice in Minnesota, U.S.A. (Dr. Serrand).

Suggestions for the Better Propagation of Homœopathy (Dr. Roth).

Homœopathic Education of Women in New York (Mme. M. D. de la Montagnie Lozier).

Homœopathy at Cook County Hospital, Chicago (Dr. Gatchell).

Even with the restriction to 15 minutes for each paper, the Congress will need to make the most of its time to get through so much work in three short days. On another page will be found a brief notice of the success of the meetings. They are held at the Trocadéro, in accordance with the decision of the Minister of Commerce, on Wednesday, Thursday and Friday, 21st, 22nd, and 23rd inst.

INTERNATIONAL CONGRESSES.

DURING the past month Paris has been the seat of various International Congresses. Hygiene, hypnotism, alcohol, poor-law, therapeutics and homœopathy have one and all been discussed by representatives of all countries.

The International Congress of HYGIENE was held under the honorary presidency of the Minister of the Interior, M. Brouardel occupying the chair. In his opening address, he spoke of the immense changes which had taken place in the relations of different professions. It was in the faculty of Medicine, where the Congress met, that physicians had struggled against barber-surgeons, and had sought to maintain the exclusiveness of their profession. Yet there it was to-day that medical men welcomed engineers, chemists, architects, and public administrators, and not only welcomed them, but were even anxious to consult them and to follow their advice. It was this change that constituted the chief source of their strength as hygienists. Hygiene, he said, had swept away the old ramparts that kept the different professions apart, and it would also help to unite the different nationalities.

Addresses were then delivered by one of the leading representatives of hygiene from the different countries, Sir Douglas Galton representing England.

Among the subjects discussed were the measures to be taken in schools to prevent the spread of phthisis by the sputa of children suffering from tuberculosis; sanitary work in seaport towns; the best means of protecting the health of children; unwholesome dwellings; the treatment and removal of domestic refuse; the medical inspection of schools; the contagion of phthisis pulmonalis; the sanitary dangers of fairs; French sanitary legislation, &c. In the fourth section, that devoted to the consideration of industries and professional hygiene, presided over by Dr. Roth, V.P., a very interesting paper was read by a Russian lady doctor, Madme. Tkatchet, M.D., on the condition of the Russian working classes.

At the conclusion of the meetings, Dr. Roth, as at previous Congresses at the Hague, Geneva and Vienna, moved the vote of thanks to the President, Secretaries, and Organisation Committee, which was carried by acclamation.

At the second sitting of the Congress on HYPNOTISM, Dr. Bernheim, one of the chief authorities on this modern mesmerism, stated that electricity, massage, metalotherapy, hydrotherapy, and homœopathy were all merely illustrations of treatment by suggestion! If Dr. Bernheim had desired to show how ignorant he was of each of these therapeutic measures and methods, he could not have done so more forcibly than by describing them as methods of treatment by suggestion.

Dr. Roth, in reply, said that nothing less than ignorance of homœopathy and an erroneous notion that homœopathy mean the administration of globules could account for such an expression of opinion by Dr. Bernheim. He then very briefly explained what homœopathy did mean, and stated that his fifty years' experience of homœopathy as a practitioner proved its reality and value.

Other gentlemen present entered a protest on behalf of massage and electricity being actual therapeutic measures, and urged that in no way could their effects be attributed to mere suggestion.

The HOMŒOPATHIC Congress takes place too late in the month for us to place a report of its proceedings before our readers on this occasion, but this we hope to do in October.

SWEDISH EXERCISES AT THE LONDON SCHOOL BOARD.

A FEW years ago, owing to the persistent advocacy of Dr. Roth, physical education by means of gymnastic exercises of a scientific character were introduced into some of the London Board Schools, the mistresses going through a course of instruction given by himself. On the 17th of July, drill and vocal music competitions among the boys and girls attending these schools were held in the Albert Hall, H.R.H. the Duke of Cambridge being present to present the prizes. In the drill exercises, banners were competed for by both boys and girls. Each school wore distinguishing colours.

The girls' schools competing in Swedish physical drill were Surrey Lane, *old gold*; Stanley Street, *pale blue*; Medburn Street (junior mixed), *green*; Wilton Road, *electric blue*; Nunhead Passage, *orange*; Rotherhithe New Road, *strawberry*; and Broomsleigh Street, *salmon*. All the girls were tastefully dressed in white, wearing the colours in the form of sashes—excepting the Medburn Street girls, whose dresses were of the colour (green) covered over with very fine muslin pinafores, through which the bright colour was visible.

Col. Onslow, the Earl of Meath, Deputy Inspector Crosse, and Mr. John Holm inspected the girls' schools. Dr. Roth had, very appropriately, been asked to take a part in the inspection, but this his absence abroad prevented him doing.

At the completion of the drill and singing exercises, all the boys' and girls' schools taking part in the drill competitions were formed in order on the arena before the organ, around which were gathered the competing choirs, presenting a most pleasing spectacle of happy juvenile faces, whose bright eyes were anxiously fixed upon the platform, wherefrom the announcement of the successful schools would be made.

The Rev. J. R. Diggle, who presided, having called upon the judges for their decision,

Col. Onslow gave the award with regard to the girls' drill first. The judges, he said, placed the best schools in the following order:—Surrey Lane and Wilton Road both had a second place, the winning school being Medburn Street, which consisted of much smaller girls than any of the other schools. Thus the banner passes from the charge of the Surrey Lane School, the winners in last year's competition. This announcement was received with prolonged applause.

Mr. W. G. McNaught then stepped forward to give his decision with regard to the singing.

The leaders of each of the winning schools, two very little girls in the case of the girls' drill competition, were then presented to his royal highness, who placed the well-earned trophies in their hands, and spoke some words of congratulation to them.

Mr. Helby having moved a vote of thanks to the Duke of Cambridge,

The Earl of Meath, in seconding, said his Royal Highness had taken the deepest interest in many departments of social life, but especially with regard to physical instruction. He congratulated the School Board for London for having taken the lead in these—he might call them—Olympian games of young England. He regretted that the heads of the Education Department were not present that day, and expressed the hope that they would take the hint, and not let another year pass by without their presence at these displays. He hoped the Board would go on in this work, from year to year, till there was no single school without its full course of physical education.

H.R.H. the Duke of Cambridge, in reply, said that the sight he had witnessed had done his heart good. There was no question that the mind must be the first object of attention, but the physical education of the children must not be neglected. It was a healthy sign that the work was already bearing good fruit. He was sure that, as far as the children were concerned, the benefits they would derive from being well educated would be enhanced considerably by these physical exercises. They were creditable to the Board that had instituted the system, and very creditable to the teachers, and he was sure no one would leave the hall that day without being convinced that the display had been of the greatest possible satisfaction to them.

The departure of the Duke, at half-past six in the evening, brought the long day's proceedings to a close, amidst the vociferous cheering of the competing schools.

ARSENIC AS A CAUSE OF HERPES ZOSTER AND OF DULL EYES.

In the *Archives of Surgery*, July, 1889, Mr. Hutchinson writes:—I prescribed *arsenic*, in very full doses, for Mrs.—, in order to cure psoriasis of the nails. It was effectual; and she took it regularly for several months. In March, 1888, she reported to me that about the previous Christmas she had suffered a most severe attack of shingles on the right side of her chest. Her surgeon, in Yorkshire, where she was, had told her that he had never seen a case with so much inflammation. Fortunately for me he had not suggested to her any suspicion as to it having been caused by the medicine. The latter was, however, discontinued, as Mrs.—was suffering from a cold.

In this case my patient was strongly of opinion that the *Arsenic* did not improve her personal appearance. She was greatly distressed by the state of her nails, and willing to do anything for their cure, but she thought that the *arsenic* made the whites of her eyes look thick and a little yellow. The blue of the sclerotic, which in her showed through, did not do so as much as usual. A friend who lived with her had assured her that the medicine made her eyes look dull, and that the blue iris became more grey. I could myself somewhat confirm this impression, for Mrs.—certainly looked older, and had a less brilliant complexion than formerly. She was naturally fair and florid. The nails, which had got well when the drug was pushed, had somewhat relapsed during the two months during which it had been left off. The *arsenic* had not disagreed in any other way.

By several observers cases have been published in proof that in some obscure manner the skin may be made muddy and dull by the medicinal use of *arsenic*. I have myself given an extreme illustration of this in the *Pathological Transactions* for 1888. In this instance the skin became earthy and brown, and in some places took on the condition of psoriasis.

Pricking of the eyes and redness of the conjunctiva are also well known results. The patient whose case I have given above is, however, the first who has complained of objective dulness of the eyes. She was an acute observer, and so was her companion, and I have no doubt they were right. It is quite certain that *arsenic* does affect the nutrition of all the tissues and produce changes, it may be very minute at first, concerning the precise nature of which it is difficult to give any explanation. In arsenical herpes zoster we have a definite peripheral neuritis, but it is far from being the only disturbance of nutrition which we witness in connection with the use of this powerful drug.

ATROPIA AS A PROPHYLACTIC FOR SCARLATINA.

In the *Medical Era* for December, 1888, Dr. W. D. Gentry, of Kansas City, Mo., states that while physician to the Children's Home in this city three years ago, when there were about fifty children in the institution, a child just from Ohio was received, and three days afterwards was taken sick with scarlatina. He did not recognise the disease until the next day, when she was removed to an isolated room. The following day two other children were taken down, and that night two others. As soon as he discovered the character of the disease he mixed two or three grains of the second dilution of *atropine* in a tumbler of water, and had all the children in the institution take a teaspoonful every three hours for two days. This put an end to the disease in the house. He has since used the *atropine* as a preventative in families where the disease occurred, and no child or person who took the medicine had the disease. He regards it as a certain preventative and far better than the *belladonna*.

CREOLIN.*

CREOLIN is one of the latest antiseptics, and seems to possess qualities which recommend it highly for a thorough trial. . . . The literature in regard to it begins in 1887, and is yet quite scant.

It is a black fluid of the consistency of a thick syrup. It looks and smells much like coal-tar, and is obtained from English coal. Its chemical composition is yet unknown. When a drop falls into water it forms a white cloud that gradually mixes with the water. Creolin does not dissolve in water, but forms, up to 12 per cent., a homogeneous emulsion with it. The weaker grades are milk-white, the stronger light brown, like coffee mixed with much milk. After a long time a deposit is formed, but the fluid has about the same power as before.

Its great antiseptic value, in which respect it is claimed to be second only to bichloride of mercury and very superior to carbolic acid, has been tested experimentally by Esmarch,¹ Eisenberg,² and Washbourne.³ Eisenberg found that a three per cent. solution kills all germs in one minute, and a five per cent. in ten seconds, the shortest time in which it is possible to make the experiment.

Up to three per cent. the emulsion is very pleasant to feel on the skin; a five per cent. solution smarts a little after

* Identical with "*Liq. Antisepticus, Jeyes'*."

¹ *Centralbl. f. Bakteriöl. u. Parasitenkunde*, vol. ii., Nos. 10, 11.

² *Wiener med. Wochenschrift*, 1888, vol. xxxviii. 564, 605, 641.

³ *Guy's Hospital Reports*, 1888, pp. 365-378.

protracted impression. The mucous membranes are more sensitive. Even a two per cent. solution smarts on the tongue, and in some parturient women in the vagina. One-half to one per cent. was well borne when injected into a dog's bladder, while two per cent. caused hæmaturia (Eisenberg). Kortüm⁴ found that irrigation of ulcers with a two per cent. solution was pleasant to the patient. Neudörfer⁵ states that a stronger solution than one-half of one per cent. irritates wounds and causes pain. It produces the liveliest granulation and healing where all other substances fail.

In contradistinction from most other antiseptics, especially bichloride of mercury, it makes the surface with which it comes in contact soft and slippery.

It has a very considerable hæmostatic power. At first it was claimed that it had another advantage over most other antiseptics by being entirely innocuous. A dog swallowed thirty grammes (about ʒj) and did not show any disturbance (Eisenberg). F. Späth and several other members of the house staff of the Hospital of Munich took for some time up to 2.7 grammes (about ʒxl) in a single dose, and 8 grammes (about ʒij) in the course of the day. They felt well, did not vomit, and had an excellent appetite.⁶ They gave it with benefit to patients in doses from 0.5 to 1 gramme (ʒ vijss-xv).

The claim to innocuousness has, however, been challenged, and there has even been attributed a death to the use of creolin.

. . . . The case is indeed open to much criticism. One of the most dangerous operations in all obstetric surgery had been performed on the patient, and when it was half performed she had been transported to the hospital, circumstances which certainly favoured the development of septicæmia, of which we also find symptoms in the fætor of the lochial discharge and the abnormal conditions of the wounds. . . . The first time at least an enormous quantity of fluid was used. Still, the condition found post-mortem tallies well with that found by Neudörfer in a dog which he killed by injecting pure creolin into the veins.* But even if death in this case was due to the use of creolin, a single case does not prove much, since the patient may have had an idiosyncrasy for the drug, as is so often found in regard to other drugs.

There has, however, been reported another case of a slight degree of poisoning.† The patient was a boy, æt. 5, who had

⁴ *Berliner med. Wochenschrift*, 1887, p. 861.

⁵ *Internat. Rundschau*, 1888, p. 664.

⁶ *Münchener med. Wochenschrift*, 1888, vol. xxxv., p. 247.

* *Internat. Rundschau*, 1888, p. 614.

† *Therapeut. Monatshefte*, December, 1888, p. 573.

been successfully operated on for hernia. During the operation a 2 per cent. *creolin* solution was the only antiseptic used. After the operation it was used in applications to the wound. On the evening of the third day a scarlatinous eruption appeared over the whole body, face and hands, accompanied by restlessness, thirst, itching and burning in the skin. The urine was dark as in cases of absorption of carbolic acid, had a similar odour, and contained a small quantity of albumen. Pulse and temperature normal. Boric acid was substituted for *creolin*, and all disturbance ceased in the course of twenty-four hours.

Neudörfer found that the injection of *pure creolin* into the venous system of dogs, in doses of one gramme (gr. xv.), repeated three times at intervals of from five to fifteen minutes, produced death, which was preceded by pain, salivation, and convulsions. At the autopsy, the heart, liver, and kidneys were found to be filled with blood, while the spleen was quite bloodless.

This experiment does not prove much as to the poisonous properties of *creolin*, since it can easily be imagined that the introduction of a cubic centimetre of so thick a fluid undiluted into the blood may cause fatal disturbances of a mere mechanical nature. Washbourne* has shown, experimentally, that it is poisonous to mice when injected under the skin. But that is not a proof that it is so to man.

From these different experiments it would appear that if it is not entirely innocuous, it can be taken even internally in large doses by men and higher animals without any detrimental effect.

Its odour is rather pleasant, and does not cling to a person and his clothes so long as carbolic acid. Still, the odour is strong enough to cover a moderate degree of fetor. In that respect it equals carbolic acid and is inferior to corrosive sublimate.

It is a drawback that the emulsion is not transparent. Thus, the field of operation is obscured if it is used for irrigation. Shreds coming out from a cavity like the uterus cannot be seen. Small instruments, such as knives, scissors, needles, &c., are entirely hidden if covered with the emulsion.

In Germany it is a very cheap antiseptic. It is retailed in the original bottle containing four ounces for sixty pfennigs, about fifteen cents. According to information received from the druggist of Charity Hospital, it costs the hospital sixty cents per pound, while crystallized carbolic acid costs fifty

* *Loc cit.*, p. 378.

cents, corrosive sublimate, of which forty times less is used, sixty-five cents, and acetic acid seven cents.

During my last term of service at Maternity Hospital, from January 1 to April 1, 1889, I used it in a two per cent. emulsion on all patients for the vaginal douches during labour; for the intra-uterine injections immediately after delivery in cases that demanded such preventive interference on account of the hand having been introduced into the cavity of the uterus during or after delivery; and for vaginal injections after low forceps operations, perinæorrhaphy, and in cases of fetid lochial discharge. Making allowance for the first few days, when we were not yet prepared to use the new drug, it was used on 100 patients. Upon the whole I am much pleased with it. We had no deaths from any cause, and only one case of septic metritis, which I think was due to the presence in the same ward, in the neighbouring bed, and under the care of the same nurse, of a bad case of ulceration and abscess of the buttocks in a paralysed patient. The latter was removed to Charity Hospital, the patient with metritis was isolated and recovered in a few days.

In several respects *creolin* recommends itself particularly to the obstetrician. Its property of making surfaces slippery is of great value in operations, especially turning. Its great hæmostatic power makes it a most desirable drug for intra-uterine injections immediately after delivery. Its lack of transparency is of no importance in the use of large instruments, like a forceps or a perforator. So far, I have only found one class of cases to which it is not suitable, namely, those in which the inside of the womb is affected, and we want to judge of its condition by means of the appearance of the injection fluid returning from it. Under such circumstances a transparent fluid, such as the solutions of carbolic acid, acetic acid, or boracic acid, is preferable.

In private practice *creolin* may even supplant *corrosive sublimate* altogether. I have used it in a two per cent. solution for my perineal pad with perfect satisfaction.

Since a deposit is precipitated by standing, it is best to make the emulsion *ex tempore*. The *creolin* should be poured into the water, not the water poured on the *creolin*, as by the former procedure a better mixture is obtained. It ought first to be mixed with cold water, and then hot water added until the desired degree of temperature is reached. If it is first mixed with hot water numerous small black specks are formed which do not dissolve later.

The two per cent. solution I have used causes in some patients a little smarting, but it seems to be quite tolerable, even in refined and nervous ladies. It ought to be used with

all the same precautions as *corrosive sublimate*. For a vaginal douche a quart is sufficient; for a combined vaginal and intra-uterine, three pints may be needed. Its return should be carefully watched. It should be squeezed out of the uterine cavity during and after injection, and removed from the vagina by turning the patient on the side.—*Internat. Jnl. of the Med. Sciences*, Aug., '89, p. 123.

SODIUM ETHYLATE FOR THE REMOVAL OF SUPERFLUOUS HAIR.

In the August number (1889) of *The Practitioner* are given two photographs, one showing a baby with forehead half covered with hair, and the other showing the same child 5 or 6 years old, and with only the slightest trace of hypertrichosis. The case was treated with *sodium ethylate*, and Dr. Jamison, the author, relates another case illustrative of the use of that agent in hairy moles on the face.

Miss P., æt 25, had a hairy mole, about the size of a sixpenny-piece, on right cheek, near angle of jaw. Long coarse hairs grew from it, and the skin was rough and dark brown. The hairs were cut off as closely as possible with a very fine pair of scissors, and the mole was then painted over with *sodium ethylate*, a fine glass rod being used. When the mole had a varnished look, the *ethylate* was gently rubbed in with the glass rod to make it penetrate more deeply into the hair follicles. Every care was taken not to let any run on to the sound skin of the face. The mole had quite a black look when the little operation was over. A hard crust formed over it, which was nearly three weeks in becoming detached. When it came off the hairs were seen to be destroyed, and the surface of the mole had a smooth somewhat cicatricial appearance, of a much lighter colour than before. This had become much smaller in size and less noticeable, though there was still a slight mark less than a threepenny-piece in size, and hardly perceptible. The patient says that her doctor notices the mark more than anyone else.

Dr. Jamison adds that "in those vascular areas seen on the sides of the nose in children, formed by vessels radiating from a common centre, a very small drop of the *ethylate* applied with a fine glass point to the very middle of the vascular area destroys or obliterates the vessels below (*i.e.*, beneath) and then those radiating from it disappear, and no mark at all is left."

No remark as to the pain of the applications is made, except the statement that "by the time the child had slept off the effect of the *chloroform* the pain of the application had ceased."

CATALEPSY IN MOTHER AND CHILD.

A WOMAN in her twelfth pregnancy, and without any family history or personal history of neurosis, was seized with cataleptic fits following the loss of a child. She was found by her medical man stiff and motionless. The forearm could be raised, and with some force could be bent; for about ten minutes it remained in the position in which it was placed, and then gradually sank. The same was true of the lower limbs. After delivery the attacks recurred on the fourth day. This patient recovered. The child was seized with dyspepsia after the mother's first attack after the confinement, and the same day had a cataleptic fit precisely the same as the mother's. The baby died after two days.—*Brit. Med. Journ.*, vol. i., 1889, p. 1074.

SEVERE INJURY TO AUDITORY APPARATUS.

DR. DEADY relates a sorry story of injury to the ear in the search for a supposed foreign body. The case he quotes certainly emphasises his advice, first of all "*to ascertain beyond peradventure that a foreign body is present.*" A young woman, aged 20, had been probing her ear with a pin on account of some irritation therein. The pin escaped from her fingers, and she was unable to find it. Complaining that she felt in her ear sensations produced by the movements of the pin, she consulted a medical man, "who, after a brief examination, announced that he saw it, and grasping an instrument made a dive for it," and the diving was repeated, unsuccessfully, until the patient fainted. Next day the efforts to relieve were no more successful, even under the influence of chloroform, although the operator "could see the head of the pin shine" deep in the canal. A "specialist" was next appealed to, who confirmed the diagnosis and continued the treatment of the first medical man.

The writer describes the girl's appearance, when brought to him, as follows: "The patient had been a stout, healthy country girl, but is now in an alarming condition. The face is waxy, the eyes sunken and with dark rings around them, the cheeks and temples hollow, the lips dry, cracked and bloodless, the left side of the face is completely paralysed, considerable fever is present." A graphic description of the local "sanguinary state of affairs" is given, the canal being raw, the drumhead having disappeared and the ossicles being absent. The shining spot is "a portion of the skull-bone," and with grim humour the writer informs us that this work of devastation is due to the fact that the operators "for three days have been trying to draw the patient's head through the auditory canal."

The general health of this patient, who fortunately did not lose her life as might have been supposed, recovered, but total deafness and facial paralysis on the left side remained permanently.—*Journal of Ophthalmology, Otology, etc.*

PARALYSIS AGITANS CURED BY HYPNOTISM.

A patient, who had suffered for four years from paralysis agitans, was successfully treated by Luys, who tried on him the action of circularly rotating mirrors. The diagnosis of the case was beyond question. The patient's hands trembled; there was general trembling of the trunk; the neck was stiff, and the head immobilised on the cervical column; the face also showed the characteristic expression of the disease. The patient could neither dress nor feed himself nor write. Amelioration began after eight daily *séances*, and after the fourteenth he was able to drink without spilling the fluid. He never received any suggestions until after improvement began, when it was suggested to him that he could not tremble any more. It would seem that the reflexes from the mirrors carried luminous vibrations to the nervous centres, and by their rapid and successive revolutions caused the improvement.—*Hahnemannian Monthly*, June 23rd, 1889, quoting from *Bulletin Méd.*

ŒDEMA OF ANKLES IN CARCINOMA OF STOMACH.

M. C. BAERT, of Brussels, calls attention to the frequency with which œdema of the ankles is met with in cancer of the stomach, and insists upon its value as a diagnostic aid. It may appear as early as the 3rd month after the 1st symptoms have made their appearance, but more commonly is delayed until from six to twelve months have elapsed. In one case where only loss of appetite and wasting existed, the super-vention of œdema enabled a correct diagnosis to be made before characteristic symptoms had set in. Several cases presented a marked increase in the nitrogen excreted by the urine.—*Lancet*, 1889, vol. i. p. 747.

PREVENTION OF TUBERCULOSIS.

THE Glasgow local sanitary authority, not long ago, ordered the destruction of two animals condemned as unfit for human food on account of the presence in them, of limited evidence of tubercular disease. A judicial enquiry resulted, and the order of the local authority was enforced, and the belief that the flesh (itself having the appearance of health), of a tuberculous animal is unfit for human consumption, received legal

sanction. This conclusion is the outcome of the acceptance of Koch's bacillary theory.

"It appears incontestable that the morbid condition known as tuberculosis is of the same kind in man as in those animals which are specially prone to it, some of which, such as cattle and poultry, form in many ways staple articles of human food. It has been abundantly proved that any portions of tuberculous products administered to animals (prone to tubercle) in food or by inoculation will reproduce the disease in the latter; so that it would, with our present knowledge, be an act amounting to a crime to give an infant milk from a cow suffering from tubercular mammitis. Yet, who knows how often this has been done in the past, or how much of infantile mortality from *tabes mesenterica* may be attributed to the direct introduction into the alimentary canal, of the parasite—a result which would have its analogy in the induction of an attack of typhoid fever, from the ingestion of water contaminated with the typhoid virus, or of trichinosis from the ingestion of a piece of raw, measy pork."

Such being the state of professional opinion at the present day, it is not surprising to find the following resolutions recorded as having been passed at the last (1888) Paris Congress:—"It is imperative that every possible means shall be adopted, comprising compensation to parties interested, for the general application of the principle of seizure and general destruction in totality of all flesh belonging to tuberculous animals, no matter how slight the specific lesions found in such animals." "The Congress express the wish that tuberculosis be included in the sanitary laws of all countries in the world, amongst contagious diseases requiring special prophylactic measures."

Should these suggestions be rigorously enforced in all civilised countries, together with the adoption of prophylactic measures on similar lines in man, they would speedily constitute practical evidence of the value or worthlessness of the bacterial theory of the origin of tuberculous complaints.—*Lancet*, vol. ii. 1889, p. 271.

AUTOMATIC DISINFECTANT DISTRIBUTOR.

Our attention has been called to this little machine for the automatic diffusion of disinfectant fluids in cisterns, etc. It appears to be simple, reliable and cheap. It can be fixed without mechanism of any kind to any tank, cistern, or waste preventer, and its action is regulated by the rise and fall of the water, which automatically causes the discharge of the required quantity of fluid. It is supplied by the Jeyes' Sanitary Compounds Company of Cannon Street, London. Fig. 1 shows

Farewell, my modest evening tea !
Microbic flesh depart from me !
Seductive beer it may not be !

Who wants cirrhosis ?
E'en sugar's not suspicion free,
There's teeth necrosis.

No more the cherished hope I'll hug
That all this cry is mere humbug ;
Henceforth I'll feed on "flesh that's dug."

If plants have "oses,"
I'll swill some antiseptic drug
In treble doses.

Glasgow.

E. P. W.

—*Hospital Gazette.*

PARIS HOMŒOPATHIC CONGRESS.

WE are glad to learn from a correspondent, as we go to press, that the International Homœopathic Congress, held in Paris, has been a decided success. About eighty members were present, including representatives from all parts of Europe. The first meeting took place on Wednesday, the 21st ult., at 10 a.m. Dr. Jousset, père, was elected President, and Drs. Hughes, Léon-Simon, père, and Gaillard (of Brussels), Vice-Presidents. To these were added Dr. Drysdale and Dr. Beck (of Monthey, Switzerland) as Honorary Vice-Presidents. Dr. Marc Jousset acted as General Secretary, with Drs. Parenteau and Vincent Léon-Simon as Assistant Secretaries.

Two meetings were held on Wednesday and Thursday, and one on Friday afternoon. The papers of authors present only were read and discussed, those by absentees being taken as read. On the Friday evening a banquet was held, cordial greetings exchanged, and adieus bidden, forming a very pleasant and friendly termination to the Congress. Agreeable memories will linger long in the minds of members visiting Paris for Congress. In our next number we hope to give some account and estimate of the scientific work of the gatherings.

SURGEON TO THE LONDON HOMŒOPATHIC HOSPITAL.

WE are glad to hear that Mr. Knox Shaw has been appointed surgeon to the London Homœopathic Hospital, the work of which post he has performed since his election to the staff nearly three years ago. He will hold the post in addition to that of ophthalmic surgeon, his original appointment at the hospital. His days of attendance have been altered to Tuesdays, Thursdays and Saturdays.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

CORRIGENDA.

In the Review of Ranney's Lectures (August) on p. 499, line 20 from bottom for "area" read "areas." Foot-note, for "*Am. Med. Science*" read "*Annual Univ. Med. Sciences.*" P. 500, line 8 from top, for "porrophrasia" read "paraphasia;" for "olexia" read "alexia."

Communications, &c., have been received from Dr. DUDGEON, Dr. MADDEN, Mr. G. A. CROSS, Mr. DEANE, THE JEYES SANITARY COMPOUND CO. (London); Dr. CROUCHER (Eastbourne); Dr. STONHAM (Ventnor); Dr. HAYWARD (Liverpool); Dr. HUGHES (Brighton); Dr. ROTH (Paris).

BOOKS RECEIVED.

The Philosophy of Sight. By A. Fournet. London: Swan, Sonnenschein and Co. 1889.—*Repertory to Hering's Condensed Materia Medica* (vol i.). Published by the Homœopathic Medical Society of Pennsylvania. Philadelphia. 1889.—*Cataract: Its Nature, Causes and Prevention.* By J. Compton Burnett, M.D. London: Homœopathic Publishing Company. 1889.—*The Homœopathic World.* London. August.—*The Hospital Gazette.* London. August.—*The Chemist and Druggist.* London. August.—*Report, &c., of the Phillips Memorial Hospital and Dispensary, Bromley.*—*The Monthly Magazine of Pharmacy.* London. August.—*The Tocsin.* London. August.—*The American Journal of Homœopathy.* New York. July.—*The American Homœopathist.* New York. August.—*The New York Medical Times.* August.—*The New York Medical Record.* July and August.—*The New England Medical Gazette.* Boston. August and July.—*The Homœopathic Physician.* Philadelphia. July and August.—*The Hahnemannian Monthly.* Philadelphia. August.—*The Homœopathic Recorder.* Philadelphia. July.—*The United States Medical Investigator.* Chicago. May.—*The Clinique.* Chicago. July.—*The Medical Era.* Chicago. August.—*The Medical Counsellor.* Ann Arbor. July.—*The Medical Advance.* Ann Arbor. July and August.—*The North Western Journal of Homœopathy.* Cedar Rapids, Iowa. July.—*The Southern Journal of Homœopathy.* San Antonio, Texas. July.—*The Annual Address before the Wisconsin State Homœopathic Medical Society.* By E. W. Beebe, M.D.—*The Dunedin Evening Star.* June 19 and 21, 1889.—*Bibliothèque Homœopathique.* Paris. June and July.—*Bulletin Général de Thérapeutique.* Paris.—*Revue Homœopathique Belge.* Brussels. June.—*L'Union Homœopathique.* Antwerp. July.—*Populäre Zeitschrift für Homœopathie.* Leipzig. August.—*Allgemeine Hom. Zeitung.* Leipsic. August.—*El Criterio Médico.* Madrid. June.—*Rivista Omiopatica.* Rome. July.—*La Reforma Médica.* Mexico. May and June, 1889.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCKE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SOX, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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TEN CASES OF DIPHTHERIA.

By T. G. STONHAM, M.D., Lond.

CASE I.

On November 18th, 1887, I was called to see G. M., a little boy aged 6. He was sitting on his mother's knee with the head thrown back, breathing rapidly and with stridulous respiration, the inspiration being much impeded, and occasionally coughing with dry, ringing cough. Much restlessness and constant clutching at the throat. Skin dry, temp. 102, pulse 110. Membrane at back of pharynx. The case was diagnosed as membranous croup. Given *acon.* 1x and *spongia* 1 alternately every hour.

November 19th.—Much the same, continue medicine.

20th.—No improvement. Breath becoming very foetid. In place of *spongia* he was given *iodine* 1x, freshly prepared. Steam inhalation with *iodine* in water.

21st.—Less foetor of breath, otherwise not much change.

22nd.—Better. Breathing more free. I was shown a tough fibrinous cast of the trachea about 3 inches long, which had been expectorated in the early morning. Temp. 102.

23rd.—Not breathing so well again. Temp. 103. Pulse 120. Losing strength.

24th.—Worse. Lungs becoming engorged.

25th.—Died.

CASE II.

F. M., boy aged 4, brother of the above and seized with similar symptoms on November 24th. Difficult and stridulous inspiration. Hot skin. Temp. 101. Pulse 106. Membrane at back of pharynx. Breath foetid. Given *acon.* 1x and *iod.* 1x alternately every hour.

23rd.—Breathing much the same. Temp. 102, pulse 110.

24th.—Worse. Temp. 102.5, pulse 120. The *aconite* and *iodine* discontinued and *kali bich.* 3 given every hour.

25th.—Breathing much easier. Temp. 101, pulse 104.

26th.—Much better, only slight acceleration of breathing. Temp. normal, pulse 86.

27th.—All difficulty in breathing ceased, appetite returning. Child quickly regained his usual health.

The drainage of this house, which was in the country, was into a cesspit in the garden. The garden sloped down for about 40 yards from the back of the house, and at the foot of it was situated another house, to which I was called on January 9th, 1888, to see

CASE III.

F. N., aged 14. She had helped to nurse the preceding case, and had been ill a little over a week, when I was called to see her. On the evening of Jan. 9, 1888, she was apparently in a dying condition, struggling for breath, inspiration being much obstructed. The posterior part of the pharynx was covered with membrane and pus, which evidently extended into the larynx. Death seemed to be imminent from suffocation, but constitutional symptoms were also very severe, the temp. being 104, and the pulse 140 and very feeble. *Kali bichrom.* 3. Three drops every hour was prescribed.

Jan. 10th. The patient had slept much. The dyspnoea had soon been much relieved after taking the medicine, and was now quite easy, but very rapid. The temperature had fallen to 102, but the pulse was 160 or more, and could hardly be counted. The patient was evidently sinking, and died in a few hours. Perhaps the improved inspiration was more due to the relaxation

of muscular spasm caused by the collapse of approaching death than to the *kali bichrom.*

There were several other children in the house, and they had been allowed to move about freely in the room during their sister's illness. The parents were told to watch carefully for any symptoms of illness, and to send at once if they perceived any.

CASE IV.

May N., aged 5, sister of Case III.

Jan. 12. For the past few hours had been complaining of sore throat, and had lost her appetite. When seen, the head felt hot, the face flushed, pulse 104 and temp. 101. The throat was found to have a few points of membrane on the tonsils. Respiration easy and quick; pain in swallowing food. Given *merc. cyan.* 30 every hour.

13. About the same, the points of membrane had increased slightly in size, the temp. 101.5 and pulse 104. Drowsy and apathetic. Continue *merc. cyan.* 30.

14. Much better; the child seemed quite bright, had slept well, and eaten a good breakfast. Temp. normal and pulse 86. Throat not at all sore.

From this time convalescence was uninterrupted, the temperature did not rise again, and the membrane cleared off gradually in five or six days.

CASE V.

Blanche N., aged 4, sister of the two preceding cases.

January 13th.—She was found to have the throat red and swollen, with small patches of greyish membrane on the tonsils; soreness on swallowing; loss of appetite; pulse 110 and temp. 100.5. Symptoms had been observed for about twelve hours. *Merc. cyan.* 30 every hour.

14th.—Better. It was no longer painful to swallow, and appetite and spirits had returned. Temp. normal. Convalescence completed perfectly in 2 or 3 days; points of membrane could be seen for 3 or 4 days.

CASE VI.

Robert N., aged 6, brother of the last three cases.

January 19th.—Presented the same symptoms as the preceding two, but rather more severe; patches of

membrane on the tonsils, and the breath rather fœtid; temp. 102.4; restless and tossing about in bed; complained of frontal headache; much pain on swallowing or on pressing neck externally. *Merc. cyan.* 30 every hour.

20th.—Not so much soreness, but membrane spreading to posterior part of pharynx; has had some sleep; complete anorexia. Temp. 101.5. Continue medicine.

21st.—Better. Headache gone and temp. 99; appetite returning; membrane as yesterday, but ceased to spread.

22nd.—Much better; temp. normal; sleep and appetite good; membrane disappeared in the course of a few days.

CASE VII.

Alice N., aged 9, sister of the last four cases.

January 22nd.—Similar symptoms to the preceding cases, but much more fœtor of the breath, which was almost unbearable; more prostration. Temp. 103.2; pulse 120. *Merc. cyan.* 30 every hour.

23rd.—Somewhat better; temp. 101; could take a little food; membrane covering a large part of tonsils and posterior wall of pharynx; not much soreness of throat; sleepy.

24th.—Great improvement; temp. normal; membrane less extensive; appetite good. Convalescence uninterrupted and membrane disappeared by the end of six days.

In the same road as the house in which the preceding cases occurred, but on a lower level and about 30 yards distant, is another house, to which I was next called, inhabited by Mr. G., and his wife and three children. No communication whatever had taken place between the families of the two houses since the outbreak of diphtheria in the former in the beginning of January. Like the other two houses the water supply was by surface wells and the drainage into cesspit in the garden. Lines joining the three houses would form a triangle, the houses standing at the angles, and the superficies so inclined that the first house I was called to stands at the highest level, then the second house, and the house of Mr. G. lowest of all. The cesspit at the back of this house was unventilated, the only ventilation being into the w.c., and the odour of sewer gas was distinctly

perceptible as I entered the front door on the morning of February 18th, 1888.

CASE VIII.

February 18th.—Winifred G., aged 6. Had been feverish and poorly during all the preceding day, no appetite, and restless in the night with slight wandering. Now has a temp. of 102 and pulse 110. The throat sore and pain on swallowing. Some points of greyish membrane on the right tonsil. *Merc. cyan.* 30 every hour.

19th.—A restless night, some pain on pressure over the larynx, but the temp. not quite so high being 101·5, and not so much pain in swallowing.

20th.—A good night, and feels much better this morning. Temp. 99. Appetite returning and membrane clearing off the throat.

21st.—Temp. normal. Convalescing.

CASE IX.

Gertrude G., aged 3, sister of the last patient.

February 19th.—Similar symptoms to preceding. Temp. 100. Distinct points of membrane. *Merc. cyan.* 30 every hour.

20th.—Temp. normal. Convalescence rapid.

CASE X.

Harold G., aged 4, brother of last two patients.

February 28th.—Similar symptoms, membrane on left tonsil and temp. 100·8. *Merc. cyan.* 30 every hour.

29th.—Slight improvement. Temp. 100.

March 1st.—Temp. normal. Appetite good. Rapid convalescence.

The above ten cases form, I think, a very interesting group. It was a virulent outbreak of diphtheria in thoroughly bad sanitary surroundings, at Wroxall, a village in the Isle of Wight. In the first three cases the membrane invaded the larynx, the symptoms of the first two being mainly those of croup. I think it would have been better if Case I. had been given *kali bich.* instead of the *iodine*; the improvement which seemed to take place at first under the use of *iodine* in the expectoration of the cast led to too long a perseverance with it. Moreover *iodine* was less homœopathic to the condition than *kali bich.* I doubt if anything could have arrested the

fatality in Case III.—it was too late. The other seven cases show in a remarkable manner the power of *mercuric cyanide* to absorb the disease when it is given at the commencement. Within 40 hours of beginning the medicine all danger was over and the patient getting better. No local applications of any kind were used. The medicine influenced the general condition much more rapidly than it did the membrane in the throat. In two or at most three days my little patients had all the appearance and feelings of health, but the membrane did not disappear completely till another four or five days. They continued the medicine, though not so often, till no membrane was left. The cases were under observation from time to time for months afterwards, and I can state positively that no sequelæ of any kind occurred. The 30th dilution was given in every case. Possibly the lower trituration would have answered equally well, but I have been so satisfied with the action of the 30th dilution in these and in one or two other cases that I have not liked to change.

Ventnor, I.W.

TABACUM AND THEA IN HEART DISEASE.

By DR. EDWARD BLAKE.

April 3, 1886. E. B., 46, single. Rheumatic fever fifteen years ago. Says she has had "angina" four years. About four times a year gets an attack beginning after exertion with palpitation, pain, acute aching, and expansion; begins at upper edge of left breast; relieved by being very erect; face grows red, lips purple; vessels of neck grow turgid; must loosen neck band; pain spreads down left arm, laming it; if the attack severe, pain and loss of function extend down right arm as well; is seldom unconscious; sometimes giddy.

Sometimes these attacks recur daily during a whole week, sometimes go away for three months. They seem to be always result of over-exertion, but they are especially prone to come if anxiety be superadded to exertion. Does not take tea nor any form of alcohol. No albumen in the urine; no œdema now, but gets the latter after extreme fatigue.

On examining the heart I found no murmur; area of dulness normal; action irregular; marked "heaving

impulse"; slight reduplication and accentuation of first sound. Diagnosed concentric hypertrophy of left ventricle.

About 9 a.m. yesterday, "came over chilly, with goose-skin"; sense of aching at heart; then pains in knees and muscles of upper arms and in the finger-joints, especially index of right-hand. Then a distressing feeling of suffocation, with frontal throbbing, varied by a dart of pain from glabella to vertex; lay down; felt better by rest in half-an-hour; all had passed away by the next morning.

Tabac. 12, one pilule half-an-hour before each meal. To inhale pure *amyl* for the attack.

April 5. Feels better in general health. Attack threatened at 8 a.m., promptly arrested by *amyl*.

Repeat *tabac.* 12.

April 13. Feels much better in general health. Can lie now on left side with comfort; has not been able to do this for some months, it has caused such aching of arms, languor, and palpitation.

Repeat *tabac.* 12.

April 17. Troublesome attacks of upward flatulence, relieved by *lach.* 6; head hot; forehead and eyes ache; cold feet; no angina; feels much better in all ways; no stool to-day.

Bryonia 1.

After this her health steadily improved, and she was able to take very active and exhausting duty as a surgical nurse.

Thea Cæsarea in Pseudo-Angina.

A lady of 40 suffers from sudden perversion of blood-supply in the medulla oblongata, with resultant cardiac distress, the latter evidently arising from increased vagal inhibition. These attacks, accompanied by acute dyspnoea, sudden formation of flatus, and intense sense of impending death, are quickly relieved by *thea cæsarea* 12. The lady is not a tea drinker.

The remedy was selected, 1st, because of the sense of sinking at epigastrium that precedes the attack; 2ndly, because of the profound anxiety that attends the seizure; and 3rdly, on account of the sudden production of wind in quantities.

NOTE ON THE INTERNAL USE OF OIL OF
EUCALYPTUS.

BY ED. M. MADDEN, M.B.

I WISH very briefly to call the attention of my colleagues to the valuable and rapid action of the *eucalyptus* oil when given internally, especially for acute diarrhœa.

A glance at its provings in the new *Cyclopædia of Drug Pathogenesis* shows a perfect picture of acute general catarrh, but with a special tendency to act on the bowels, as indicated by symptoms beginning with "*skirmishing aching pains in upper bowels, with feeling as if diarrhœa was impending,*" and going on through "*sharp aching pains in lower bowels with thin, watery, yellow diarrhœa*" up to "*tenderness and burning sensation in stomach and bowels with great heat in rectum, followed by tenesmus, with discharge of mucus and great prostration.*"

The use of this drug both internally and by inhalation in catarrhal affections of the nose, throat and bronchi is common enough in general practice, and is only one more instance of the widespread, though unconscious, use of drugs which are truly homœopathic to the diseases they cure, and in this case, I fear, not nearly so much used by those who accept the principle of *similia similibus* as by those who merely act empirically.

But its use in acute diarrhœa, especially of the kind which is so prevalent during the summer and autumn, has not, so far as I know, been hitherto recorded, nor among those I have spoken to does it seem to have been at all appreciated.

It is, however, a most valuable and rapidly acting medicine in these cases, and since my attention was first called to it last year by Dr. Molson, now of Wimbledon, I have learned to put great trust in it, and am anxious it should be more widely known.

The following, which is the last case out of many in which it has done me good service, is a fair illustration of its efficacy.

Mr. W., æt. 43, was seen first at 9 a.m. on 16th August, 1889. Since getting wet a week ago had been suffering from pains across the upper abdomen, with profuse yellow watery diarrhœa. No appearance of blood, but a little mucus. P. 100. T. 100° F. Tongue very foul, yellow and shiny.

I at once ordered him to take the *eucalyptus oil*, in doses of 2 drops on a lump of sugar every two hours.

I saw him again at 5 p.m. the same day, when all severe pain had ceased, his bowels had only acted twice and the motions were less fluid and smaller in quantity. P. 84. T. 99.6°.

The next morning the diarrhœa and pain had entirely ceased. P. 72. T. normal, and he made an uninterrupted recovery.

Bromley, Kent.

21st August, 1889.

A CASE OF TRADE NEUROSIS TREATED WITH *GELSEMINUM*.

BY ALEXANDER H. CROUCHER, M.D., Edin.

THE following case appears to me to be of interest, partly from the suddenness of its onset, and partly from the prompt manner in which the symptoms were relieved by the administration of *gelseminum*, and the permanence of the relief.

I have ventured to include it under the class of diseases described as trade neuroses, and as being similar to what occurs in Scriveners' palsy and various other forms of the same disease in other groups of muscles of the human frame.

W. L., æt. 17, was admitted into the Leaf Homœopathic Cottage Hospital on April 4th, 1889. Patient complained of inability to follow his occupation—that of a stonemason—by reason of certain involuntary movements of his right arm, which first appeared three weeks ago.

History.—Father is alive and in good health, his mother and a cousin on the paternal side died of phthisis, a baby brother died of convulsions shortly after birth, otherwise there is no history of fits in the family; he has three brothers and four sisters all in the enjoyment of good health. Patient's general surroundings at home are comfortable; he has had measles, but neither rheumatic nor scarlet fevers, neither has he met with any accident of importance.

Present illness began three weeks ago. Patient states that up to that time he had never suffered from any tendency to present complaint; he was then at work in

the cemetery, assisting to fix up a marble cross, which he was supporting, when, as he describes it, his arm "caught like," and he was unable to finish the job, and since that time has done no work.

Patient's general health is good, and he is not troubled with headaches; he is well developed, of stout build and muscular, has a very thick head of dark hair which stands up in a bristly manner. Complexion is ruddy, and on the right side of the face is a nœvus of the port-wine stain type, which extends over a considerable area. Temperature on admission 99.8 F. Pulse 88.

Patient was under medical treatment until admitted into the hospital.

There is no complaint of numbness, tingling or pain in the affected arm, sensibility is unimpaired, and no portion of the cranium is tender to pressure.

The right arm, from the elbow downwards, is in a condition of clonic spasm, quite preventing patient from feeding himself or using the arm in any way. He is unable to extend the forearm, and co-ordination of movement of the affected limb is lost. If patient wishes to move his right arm he has to help with his left hand. These clonic spasms are worse during excitement, or in the presence of strangers, better when absolutely at rest, and entirely absent during sleep.

On admission.—Patient was ordered ordinary diet and a teaspoonful of cod's liver oil at bedtime; for medicine *gelseminum* ϕ *gtti. tert. hor.*; two doses were taken on the evening of the 4th.

April 5th. Patient is very much better and in high spirits, as he is now able to control the movements of the right arm with ease, and without difficulty can flex and extend both forearm and fingers. The spasms have almost entirely ceased.

April 6th. This afternoon patient joined in a "game of spellicans," acquitting himself in a very creditable manner. The medicine was given three times a day.

From this time there was no return of the troublesome symptoms, but patient was kept under observation till April 13th, when he was discharged cured, and took with him sufficient medicine to last five days.

On June 30th patient was still quite well and at work.

Eastbourne.

ASYLUM NOTES.

By WM. SIMPSON CRAIG, M.D.

THE experiences of the alienist physician do not as a rule present much to attract the interest of the general medical practitioner. I propose, however, with the permission of the editors of this journal, to bring under the notice of its readers some hints gathered from my personal observation which may prove both useful and instructive.

In cases of melancholia, a sullen determination not to take food is frequently a prominent feature, and so stubborn is the resistance that all ordinary efforts to overcome the difficulty are futile, and death from starvation is the prospect. Under such circumstances it becomes necessary to feed by what, in asylum parlance, is called the long spoon. This instrument consists of an ordinary tin funnel attached by a piece of rubber tubing to a gum-elastic œsophagus pipe about two feet in length. The patient, having been laid upon a narrow bed with the head slightly raised, is secured by means of a sheet which is fastened down by an attendant sitting upon either side while another holds the head, and the mouth is kept open by a wooden gag. The tube is directed along the back of the pharynx and down the œsophagus into the stomach. Eighteen inches of the tube must be allowed from the front teeth to insure its entrance within the cardiac orifice. The patient can offer no effectual resistance, and from a pint to a quart of warm beef tea, or an egg beaten in milk with sugar, and some stimulant, if necessary, can be readily given. By this means the most obstinate patient can be sustained for months and some chance of recovery afforded.

CASE I.

M. F., æt. 58, was admitted February, 1880. She was greatly emaciated and covered with self-inflicted bruises, and presented all the symptoms of acute melancholia. Her condition was aggravated by a determination not to take food, and moreover repeated attacks of syncope suggested the existence of a weak heart. Recourse was therefore had to artificial feeding. Milk, eggs, strong soup, cocoa and various other forms of liquid nutriment were given three times a day for three months, February 17th—May 15th, when she began to take food, partly at least, of her own accord.

By June 9th she was eating freely and gaining rapidly, both in strength and weight.

On October 16th she was reported in good bodily health and condition, but no improvement mentally.

Throughout 1881 and 1882 she continued in a state of chronic mental derangement, but eating and sleeping well, and able to be downstairs, and even out of doors. In the spring of 1883 she became much quieter, and as some degree of intelligence returned, a hope of ultimate recovery was entertained. Occasional returns of the fainting fits, however, indicated danger from the heart, and the last entry in the Case Book, dated May 20th, 1883, is as follows: "She has been unusually well of late, though at times putting her hand to her heart, and saying, 'Oh, I cannot bear it.'" At 1.15 p.m. on that day I was called to see her, and found her in a state of syncope, from which all efforts failed to restore her.

In this case the patient was saved from imminent death from starvation by the steady use of the long spoon, extending over a period of three months. In spite of the danger arising from a weak and flabby heart, she gained an amount of health and strength that enabled her to go about for three years. If mental recovery had been possible, considerable opportunity was thus afforded for treatment. Such a case as this may present itself to a physician at any time, and it becomes his paramount duty to sustain life by means of artificial feeding. Patients are frequently received into asylums in an exhausted condition from want of food. This state of things is, I fear, too often due to a want of acquaintance, on the part of the ordinary medical attendant, with the easy method of feeding afforded by the long spoon.

There is a form of hysteria occasionally encountered in private practice, wherein a similar difficulty as to food presents itself, which is well illustrated by the following case.

CASE II.

On February 1st, 1889, I was requested by a colleague to see a young woman upon whom he had been in attendance for three weeks.

M. K., æt. 17, from W. on a visit to friends in Bedford, had been taken ill with a malady of an obscure character. There was an evening temperature of

102° F., with slight quickening of the pulse, and anorexia. The patient talked in an excited and incoherent manner, and absolutely refused to take any nourishment whatever. The medical attendant diagnosed the case as one of fever of an ill defined type, but fearing possible insanity called me in to consultation. I found the diagnosis by no means clear, but her age and general appearance suggested hysteria. At all events it was plain that without food the patient would sink from inanition, and the natural course therefore was to feed artificially.

From February 1st to February 19th, milk and brandy were administered in this manner twice a day. At the end of this time, the patient finding herself completely mastered, gave in and asked for food. The particular dish she desired was characteristic of her peculiar morbid condition, viz., scratchlings, tasty scraps produced in the process of rendering pork fat into lard. Her wish was gratified and she made a voluntary meal. From this point her recovery was rapid and complete, and those who watched the case, and most of all my medical friend, attributed her restoration to health to the timely and persistent use of the long spoon.

(To be continued.)

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

By D. A. McLACHLAN, M.D.

Professor of the Practice of Medicine in the University of Michigan.

AMONG the many famous universities in America—Harvard, Yale, Princeton, Cornell, John Hopkins, &c.—that of Michigan, notwithstanding that it is among the younger ones (having celebrated its semi-centennial in 1887) stands at the head in the number of its students, and can hardly be said to be second to any in its facilities for teaching, or in the excellence of its *corps* of teachers, in which there are about one hundred. It was established and endowed by the State of Michigan, while it was yet a territory, and is supported by direct appropriations, or grants made by the State Legislature, in addition to the permanent endowment it possesses.

It forms a part of the general public school system of

the State. Its affairs are controlled by a Board of eight Regents, two of whom are elected by the people of the State at the general State elections, held every two years, for a term of eight years. Its active business management is entrusted to a president, a secretary, and a treasurer, appointed by the Board of Regents.

It is located in Ann Arbor, a beautiful and healthful little city, about thirty-five miles west of Detroit, on the line of the Michigan Central Railway. The city and University is built upon an elevated plateau, consisting of several hundred acres, surrounded upon three sides by river and valley, and in the midst of beautiful hills and groves—in fact, the city is, as its name implies, literally *an arbour*. Every street is a single or double avenue of handsome maple trees. It has excellent waterworks, electric street lights and street railways, and all the advantages of a modern American city.

From the first, the University has been conducted upon a broad basis, and it was the first university in the New World to adopt the plan of elective courses of study, which Harvard and several others have since copied, in whole or in part. Because of its liberality, and in consequence of the celebrated teachers that were drawn to it, it soon attracted students, so that even before the beginning of our great civil war, they numbered over *fifteen hundred*. For some time, like its sister institutions, it suffered from the effects of the great strife which shook our country to its foundations, but during the last few years it has steadily gained in prestige and numbers, until last year the names of nearly 2,000 students were registered on its rolls.

Its present president, Jas. B. Angell, LL.D., combines splendid executive ability with the most refined scholarship, and under his able administration, the University promises soon to "distance" all its rivals. Several years ago he was appointed Minister Extraordinary to China by a Republican President, and succeeded in negotiating a treaty with that country exceptionally favourable to the United States; and a year or more ago President Cleveland made him one of the Special Commission, with the Hon. Joseph Chamberlain and Sir John A. MacDonald, the Canadian Premier, to adjust the fishery question between the United States and Canada.

Besides its literary department, which includes in its curriculum all the studies usually taught in great universities, it comprises a law department, two medical departments (allopathic and homœopathic), a pharmaceutical, a dental (said to be the finest in the world), a mechanical engineering, and an electrical engineering department, each occupying separate, commodious, and well-equipped buildings. It has fine anatomical and pathological and hygienic laboratories, erected by special grants by the Legislature two years ago. Its chemical laboratory was claimed to be the largest in the world, and the Legislature has recently appropriated sufficient to build and equip an addition, increasing its capacity about one-half.

It would be pleasant to speak of its magnificent new library building, and of its museums and art gallery, but I must not intrude too much upon your valuable space. As so youthful an institution will scarcely be expected by your readers to possess much in the way of art collections, I may be pardoned a brief reference to show what strides she is making in this direction. Among many other donations received within the last few years is one of a collection of paintings, valued at \$200,000, by Mr. Lewis, of Coldwater, Michigan; and the great American sculptor, Randolph Rogers (an alumnus of the university), resident at Rome, presented his whole collection of models and statuary, valued at from \$200,000 to \$300,000. Through personal regard to President Angell, the Emperor of China also gave the whole Chinese collection (of immense value) at the New Orleans International Exposition to the museum of the university, so that in this feature even, its acquirements have assumed no mean proportions.

“University Hall,” in the main building, where all large entertainments as well as its commencement exercises, &c., are held, seats 4,000 persons, and is a model of beauty and engineering skill. At present all the buildings are located upon one site, comprising forty acres tastefully laid out with beautiful avenues, groves, lawns, &c., and the various buildings are heated by steam, carried from two large central boiler houses, in each of which are placed a dozen mammoth boilers with smoke-consumers and all the most recent improvements for generating steam extensively and economically.

Michigan University was the first also to adopt co-education in our country, and this, like everything it has introduced, has been copied to some extent in other universities in America, but nowhere else has it been so decided a success. Men and women are admitted to every department upon equal terms.

The history of the homœopathic department really is synonymous with the history of homœopathy in Michigan, and would be interesting to review did space permit. About fifty years ago, and soon after the foundation of the University (1845), an attempt was made to secure recognition of homœopathy in the University, but without success. In 1847 a Bill was introduced into the Michigan Legislature, and actually passed one of the houses, making it a State's prison offence to prescribe medicine according to the law of *similars*; hence it is evident that even thus early the leaven was there, and that the *odium medicum* was not confined to any one part of the globe.

The friends of the new therapeutic faith were not discouraged, however, and in 1855 a law was passed compelling the Board of Regents to "always maintain at least one chair of homœopathy in the medical department of the University of Michigan"; but the Board failed to comply, and the law was a dead letter.

In 1867 the homœopaths were aggressive, and succeeded in amending the law which gives to the University one-twentieth of a mill on the dollar of all taxable property of the State, so that it read—"provided the Board of Regents comply with the law of 1855 and appoint at least one professor of homœopathy in the medical department of the University." In this way they made the penalty of refusal by the Board the loss of a large part of the income of the University, and in 1869 the Regents agreed to comply with the law of 1855 if the friends of homœopathy would secure the repeal of the obnoxious law of 1867. This was done, but the Board tried to evade the law by making Dr. C. J. Hempel Professor of Theory and Practice of Medicine, proposing to locate him at Detroit instead of Ann Arbor, the seat of the University. Upon this the Auditor-General of the State refused to honour the warrants of the University, which was therefore deprived of this portion of its revenue.

All these failures were enough to discourage the friends of homœopathy, and many did conclude that it was useless to wage the unequal war further. Others, however, were made of sterner stuff, and still held to the original idea of locating the college upon the campus. In pursuance of this determination, they secured the passage of a Bill in 1871, requiring the Regents to appoint at least two professors of the new school, but the Board rode over this also upon a technicality, and the Supreme Court sustained them.

Few, only, of these old veterans are still living, but prominent among them are Dr. A. J. Sawyer, of Monroe, president-elect of the American Institute of Homœopathy, and Dr. J. N. Eldridge, of Flint.

In 1875, the fight was again on, and at last the homœopaths succeeded in passing a Bill appropriating \$6,000 to establish a homœopathic college, and the Regents agreeing to comply with this law the department became an established fact, and two professors, one of Theory and Practice of Medicine, and another of Materia Medica and Therapeutics were appointed. From that time to the present the history of the college has been one of steady progress. To be sure it has had its ups and downs; but it was all the time becoming more firmly established, and statistics show that it is the only homœopathic college in America that has not, in common with nearly all those of our allopathic rivals, fallen off in the number of students during the last three or four years. This not because there are fewer medical students than formerly, but because there are many more colleges.

At first, as the amount appropriated was so small, a building which had served as a residence for one of the professors in the literary department was assigned for the use of the college, and not long after a new hospital building and amphitheatre were added to it.

The number of its teachers was increased from time to time, until it now has five separate and distinct chairs, viz.: Theory and Practice, Materia Medica, Surgery, Obstetrics and Gynæcology, and Ophthalmology, Otology and Pædology. Each professor receives a stated salary from the State, as do also their assistants and the officers of the hospital.

The length of the college term is regulated by the Board of Regents, and as early as 1878 it was extended

to nine months, beginning October 1st and ending July 1st. Three courses (three years) of actual attendance upon didactic and clinical lectures and hospital work are required for graduation.

Until very recently it was the only place in which part of the instructors were allopathic. With the exception of the five practical chairs above-mentioned, all the instruction is given in the so-called "regular" department, the students of both schools attending the same lectures, and taking the same *practical* courses in anatomy, physiology, histology, pathology, bacteriology, hygiene, chemistry, &c., and it is generally conceded that in thoroughness and in facilities for teaching the cardinal branches the University of Michigan leads all other medical schools in America.

The classes are "quizzed" regularly once or twice a week by the assistant, in every branch of study, and these quizzes comprise part of the regular examinations, so that students are kept constantly to their work, and at the same time are not obliged to risk their whole standing upon a few written questions at a final examination.

The only objection ever urged against the school has been the alleged lack of clinical facilities. As a matter of fact, however, the clinics far exceed what might naturally be presumed to exist in a small city like Ann Arbor. Such is the fame of the University that patients living hundreds of miles away in every direction flock to its hospitals. Quite recently the State Legislature appropriated \$75,000 for a new hospital building, to be shared by the two medical departments. This is not a large amount, but, considering the comparatively slight cost of building in America, a very handsome and commodious building may be looked for.

Graduates of the homœopathic department of the University of Michigan receive the degree of Doctor of Medicine, their diplomas being signed by the President and Secretary in behalf of the Board of Regents, in common with those of all departments.

It will doubtless be thought by English readers to be a difficult matter to harmonise two schools of such opposite characteristics as the allopathic and homœopathic are known generally to be. For a time it was difficult; after the long and bitter fight that led up to

the establishment of the Homœopathic College, it could not be otherwise. But for several years past the utmost harmony and courtesy has existed between the two schools, both among teachers and students. Both appear to feel that bickerings and strife are neither the part of wisdom nor good policy, and both seem to share the wiser and nobler ambition of building up and strengthening the great institution of which each merely forms a part.

Of the faculty of the homœopathic college, it will hardly become me to speak. But this much I think I may be permitted to say; its members are earnest and indefatigable in their efforts at teaching homœopathy, and if steady advancement in both the number and *personnel* of the classes go for anything, they have not laboured in vain. Their highest ambition is to make this department of the University what those who fought so long to found it, hoped it would be, viz., a practical and advanced exponent of the doctrine of *similars*. For many long years Michigan was regarded by the profession everywhere as the battle-ground of homœopathy, the spot upon which its friends were willing to stand or fall. Its opponents said finally, in their despair, "Let it come; let it be placed side by side with *rational* therapeutics, and that will be the last of it." It did come, and the test has been made; and as its friends predicted, homœopathy has again been triumphant. Notwithstanding all the obstacles that beset its pathway, the school has demonstrated beyond a doubt the superiority of homœopathy upon the same ground and under the same circumstances. If its faculty now have peace and a smooth pathway, it is because they have kept their faces to the foe and maintained their ground against all odds.

London, Sept. 14th, 1889.

INFECTION OF GONORRHOEA AND ITS SERIOUS CONSEQUENCES TO FEMALES.*

By T. GRISWOLD COMSTOCK, A.M., M.D.

SOME sixteen years ago, Dr. Nœggerath, a specialist of large experience and high reputation, published certain statements regarding the serious effects of gonorrhœa

* From the *U. S. Medical Investigator*.

upon women. He insisted that gonorrhœa in man or woman, as a rule, is seldom entirely cured so as to leave no trace behind: he thought that a man who had suffered from it severely was liable to be sterile, and that the wives of men who had contracted the disease were many of them barren, or would probably only bear one child, and if they became impregnated, they were liable to miscarry. Dr. N. also informed us that gonorrhœa in a woman was far more serious to them than to males, and he insisted that a large proportion of females thus infected were liable to have some disease, such as perimetritis, acute, chronic or recurrent, salpingitis or oöphoritis, with a catarrhal affection of all the genital passages. Finally, he asserted that gonorrhœal infection is so persistent and intense that a woman is liable to be infected by a man whose attack, although supposed to have been cured, is really latent. From this it would seem that any poor woman who marries a man who has previously had gonorrhœa, is really in danger of her life.

In discussing the question arising from the above propositions, I am quite aware that I am offering nothing new, but the views of Dr. Næggerath, that he formulated in a rather positive manner, were regarded by the profession as dogmatic and not in accord with careful observation and experience, so that little attention was paid them until recently. The author of this paper well remembers when Dr. Næggerath first proclaimed the above ideas, and at that date in reflecting upon them, I came to the conclusion that among young men of 21 years old, the majority of them in large cities were liable to have gonorrhœa, and if its consequences were so serious as Dr. N. had stated, that few women in married life would be exempt from serious disease. I then (early in my profession) dismissed the statements made by Dr. N., believing them entirely overdrawn, and largely untrue. A wide experience and observation in the diseases of young married women have served to entirely change my opinions. To the young practitioner, gonorrhœa in the female is regarded almost as an undefinable disease; he knows that in the male, it is a specific inflammation of the urethra, and he naturally concludes that it is also the same in the female. This is the first error as concerns its etiology, for although it may affect the female urethra, yet in the majority of

cases it is in the commencement vaginitis or vulvitis, and affects the vulvo-vaginal and Bartholin's glands, and it is liable to spread to the lining membranes of the uterus, fallopian tubes, and ovaries, in time terminating in salpingitis, pyosalpinx, etc. I have had frequent occasion to observe in practice, where, after marriage, the health of the young wife has from some latent cause given way, and she complains about as follows: She has a leucorrhœal discharge, has difficulty in urinating with an urging to frequently pass her water. She has pains in the lumbar and inguinal regions; she has headaches with general malaise, seems dispirited and with more or less of nervous depression. In some cases the patient complains of marked neuralgic pains in the region of the ovaries and tubes, and in such cases a commencing salpingitis may be present with reflex disturbances in the ovaries. We have often seen innocent young married women suffering with symptoms like the above described, whose lives were rendered miserable thus early in their married life. They were in the enjoyment of the best of health when they were first married, but now after the lapse of a few months, it is found that they are suffering from endocervicitis, endometritis, or perimetritis, and they may chance to fall into a state of chronic invalidism as the consequence. In our experience, repeatedly verified, we find in such cases upon an examination with the speculum, that the os uteri is eroded, a vicious secretion seems to be coming from the uterine cavity, indicating clearly that not only is the whole endometrium affected, but likewise its annexes. From what we have observed, we regard salpingitis coming from the extension of gonorrhœal infection, spreading through the uterine cavity into the fallopian tubes, as a cause of sterility. In a few instances we have seen salpingitis to be followed by an extension of the inflammation into the peritoneum, and from the experience of some, death has resulted. A paper was read before the Mississippi Valley Medical Association at Crab Orchard Springs in 1877, by Dr. J. E. Green, of Indiana, giving the details of a number of such cases, and several of them fatal.

As for cellulitis, we have also observed it twice as a complication of gonorrhœa, but we attributed it in both cases to be the result of strong injections of nitrate of

silver that had been employed, and as we believe, had been carelessly injected into the uterine cavity.

That gonorrhœa is of frequent occurrence in large cities, I need only appeal to the experience of medical men of extensive practice, and that innocent young women should be its victims, is sad, and if we can do anything to prevent such a state of things, it becomes us as a profession, to act promptly. The first thing is for us to settle the question whether these statements that I have made are true. I was early taught by learned professors in our art, who were the first masters of the profession, that gonorrhœa was merely a local disease, and far less serious in females than in males. In the light of modern science and experience, just the reverse of this is true, and I think no other disease in females runs a more insidious course or has so many obscure symptoms and occasions so much trouble. Næggerath believes that in males it is seldom thoroughly cured, but that it remains latent. As for epidydimitis, complicating gonorrhœa, I believe fully with Dr. N. that it is rarely ever completely cured. If apparently cured, such patients are apt to be sterile, or to become prematurely impotent. Finally, such patients are liable to suffer from disease of the prostate, and we all know the serious nature of that affection.

One argument that gonorrhœa may induce sterility, is the fact that prostitutes seldom conceive. It has been said that by their mode of life, they are "driven beyond conception." This does not explain it entirely, but it must come from the fact that most of them have a latent gonorrhœa, and the vicious secretions passing through the vagina into the uterus are taken up by the fallopian tubes, and by exciting periuterine inflammation may cause sterility. I think I may say that a large per cent. of the diseases of married women that we are called upon to treat in gynæcological practice, comes from latent gonorrhœa.

At a recent meeting of the Society of Physicians at Hamburg, so astute an observer as Dr. Lomer said that "next to confinement, the gonorrhœal infection is to be regarded as the most important etiological factor in the diseases of women." Sanger, of Leipsic, asserts that in his experience, one-ninth of all the cases for gynæcological treatment were of gonorrhœal origin, and that the

sequelæ of gonorrhœa were actually more to be feared by women than syphilis. Every expert knows how difficult it is to positively diagnosticate the existence of gonorrhœa, unless by the aid of the microscope we may detect the specific microbe first discovered and described by Nessler, and it requires a good microscopist to recognise them. They are usually found in the cervical secretions, as the gonococci seem to be found usually in that locality. Dr. Sinclair, of Manchester, England, says there is, strictly speaking, no vaginal gonorrhœa, but that after infection the disease attacks specially the cervix and endometrium from the start. If this is true, we may at once see why barrenness is apt to be a sequel. It is asserted by some of the profession that a pregnant woman who becomes infected by gonorrhœa is liable to abort. I am not prepared to give statistics to satisfactorily settle this question, but I can cite a few instances in support of such a claim. Experience proves that the virus in gonorrhœa is especially liable to be propagated in women who are pregnant, and it is very destructive in its effects upon women a short time after confinement, should they unfortunately contract the disease. A case of this kind came under my observation some 18 months since. A lady 24 years old was confined with her first child, and two months after was infected by her husband with gonorrhœa. It ran a very rapid and severe course, and she had a purulent discharge and constant pains in the iliac regions. She was under the care of a celebrated gynæcologist for some months, who gave her, principally, local treatment by injections, but without relief. She continued to suffer great pains in the region of the fallopian tubes and ovaries, and a consultation of several physicians was called, and the disease was pronounced to be hydrosalpinx, and extirpation of the ovaries and fallopian tubes was advised. The operation was made, and the diagnosis was confirmed. In one of the tubes hydrosalpinx existed, and in the other a commencing pyosalpinx was found. She made a complete recovery. In another case, a patient of mine (an actress) complained of symptoms similar to the above, but she removed to New York, and was operated upon in the same way for pyosalpinx. I saw her a few days since, and she informs me that she is now well. She had borne one child and was then infected with gonorrhœa

by her husband, and suffered constantly for two years after, until the ovaries and tubes were removed. I have in mind now several instances where young men had been affected with gonorrhœa, but were apparently well, and their physician had assured them that it was safe to marry, and yet, after marriage the health of their wives suffered greatly. I have attended recently a young lady who was always in good health until her marriage, and now she is suffering from urethritis with frequent urination, accompanied with great distress. She had a vulvitis, and an erosion of the cervix, with a discharge from the womb indicating the existence of endocervicitis, and with all this probably a slight cystitis as an extension of the urethritis. The diagnosis was plain, and upon inquiry the young husband was quite disposed to take all the blame on himself, conceding that he was "exposed" just before marriage. I wish here to repeat that I think gonorrhœa in the female, when it gives much trouble, will be found localised in the cervix, and you will be apt to find an erosion quite well developed about the os.

The treatment of such cases requires constitutional remedies in accordance with the symptoms, and local applications besides. Among local applications for the treatment of such cases, we would name *boroglyceride*, *subiodide of bismuth*, *fluid hydrastis*, *pinus canadensis*, and frequent douches of hot water to the cervix. In some cases where the erosions will not heal, fluid extract of *thuja occidentalis*, *beech wood*, *creosote*, or *pyroligneous acid*, will be found practical. The internal remedies must be selected according to the symptoms of the simillimum, viz.: *Ferrum phosph.*, *gelsemium*, *aconite*, *cantharis*, *iodine*, *belladonna*, *natrum sulph.*, *sepia* or *platina*. I have simply named the special medicines that we find most usually indicated, but we have not time to note the peculiar symptomatic indications for each of them; a knowledge of the *materia medica* will enable the practitioner to select them properly.

Resumé. 1. We regard gonorrhœa in the female as being fraught with more serious consequences than it is to the male.

2. The disease may be latent in the male until evoked into vicious action by excesses after marriage.

3. Gonorrhœa in the male usually in the first onset of

the disease, affects the pendulous portion of the urethra not far back from the meatus.

4. Injections employed in the early stage may tend to force the infection backwards toward the prostatic portion of the urethra, and if the injection is a strong solution (e. g. lapis infernalis, vel zinc. chlor.) it may set up a prostatitis, epididymitis or orchitis, either one of which is a serious complication. It is in these cases that it is possible for the gonorrhœa to remain latent and the infection may last for a long time (months and even years) and be propagated, although the patient believes himself absolutely cured.

5. In females, owing to the peculiar anatomical structure of their reproductive organs, if they accidentally contract the disease, the whole genital tract is liable to become affected, and the infection to spread to the uterine cavity, fallopian tubes, ovaries, and even peritoneum.

6. It is the experience of gynæcologists that gonorrhœa in women causes many affections that seriously impair their general health and prove refractory to treatment.

7. When females suffer from uterine catarrh, endocervicitis and peritonitis, as a result of gonorrhœal infection, they are apt to be sterile, or may perhaps bear one child and no more.

8. The most skilful and experienced practitioners all coincide that gonorrhœa is a difficult disease to treat. Seven out of ten cases may readily yield, but the other three will prove refractory and last weeks and months. This may occur under the most judicious treatment.

9. It is a remarkable fact and particularly unfortunate, that laymen, and even many medical men, regard gonorrhœa as a harmless non-specific affection. That such a doctrine is entertained is to be regretted. On the contrary, we insist that it is the duty of the profession to enlighten the public and especially their patients regarding its consequences and dangers.

10. The laity have a fixed belief that syphilis is never thoroughly eradicated from the system. This is an error. Syphilis, properly treated by a skilful medical man, is usually completely cured, and when taken in time presents less difficulty in its management than gonorrhœa.

REVIEWS.

A Handbook of Materia Medica and Homœopathic Therapeutics.

By T. F. ALLEN, M.A., M.D., LL.D. Philadelphia:
F. E. Boericke. 1889. Pp. 1175.

THIS handsome quarto volume is a carefully revised abridgment of the ten volumes of the *Encyclopædia of Drug Pathogenesis* published in 1879. On the completion of that great work Dr. Allen undertook to produce a "condensed work for ready reference." The volume before us is the result. In performing his task the author has endeavoured to correct whatever of error, and to supply any important omissions, chargeable against the original work. While revising and condensing he has added the most useful and practically valuable of the provings and cases of poisoning which have appeared of late years, and at the same time has omitted a great deal of the worthless material, which did but increase the bulk of the *Encyclopædia*. Nevertheless there yet remain records of the pathogenetic effects, with brief notes on the clinical uses of *three hundred and ninety-eight* substances; a drug supply sufficient, we should imagine, to meet the wants of the most fastidious prescriber.

The effects of each drug are given in *schema* form. This, Dr. Allen contends, is necessary for the purpose of ready reference. Here we believe he is right, but he is no less correct when he says, "systematic study of a drug requires a very different sort of an arrangement; for this the student needs to consult impartially all provings which have been made in good faith, to note the evolution of drug effects, to compare the day-books of the different provers, and to determine, if possible, the true characters of the drug disease." Such study, we would add, is essential to a right and successful use of a reference volume like the one before us. This is valuable for the purpose of hastily looking up individual symptoms, or group of symptoms; the study of the provings, however, can alone give a correct understanding of these symptoms, especially as regards their bearing upon others that may be present in the same patient.

In the course of the interesting and suggestive essay which forms the preface to this volume, Dr. Allen refers to "the errors that have been perpetuated from year to year in old material, and in new material obtained by faulty methods" as being "well known." "We acknowledge," he says, "the lack of accuracy in observation, the failure of confirmation required in scientific accuracy; we are cognizant of the absolute necessity of rebuilding the whole symptomatology from the very foundation, but during the years, or rather the

generations, which will elapse till this be done, we must cure the sick as best we may, and use sometimes doubtful material to accomplish our results. During this interim we must endeavour to keep separate the probably pure pathogenesis and the merely clinical history of each drug, for by doing this our pathogenesis will undergo a slow regeneration, good observation will replace the bad, and our therapeutics will rest upon an ever-increasing sure foundation." While this is perfectly true, and while we congratulate ourselves on the strenuous efforts now being made to render our *materia medica* not only *pure* in the sense in which Hahnemann used that word—free from speculation either pathological or physiological—but pure as meaning free from all error of fact—we doubt if it gives to the *Materia Medica*, as it has existed amongst us, that full credit for practical utility which it deserves. We must "not forget that with all its shortcomings, with all its errors of observation, with all its blunders, oversights, and liberties of translators, the English version of our provings alone has enabled the large majority of British and American homoeopathic practitioners to encounter disease with a success, far, very far, in advance of any that either is or can be secured by the most eminent of allopathic physicians."*

In his arrangement of the effects of a drug, Dr. Allen, after stating the form of preparation in which the drug he is considering is used in practice, gives a brief and succinct statement of its general action, and mentions the medicines to the actions of which this is most closely allied. He then describes, in greater detail, the more prominent and well attested general effects of the drug, and afterwards passes to the symptoms produced by it on the mind, head, eyes, ears, and so on through all the organs of the body. There is in these sections none of that frequent repetition of the same symptom in different, or indeed oftentimes the same, words to which we have been accustomed in previous works of a similar kind. Further, the symptoms recorded are pathogenetic only; such as are called clinical or observed in cases of illness—and arbitrarily regarded by the observer as the effect of the drug—have been omitted. Instead of them we find notes, much more useful and much more trustworthy, appended to each section indicating the pathological conditions in which practitioners, by prescribing the drug homoeopathically, have found it useful.

This *Handbook*—somewhat bulky by the way for such a definition—will be found of the greatest value by every practitioner who is desirous of prescribing with the utmost possible care.

* *Monthly Homoeopathic Review*, vol. viii, p. 676.

We cannot conclude this introduction of the results of our colleague Dr. Allen's years of unremitting labour to our readers, without asking them to reflect what a tribute to the diffusion and appreciation of homœopathy among the members of the medical profession in the United States the mere publication of such a work is.

A large quarto volume of 1,175 pages, well printed on good paper, and handsomely bound, of little use to any but medical men, and sold at a price that must needs be prohibitive to many, is one that requires an amount of capital that no American publisher would risk, if he were not well assured beforehand that he would see an ample return for his outlay. This return he could not expect were homœopathy not very highly appreciated, very thoroughly studied, and very extensively practised in the United States.

Lectures on Diseases of the Heart, with a Materia Medica of the new Heart Remedies. By EDWIN M. HALE, M.D., and with a *Repertory of Heart Symptoms*, by E. R. SNADER, M.D., Third Edition, greatly enlarged. Philadelphia: F. E. Bœricke. 1889.

THE third edition of this well-known work on diseases of the heart will be welcome to every student of heart disease. Dr. Hale's book has stood alone among the literature of this subject, and more than before is it now *facile princeps*. It is by no means always the case that an increase in the size of a book is accompanied by a proportionate increase in its usefulness; but in this case the third edition is twice the size of, and more than twice as valuable as, the second.

Parts I., II. and III. are concerned with Functional, Inflammatory, and Organic diseases of the heart respectively. In Part I. are some interesting remarks respecting the anatomy and physiology of the heart. We notice in passing that Dr. Hale supports the view that the circulation through the heart is carried on in an opposite manner to that of the general circulation, viz., that the blood for its nourishment enters through the venous orifices in the *foramina Thebesii*, traverses the veins and escapes through the coronary arteries into the aorta. No substantial evidence in support of this proposition (which, nevertheless, Dr. H. regards as an important one) is offered, nor does it appear to us that any is possible.

Beyond noting the fact that the general information of these three sections is up to date, we shall offer no remarks upon them.

The 4th section deals with the *Materia Medica* of heart remedies. It is in this that so many advances have been made. The newer heart-medicines in use in both schools are

introduced. Such are *adonis*, *barium*, *convallaria*, *caffein*, *oleandrin*, *spartein*, *strophanthus*, *kola*, &c.

Many of these remedies, it is true, are more usually administered on antipathic principles; but then so many heart cases reach us in a hopeless condition that palliation is the only possibility. It cannot be denied that there are many valuable antipathic palliative remedies, and that some of them appear to act in a more rapid manner than homœopathic medicines. This probably accounts for the large place that antipathic remedies find both in this work and in the treatment of cardiac cases by many firm believers in the rule "let likes be treated by likes."

Of the remedies mentioned, *adonis* and *barium* are used in much the same way as *digitalis*, and they form alternative remedies only. The same may be said both of *caffein* and *convallaria*, except that *caffein* appears to act more quickly and in more desperate cases. Its effects are not so long lasting, and it cannot be long continued, for fear of inducing secondary failure following the "lashing" into violent contraction of the heart. *Convallaria* has received a "proving," which is here recorded, to rescue it from the oblivion of an old volume of a journal. We have nowhere else seen so valuable and full a treatise on the homœopathic uses and possibilities of *convallaria*. It is an important article, and one which will well repay study. The kola nut (*sterculia acuminata*) acts much like *caffein*: it is an excitant of the intellect and imagination as well as an energiser of the heart's action. As is well known it is also used as an *aliment d'épargne*. The advantages of *strophanthus* are clearly pointed out in an exhaustive article.

Some of the remedies acting homœopathically on the heart are also dwelt upon, but there is nothing new to notice respecting them. The author calls attention to the *cyanides* as being likely heart medicines.

Many other drugs of value in heart cases might, of course, have been introduced, but it was the author's intention only to discuss those having a very direct action on that organ, and of these only such as may fairly be called new remedies.

Part V., extending over 76 pages, consists of a complete and valuable repertory of heart symptoms. This is not limited to the medicines discussed in the *Materia Medica* section of the volume. The work is concluded by an appendix containing some miscellaneous papers on kindred subjects.

The perusal of this book cannot fail to be of interest and advantage, whether to the specialist in heart diseases or to the general practitioner.

As is the case with all Mr. Boericke's books, the printing and paper are good and a credit to the publisher.

A Cyclopadia of Drug Pathogenesis. Edited by RICHARD HUGHES, M.D., and J. P. DAKE, M.D., &c. Part X, *Magnesia to Natrum-muriaticum.* London and New York: 1889.

PART after part of this great work appears with commendable promptness and regularity. It is already more than half completed.

The animal, vegetable and mineral kingdoms are all represented, *murex* and *naja* standing for the first. Over 90 pages of Part X. are occupied by *mercury* and its salts. Forty pages are not enough in which to relate the miseries of "the salt disease." Experiments with dilutions up to the 12th decimal and with the crude substances in various doses, yielded results real enough and uncomfortable enough to the experimenters. To disbelieve in the power of *natrum muriaticum* after reading these accounts, must require a mind made up to the *à priori* impossibility of the existence of such power, and consequently to the impossibility of any evidence whatsoever proving its existence. How admirable a proof are these pages on common salt of the value of Hahnemann's method of experimentation on the healthy human subject! No other method could have given us the result here recorded. We hope there is not one of our medical readers who could not furnish proofs that *natrum muriaticum* is not less able to heal than to injure. We understand that the editors still hope to have the work completed before the next World's Homœopathic Congress, in less than two years' time.

The Clinical use of Prisms; and the decentering of Lenses. By ERNEST E. MADDOX, M.B. Bristol: J. Wright & Co. London: Hamilton, Adams & Co. 1889.

OWING, in the main, to the researches of Dr. Stevens, of New York, considerable attention has been given during the last few years to anomalies of convergence and abnormal action of the ocular muscles. Increased knowledge of the subject has naturally led to improved methods of treatment, and at present discussion wages upon the superiority of a modified tenotomy of the offending muscle or its systematic exercise by a suitable prism. Successful treatment of these troublesome cases of heterophoria by prisms needs a thorough knowledge of their properties and action. Dr. Maddox has opportunely published a very useful little book, giving in a short space, and in a lucid manner, a large amount of valuable information as to the geometrical, optical and clinical uses of prisms. The first part consists of a description of "their simplest properties;" then follows an interesting chapter upon the decentering of

lenses, a method of obtaining the effect of a prism and lens without the necessity of combining the two. This is supplemented by a table, showing the prismatic effect of decentering any lens, which enables the surgeon to easily calculate how much to decenter a given lens in order to combine with it the effect of a certain prism. The clinical part clearly explains the application of prisms in elucidating the various forms of heterophoria, and indicates the various conditions that can be alleviated by them. The book is well got up, and the clearness of the descriptive text is much aided by diagrams. Dr. Maddox has for some time been giving close attention to the physiology of convergence, and writes with authority upon this rather difficult subject. The work, though of considerable general interest, is, perhaps, more especially serviceable to the specialist.

Is Bad Sight on the Increase? The Philosophy of Sight. By
A. FOURNET. London: Swan, Sonnenschein & Co. 1889.

THIS original little work is a plea for the use of spectacles in suitable cases, and a powerful protest against the foolish sentiment which will allow people to suffer pain, see badly, and injure their sight, all at once, in preference to wearing "glasses." The subject is handled in an original manner and racy style.

The author distinguishes between "the 'power' and the 'ability' of seeing." All eyes, he points out, except such as are actually diseased, have pretty much the same "power," but the difference consists in the 'ability' of utilising that power. Ametropic eyes are deficient in this "ability"; but as lenses will supply the deficient ability, ametropia is not "bad sight." The wearing of spectacles does not proclaim to all beholders that the wearer has bad sight or cannot see, but that he HAS *the power to see*, and means to utilise it. To neglect to utilise it may ultimately be to lose the power. Mr. Fournet has unbounded faith in his lenses, and waxes hot in his denunciations of the neglect of them as a preventive measure against glaucoma and as a measure of treatment in the early stages of the malady.

If our readers have friends who need to see better, and yet shrink from wearing spectacles, let them recommend this book to them. They will probably decide before leaving it to buy for themselves "windows, through which to see more of the world." Especially should we recommend parents to read this book, to save their children hours of pain, and to gain for them the "ability" to see, if they are lacking in it.

NOTABILIA.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS,
PARIS, AUG. 21—4, 1889.

LIST OF MEMBERS PRESENT.

DRS. ALLEORI, Rome; Arnulphy, *Père*, Nice; Baldilli, Florence; Bas, St. Quentin; Batault, Geneva; Beck, Monthez au Valois; Van den Bergue, Gand; Bonino, Turin; Bourder, Paris; Boyer, Paris; Brasol, St. Petersburg; Chancerel, Paris; Cigliano, Naples; Clark, New York; Clarke, London; Compagnon, Paris; Conquen, Versailles; Costeplane Comte de Cameras des Barres; Cowl, New York; Criquelion, Mons; Créquy, Amiens; Dacher, Paris; Daniel, Marseilles; Delpech, Paris; Doughty, New York; Drysdale, Liverpool; Dudgeon, London; Elb, Dresden; Escalle, Paris; Fagiani, Geneva; Fay, Paris; Fischer, Sydney, N.S.W.; Gailhard, Marseilles; Gailliard, Brussels; Gallavardin, Lyons; Van Goidshoven, Liège; Gonnard, Paris; Grünwald, Frankfurt-on-Main; Guérin-Ménéville, Paris; Gutteridge, London; Hamon, Caen; Hughes, Brighton; Huyvenaer, Brussels; Imbert de la Touche, Lyons; Jousset, Paris; Jousset, *Fils*, Paris; Kenick, Paris; Kirn, Paris; Liebmann, Paris; Lindermann, Hollenburg; Lombroso, Turin; Lutze, Cöthen; Garcia Lopes, Madrid; Love, Paris; Love, *Fils*, Paris; Malapert de Peux, Lille; De Millo, Lisbon; Nimier, Angers; Parenteau, Paris; Parthenay, Paris; Rappaz, Monte Video; Robillard, Paris; Rochet, Paris; Roth, Divonne; Schmitz, Anvers; Senaud, Paris; Sieffert, Paris; Léon Simon, *Père*, Paris; Léon Simon, Paris; Léon Simon, *Fils*, Paris; Garac Siverez, Madrid; Sourice, Le Havre; Stiegele, Stuttgart; Tanquay, Paris; Tenier, Paris; Trichorn, Paris; Weber, Paris; Von Villers, Dresden; Wright, Buffalo; Lebrucher, Paris; Bernay, Lyon; Christodolo Psilla, Greece; Schædler, Berne; Siegrist, Basel; Saullehy, Barcelona; Süß-Hahnemann, London.

NOTES ON THE CONGRESS.

IN our last number (pp. 564 and 579) we have given an account of the programme, and an outline of the proceedings, of the Homœopathic Congress recently held at Paris. We have now a few comments to make upon what there took place, referring our readers for a *précis* of the discussions to our contemporary, the *Homœopathic World* (No. for Sept.)

The meeting was an undoubted success in respect of the large gathering of homœopaths from all parts of the continent. It was what our quinquennial Congress of 1886

might have been, had our Belgian *confrères* suffered it to be held at Brussels, as intended, instead of driving us off to Basle. Among those present we noted, Drs. Beck, Schädler and Batault, from Switzerland; Drs. Cigliano, Bonino and Liberdi, from Italy; Dr. Gailliard, from Belgium; and Dr. Brasol (whose lectures we have lately been reporting), from Russia. England and America were not unrepresented, though across the water; Dr. Wright, of Buffalo, may be named in respect of the latter country, Drs. Drysdale, Dudgeon, Hughes and Clarke, on behalf of our own.

To all who signed the form of adhesion sent out, a programme was sent, containing a pretty full resumé of all essays received up to the time of its issue. This we hailed, hoping it to imply that no papers would be read at the meetings, and the whole time given to discussion. Unfortunately, it was thought courteous to ask the authors, when present (and the papers of these only were admitted to discussion), to open the debate with any remarks they desired to make; and such large advantage was taken of this liberty, that quite half of the scanty time at our disposal was occupied in this way. One of the authors took no less than three-quarters of an hour, in expounding his views, which had little that was novel in them, and which were sufficiently expressed in the *précis*.

Several of the most interesting papers being thus excluded, and time for discussion on the remainder being very brief, the gathering can hardly be accounted scientifically fruitful. There was none of that thorough threshing out of subjects we had in London in 1881 and at Basle in 1886, where no papers were read and where speakers were to some extent arranged for beforehand. It is to be hoped that at the quinquennial Congress of 1891 our American colleagues will profit by this experience.

The first meeting, which lasted from 4 to 6 p.m. on Wednesday, August 21st, was entirely occupied with the papers of Dr. Piedvache and Dr. Jousset. The discussion on the first turned mainly on the old question of dose; on the second on the merits of antiseptics in general, and Pasteur's inoculations in particular, rather than on their relation to homoeopathy. Neither elicited anything new. A supplementary meeting, held on Thursday morning from 10 till 12, gave Drs. Gailliard and Conan an opportunity of bringing forward their papers (Dr. Pinella being absent). The latter, which was very original, was not discussed at all for want of time; and we fear that little came of the former (which was read *in extenso*), elaborate as it was.

In the afternoon the papers of Dr. A. von Villers, Dr. Marc

Jousset, Dr. Parenteau, and Dr. Serrand alone were discussed, none of the authors of the remainder being present. In the first Dr. Jousset, *père*, re-affirmed the homœopathicity of *atropine* and *strychnine* to locomotor ataxy, and their value in its treatment, as so well illustrated by him in the *Bulletin de la Soc. Méd. Hom. de France* for July. The last presented an interesting episode. The case was one of laryngeal diphtheria recovering after all hope seemed gone, under *mercurius cyanatus*; and among the speakers were Dr. Beck, of Monthey-en-Valais, who was the first to introduce this now highly-prized remedy, and Dr. A. von Villers, who, as a child, was the subject of his first experience with it; Dr. Brasol also told us how to its effects he owed his earliest impressions in favour of homœopathy.

This evening and the following morning were pleasantly occupied with extra-congressional matters—the former with a banquet (at the hôtel du Lion d'or), full of good cheer and good fellowship; the latter by visits to the two homœopathic hospitals of Paris (which seem excellently conducted), and the Dispensaire Alix-Love. The only papers discussed at the final afternoon meeting were those of Dr. Imbert de la Touche on *Paralysis Agitans*, and of Dr. Gailliard on *Monopharmacy*. An emphatic condemnation of the mixed and secret medicines whose use is so contaminating the homœopathy (especially of the Continent) at the present day was the chief practical outcome of the latter.

Thus ended a very pleasant time, though not so profitable an one as it might have been. The *Transactions*, however, will contain several papers of permanent value.

THE HOMŒOPATHIC CONGRESS AND

LE PROGRÈS MÉDICAL.

“On the 20th of August the International Congress of Homœopathy was opened at the Trocadéro, and, as we expected, its numbers were very small. Among them, it is true, there was a New York ‘doctress.’ We repeat that we fail to understand how the Government, which maintains at its own charges *allopathic (sic)* medical schools, can take under its wing a homœopathic congress. What would one think of a Republic which should use its best efforts to secure the triumph of anarchy? This is the only medical congress whose transactions we shall take care not to publish.”

Such are the terms in which the *Progrès Médical* (Aug. 24) seeks to relieve the irritation it feels on account of the impartiality with which the Government has taken under its official supervision the Homœopathic Congress recently held in Paris.

Our *confrère*, Dr. Marc Jousset, took the trouble, by sending for insertion into its columns the statistics of the Congress, to show the *Progrès* how little ground there was for its contemptuous remarks. For our part we are little concerned to enlighten the mind of a contemporary, which fails to understand and appreciate even-handed justice because it crosses its prejudices. Such blindness is the blindness of bigotry, and that impartial justice of which it complains is its best censure and its best remedy.

The remarks of the *Progrès Médical* would not deserve our attention were it not to bring into relief the contrast between them and the gentlemanly conduct and courtesy of M. le Professeur Gariel, and of the Secretary-General of the Congress, who proffered their counsels with the customary politeness of a French gentleman, and without the customary admixture of professional animus.

It is a truism indeed, but one which seems often forgotten, that if homœopathy be a false light—a lamp without oil—it cannot fail to be ignominiously extinguished and to pass into well-merited oblivion.

If, on the other hand, it is a force based on enduring truth, it is not less sure to overcome all opposition (and haply, opposers too) to its steady and triumphant progress. Cannot both its friends and its foes take comfort from this fact and “bide their time”?

MATTEIISM AND THE CONGRESS.

THE vote of the Congress gives no uncertain sound respecting the so-called electro-homœopathy. At the close of a lengthy discussion on secret remedies and polypharmacy, Dr. Jousset, president of the Congress, proposed the following resolution, which was carried unanimously:—

“The members of the International Congress of Homœopathy, considering that electro-homœopathy consists in the administration of complex medicaments which have not been proved on the healthy human subject in this form, and whose composition and mode of preparation are not accurately known, condemn this doctrine and declare that it has no connection with homœopathy.”

HOMŒOPATHY IN MELBOURNE.

(From a Correspondent).

HOMŒOPATHY is possessed of so much vigour and vitality in the Colonies that a short account of its progress may perhaps interest your readers. If such be the case I shall be glad to forward you occasionally a few notes of our prospects, and

perhaps triumphs, in this part of the world. The greatest field of course is in the larger cities, such as Melbourne, Sydney and Adelaide, and in each of these cities it is well and progressively represented. Melbourne has now ten qualified practitioners, Sydney nearly as many, and Adelaide a smaller number; but I believe the latter city could make a much better show in numbers if the practitioners who use the system had the courage to avow that they did so. In Melbourne the ranks have recently been added to by the arrival of Drs. Wallace, Macnutt and Wheeler. Dr. Wallace has settled in Prahran, a populous suburb, and is doing exceedingly well. Dr. Macnutt has succeeded to the large city practice of Dr. Gunst, one of our oldest, most esteemed and successful practitioners, who has broken down in health from overwork; and Dr. Wheeler, late of Clapton, whom you all know, has just arrived. He will reside at Hawthorn, and take up local and city consultation work. These gentlemen have been heartily welcomed, and add greatly to our strength and requirements.

The Homœopathic Hospital has been in luck's way lately; the debt of over £5,000 has been paid off, and a new wing, completely furnished, is to be built, at a cost of £10,000, by a generous donor. This will increase the number of beds to about 140, making it the third most important hospital in the colony. In addition, there is the prospect of a sum of £3,000 being presented to it from a public subscription to add to its further completeness. It is to be hoped that a children's wing may be built with this sum. Such an addition would, I am sure, commend it largely to the sympathy of the public, besides giving us the opportunity of showing homœopathic treatment in its most favourable light.

The Homœopathic Hospital Ball is now recognised as one of the most popular of our social gatherings, and this year it promises to be more than ordinarily successful, owing to the promised patronage of Sir William Robinson, our popular acting governor, and our leading citizens. The funds of the institution will without doubt benefit largely.

Our leading pharmacists, Messrs. Martin and Pleasance, have evidently great confidence in the future, as I hear that they are about to erect one of, if not the most handsome pile of buildings devoted to pharmacy in the Colonies, at a cost of over £15,000. The frontage will occupy 45 feet to Collins Street, in its most central and valuable part, and the buildings when completed will be quite one of the features of Colonial architecture, besides being evidence of the success and prosperity of homœopathic pharmacy as represented by this firm, of which Mr. Pleasance is now the head.

To show that the *odium medicum* still exists, I enclose some clippings from the *Melbourne Age* and the *Standard*, which speak for themselves.

Mr. Butcher, chemist, of Blackheath, has been visiting the Colonies on business and pleasure bent, and expresses himself highly gratified with the result in each particular. He has visited Adelaide, Melbourne and Sydney, and is now in Queensland, where he proposes to stay a few weeks before returning to England.

ODIUM MEDICUM IN MELBOURNE.

A BRITISH Colony does not furnish a suitable soil for the growth of *odium medicum*. Now and again its existence is declared in one, but only to be denounced as it deserves to be by the organs of public opinion.

Very recently, Dr. Wallace, of Melbourne, one of the surgeons at the homœopathic hospital of that city received a communication from a firm of solicitors, requesting him to see a patient, supposed to have received an injury through an accident, at the house of Dr. Beaney, one of the leading surgeons at Melbourne. He went, and the servant informed him that Dr. Beaney was "out." On Dr. Wallace stating that he had an appointment with the doctor, the following letter was handed to him :—

"Surgeon Beaney begs to inform Dr. Wallace that Mr. Hague's is a surgical case, and as Dr. W. is a homœopathic practitioner, Surgeon Beaney cannot meet him in consultation on the case.

"P.S.—Surgeon B. has just been informed that Dr. W. is a homœopathic practitioner."

Dr. Wallace, it may be stated, is a gentleman who has adopted homœopathy after ten years' experience of the traditional methods taught in the schools. In an excellent letter to one of the papers he exposes the folly and stupidity which characterised Dr. Beaney's conduct, and then, quoting Dr. Lauder Brunton and other leading teachers of the old school, he shows how worthless the ordinary drug treatment of disease is regarded by those who teach and practise it.

One of the Melbourne papers, *The Age*, while deploring the attitude assumed by Dr. Beaney, apologises for him on the ground that he is a member of a professional trades union, and, consequently, is bound by its rules. A fair article is thus concluded :—

"No two medical men treat a disease on the same principle, much less by the same method. While one man administers alcohol another orders water, and a third gives drugs or no drugs. Where there is so much uncertainty and difference of

opinion, dogmatism is not only an offence against good manners, but it is opposed to all reason. We do not suppose, however, that reason has very much to do with dictating Dr. Beaney's treatment of Dr. Wallace, and the only thing we can hope is that the day will come when, for the sake of suffering humanity, the two will find a *modus vivendi*. Homœopathy, we suppose, will be admitted by its opponents to have sufficiently established its claims to be tolerated as a scientific method which experience shows to be fairly fertile of good results. It has its schools, professors, colleges and hospitals; and even Dr. Beaney will not deny that somehow or other homœopathic doctors manage to get patients, though, of course, they do not as yet compete with their allopathic rivals in big diamonds. What the public would like would be to see the two systems at work together side by side; and if the New Hospital, on which our minds are so eagerly bent, is fitted up with wards in which homœopathic surgeons and physicians can administer their remedies without let or hindrance, this object, so devoutly to be desired for obvious reasons, will be attained."

The Melbourne Standard, of the 22nd of July, has a still more outspoken article upon the question involved. After dwelling on "the mean and unworthy jealousy and spite shown by one branch of scientific seekers towards another," the editor says:—

"Dr. Wallace—taking him as a type—was, it appears, brought up in the strictest sect of the allopaths, and practised their varied system for years, and then from conviction took to the creed of *similia similibus curantur*.

"Surely he has a right to follow science in his own way, without being branded as an impostor. He has his allopathic degrees as any other allopath, and he knows homœopathy besides and believes it best.

"If he and his fellows looked down with contempt on the hide-bound lot they have left, one could understand it; but to see practitioners of the antiquated school turn up their noses at those who have shown themselves amenable to the free searching spirit of the age, is a case of such insolent impudence that one does not know whether to laugh or be angry.

"We are surprised at Dr. Beaney. He has conquered and lived down dislike and opposition, and he should value professional tyranny at its true estimate, and really one would think that a man like him, who had triumphed so, might emancipate himself from a professional thralldom that is as stupid as it is contemptible.

"People talk of the elevating and ennobling influence of education. And here we have an order of men—gentlemen

too—schooled in many of the highest branches of human knowledge, belonging to a dignified and noble profession, yet showing themselves as miserably cramped and as timorous of rivalry as the most ignorant among us.

“What are they afraid of? But we lose patience in speaking of it.

“The medical bigotry of the ‘orthodox’ school is more unworthy even than the religious bigotry with which the parsons used to toss up their noses at one another, and which is now rarely seen, except among the meaner order of ecclesiastical quacks; for the parsons believe that they have all dogmatic truth already in a nut-shell, but the doctors admit that the book of science from which they read has hardly had its first page turned.

“The incident is such a violation of the free spirit of colonial life that one is startled at its appearance. And one is inclined to ask in wonder are there really many medical men in Victoria capable of harbouring a prejudice so unworthy of scientific men and gentlemen?”

Properly handled, an outburst of *odium medicum* is always conducive to the spread of a knowledge of homœopathy. It affords an opportunity—a perfectly legitimate opportunity—for letting the public know, first of all, what homœopathy means, and secondly, why it is that it is opposed by representatives of the old school; while the methods of opposition, the character of the *odium medicum*, cannot fail to disgust all persons of liberal education and independence of thought.

Dr. Wallace and the Melbourne newspapers have taken advantage of the opportunity that that well-known fighting member of the profession, Dr. Beaney, has afforded them, and taken it well.

SOME OF THE RARER AND GRAVER FORMS OF CINCHONISM.

DR. I. E. ATKINSON, of Baltimore, read a paper with the above title at the recent meeting of the American Medical Association. This paper treated of blindness, deafness, and general poisoning from the excessive use of cinchona preparations, and was intended to show that the lavish use of these remedies so frequently resorted to is not justifiable on account of the dangers entailed. The writer had collected more than fifty cases of quinine amaurosis, and showed that impairment of vision from this cause is much more frequent than is currently believed. Usually, blindness only follows excessive doses, but definite effects cannot always be attributed to definite doses, and blindness has been known to follow as small a

dose as twelve grains. It may develop slowly, or, as is usual, suddenly. The duration of total blindness may be from a few hours to many weeks. It is never permanent. Perfect vision is, however, never recovered. Careful observation has shown that the symptoms are pretty constant. They are: 1. Transitory blindness, complete or incomplete. 2. Colour blindness. The colour sense usually is restored ultimately. 3. Wide dilatation of the pupil, which is irresponsive to light. 4. Pallor of the optic discs and extreme diminution of the retinal vessels. 5. Contraction of the visual field. This never entirely disappears.

Impairment of hearing with tinnitus is almost always present, but rarely lasts longer than twenty-four hours. A number of variations from the type are noted. Idiosyncrasy undoubtedly plays an important part in the development of these symptoms. The pathology of quinine amaurosis is not understood. The effect is probably a local one exerted upon the blood-vessels of the part. The dose competent to produce blindness varies greatly. Though blindness probably always results when the dose has been lethal, as much as one ounce, failing to produce general poisoning, has been known to affect vision. In a number of cases patients have been known to become blind after thirty or sixty grains given within a few hours.

Complete permanent deafness has never been known to follow the use of quinine, and permanent impairment of hearing from the same cause is very uncommon, not so uncommon, however, as is generally supposed. Roosa, Burnett, Greene, and others, have given abundant reasons for their belief that permanent partial deafness may occur. In these cases, however, a decided hyperæmia of the auditory apparatus is produced.

General poisoning from the cinchona preparation is rarely fatal. Baldion reports a death from twenty grains to a child, six years old, given in forty-eight hours. Deaths have also followed the administration of one hundred grains given in two days, and of one hundred and twenty grains in doses of five grains repeated every hour. In severe cases the patient's condition may border on collapse. There will be extreme prostration, with or without loss of consciousness, or coma, lowered temperature, gradual weakening of the pulse and respiration, chilling of the entire surface, copious cold sweats, deafness, dilatation and immobility of the pupils, blindness, and lividity. Convulsions have been reported in a goodly number of cases. The exact nature of these convulsions has not been determined.

—*Hahn. Monthly.*

POISONING BY *NUX VOMICA*.

J. VENKATA SWAMY, L.M.S. of the Aska Dispensary, records a case of poisoning by *nux vomica* in the crude form. An adult male was brought to the dispensary at 7.30 a.m., on the 17th February, 1889, with giddiness, numbness in the trunk, and more markedly in the lower extremities; dryness of throat; slight injection of the conjunctivæ; heaviness of head; occasional backward jerking of the head, sometimes developing into a flying fit of opisthotonos whilst he was taking, or on the point of taking, medicines; consciousness perfect; respirations 16 per minute and unaltered in quality; pulse slightly frequent; weakness of voice; confusion as in alcoholic inebriation; and facial features generally indicative of fear and despair. It appeared that the patient had suffered from gonorrhœa, and was advised by a friend to take the root of *nux vomica*, well ground, with equal parts of sugar and black pepper, and made into a mixture with water. The exact quantity of the root taken could not be made out. He had swallowed the medicine at 7 a.m., and first observed the symptoms half-an-hour after. The spasms of the back were brought on by attempts to swallow medicines; more powerful efforts in other directions being found to produce no effect of the kind. The muscles of the lower jaw and the pupils were unaffected. The patient suffered severely from painful muscular cramps in his legs, which were afterwards as tender as a suppurating abscess, though the cramps continued for not more than two hours. An interesting feature of the case is the fact that swallowing of medicines, or even the mere idea of medicine, excited spasms of the muscles of the back. The patient often withdrew, as if shocked, from the medicine, asserting that the sight of a glass of medicine simply recalled to his memory the poisonous dose he had taken. The mental excitement caused by the sudden flashes of memory of the toxic medicine probably served to produce spasms through the already irritated and unstable nervous centres of the spinal cord.—*The Practitioner*, July.

CARDIAC DEBILITY DUE TO *STRYCHNIA*.

DR. N. L. NORTH, of Brooklyn, N.Y., directs attention to a condition of the heart occasionally following the use of *nux rom.* or *strychnine* which does not appear to be generally recognised: viz. the production, particularly in the aged, of a very irregular action of a very fairly acting heart. He describes three illustrative cases, of which the following one may be cited. A gentleman, 65 years of age, was convalescing from typhoid fever; he had suffered a second relapse, and had had

a tedious illness, but had then been for over a week with normal temperature, when he complained of attacks of nausea, and faintness on moving or attempting to sit erect. His pulse was intermittent and irregular, the heart exhibited great weakness, irregularity and intermission in its action, the countenance of the patient was turgid and suffused, with a look of extreme anxiety. Dr. North could find no cause for the symptoms in the condition of the patient, but happily remembered that he had ordered some days before a small pill of *aloin*, *strychnine* (gr. 1-60th) and *belladonna*. On the pill being withdrawn the patient rallied from his heart failure, and experienced no further trouble from it.—*The Practitioner*, July, 1889.

TREATMENT OF CHRONIC NERVOUS URTICARIA WITH *ANTIPIRYN*.

THE common causation of urticaria is to be found in some gastro-intestinal disturbance which is properly treated by suitable diet and alkalies. Professor Hardy would, however, recognise a form of urticaria of nervous origin in which nervous remedies are indicated, and in which Dr. Nitot (*Journal de Médecine de Paris* for June 2, 1889) would attribute almost specific powers to *antipyrin*. Dr. Nitot reports in full four cases all occurring in young women who had since early childhood been subject to attacks of urticaria in which alkaline treatment had utterly failed to produce any relief. In one of these the eruption appeared periodically each day, and Dr. Nitot recommended the use of *antipyrin* in seven and a half-grain doses two or three hours before the expected period of eruption. After four days of this treatment the eruption disappeared entirely, and did not return. His other cases are somewhat similar to the above, with the exception that the periodic element was not so well marked. In very chronic cases the improvement was less marked than in recent cases, though even then the cure was progressive and continuous.—*Hahn. Monthly*.

TOXIC EFFECTS OF *ANTIPIRYN*.

THE *Practitioner* (July) quotes some cases illustrating the toxic effects of *antipyrin*, especially in children. Tucek reports the case of a strong, healthy boy, 4 years old, who had never had convulsions, rickets, or worms. He had been suffering from pertussis, and had taken for three weeks, with marked benefit, 18 grains of *antipyrin* daily, when he fell into a condition of somnolence, which had been preceded by lassitude and vomiting, and passed next day into sopor. In this condition he showed grave motor symptoms—paroxysmal

epileptic attacks, some of which were complete, with general convulsions following in regular order, others incomplete, with partial unilateral twitching—contraction of muscles, chattering of teeth, and throwing the limbs about, a peculiar type of breathing somewhat resembling Cheyne-Stokes,* cardiac irregularity, and dilatation of the pupils. At the same time a macular eruption of scarlet red appearance made its appearance, with subnormal temperature and slow tense pulse. On the third day consciousness returned, the attacks lessened, and from the fourth day there was no return. The *antipyrin* was discontinued at the outset of the seizure. No doubt was here entertained that the case was one of *antipyrin* poisoning, this being confirmed by the characteristic eruption and the favourable termination.

In an extensive use of *antipyrin* in the treatment of whooping-cough, Loewe met with three cases where the action was injurious and attended by alarming symptoms. In one child of fourteen months a state of great excitement set in after the first dose. The attacks were increased and accompanied by vomiting, the child crying continuously, and being thought to be dying. Hydropathic treatment relieved the condition. A second infant, six months old, after the second or third dose showed cyanosis and collapse, which the same treatment removed. To satisfy himself as to the drug being the cause of these symptoms, Loewe administered a dose himself, when they shortly set in again. In a third child, two years of age, the attacks appeared to be increased by *antipyrin*, so that, besides laryngeal spasm and vomiting, general convulsions of marked severity followed the use of the drug.

In another case, that of a man of fifty years, suffering from sciatica, five grains of *antipyrin* three times a day were prescribed. The first and only dose was taken at 11.30 A.M. He instantly experienced a sensation of tingling and burning in his gums, which rapidly extended to the throat and nose, accompanied by sneezing, running from the eyes and nostrils, dizziness, complete loss of vision, a feeling of numberless pins pricking him down each side of the neck, tightness in the throat, and dyspnoea.

The pin-pricking sensation extended rapidly down the right side of his chest and abdomen, and was particularly severe in the right side of the scrotum and right testicle, and was also felt in the legs and feet—severely in the right and slightly in the left.

* *Cocaine* and *Methylol* are said to produce a similar condition of the respiration.—Eds. *M.H.R.*

He next experienced a sensation as if the contents of his thorax and abdomen were being forcibly drawn upward toward his throat, and the right testicle toward the abdomen ; so that, he says, he "was drawn in a ruck," and, being no longer able to stand, he fell on the floor. He trembled violently all over, and had a cramp in his right arm and hand.

His physician arrived fifteen minutes after he had taken the dose, and found him sitting in a chair, declaring that he was unable to remain in a recumbent posture. His face was of a dusky red colour ; his nose, lips, and eyelids were so swollen as to render his features quite unrecognizable ; he was trembling violently all over, and the fingers of his right hand were clenched in the form of a claw. Pulse scarcely perceptible.

The symptoms gradually subsided ; the following day, with the exception of a slight headache and loss of appetite, he had completely recovered.—From *British Medical Journal*, June 15, 1889, in *International Journal of the Medical Sciences*.

CAFFEIN IN NEURALGIA AND INSOMINA.

At the International Homœopathic Congress in Paris Dr. M. Jousset read a paper on this subject in which he maintained the homœopathicity of the drug to the class of cases under consideration, while insisting upon the necessity for ponderable doses (5-10 centigrammes) in some cases. There is of course nothing unreasonable in this. Seven cases are given in illustration of the use of this drug, including facial, brachial and intercostal neuralgia, and sciatica. In a case of neuralgia following fracture of the lower jaw, where *coffea* 6 had been ineffectually administered, *caffein* brought immediate relief and a speedy cure. Nerve pain, with aggravation at night and such restlessness as often to drive the patient out of bed, are the indications. The alkaloid relieves the pain and quietens the restlessness, thus inducing sleep. (*L'Art Méd.* Sept.) In passing, it should be remembered that, for clinical purposes, *caffein* is not *thein* or *guaranin*, however closely allied chemically these substances may be. This is important in prescribing.

PNEUMONIA—A VERIFICATION OF *CHELI-DONIUM*.

DR. H. K. LEONARD relates the following case in the *United States Medical Investigator*:—

"My patient, a little girl eight years of age, had previously suffered from asthma and what her mother called "influenza;" had been sick for about eight months, suffering from a racking,

exhausting cough and difficulty of breathing, from which she slowly recovered, and for a year or two prior to the present attack had enjoyed fairly good health, but had the reputation of having weak lungs. Suffice it to say that it was a case of right-sided pneumonia, the lower third of right lung involved, a great deal of vomiting the first three days, an unceasing, racking cough, temperature ranging from 102° to 105°, tongue uniformly covered with a pasty white coating, a great deal of thirst, complexion quite sallow, so much so as to elicit comment from those who knew her. The case was watched very closely and prescribed for carefully, but she grew steadily worse, until the possibility of losing her grew to be quite a strong probability. On the afternoon of the fifth day, on making my third visit for that day, I found her mother holding her on her lap trying to console her. She was crying and moaning piteously, temperature 105°, all symptoms worse. She had that dull, fagged look in her eyes that I do not like to see in any disease. The mother said to me, 'Doctor, Jessie's bowels are moving quite often to-day, every hour or half hour, and it is such a bright yellow—as yellow as gold.' Like a flash it came to me—the bilious vomiting of the first days, the sallow complexion, the peculiarly coated tongue, and now the characteristic diarrhœa. I said to myself, 'Doctor, you are an ass; this is, and has been from the start a *chelidonium* case, and you couldn't see it until the woman gave you the symptoms in almost the language of the book.'

"I said, 'Mrs S——, Jessie is no better.' 'No,' she replied, 'she is worse, and has been getting worse every day.' I replied, 'I believe she will be better by nine o'clock to-night, and *much* better to-morrow.' I gave *chelidonium* 2x, returned at nine o'clock, found her sleeping quietly. She *slept nearly all night*. Next morning *very much improved in every way*, and her recovery was marvellously rapid from that point. The lesson is a plain one. Because you are sure of your diagnosis, you are *not* of your remedy. I never gave *chelidonium* in a case of lung disease before, and may never again, but I never received such signal or timely help from any remedy in my eight years' practice."

CHRONIC DIARRHŒA CURED BY *NUPHAR LUTEA*.

AN exceptionally interesting and intractable case of the above complaint resisted the ordinary remedies usually administered, as well as the promiscuous experimental measures of the superannuated school.

History: Johnnie H.—, age 16, weight 98 lbs., spare build and bilious temperament. He has the appearance of a boy

that has undergone some wasting disease. His growth is stunted, his flesh flabby, skin shrivelled and yellowish. Says his present trouble originated when he was only two years of age, the attending physician at that time pronouncing it "summer complaint," and that the diarrhœa, which at certain periods of exacerbation assumed the nature of dysentery, has continued uninterruptedly up to the present time, the only amelioration noticeable occurring in the fall.

The evacuations were characteristic of *podophyllin*; watery, painless, and quite copious, yellowish in colour, and very offensive. They numbered from three to ten a day. No prostration immediately after, but a constant feeling of physical exhaustion. The kind, quality and quantity of food he subsisted on governed the frequency of the stools, consequently cautious dieting conserved his strength. His appetite was capricious and changeable, and his emaciated face bespoke an impoverished body. A three weeks' trial of *pod.* 3x and 6x proved its inefficacy. The following remedies were then had recourse to: *colc. c.* 3, *hep. s.* 3, *phos. ac.* 6, and *sulph.* 6. They were followed by no better results, but on re-canvassing the case carefully, *nuphar lutea* was decided on as the similitimum. He took one dose of the 3x every four hours, and his improvement was immediate and permanent. He is now well and hearty, the evacuations having assumed their natural consistency.—*Southern Journal of Homœopathy.*

GLANDULAR TUMOURS REMOVED BY IODIDES.

I FIND, writes Mr. Hutchinson, in Dr. Mc'Call Anderson's interesting brochure, just published, on *Syphilitic Affections of the Nervous System*, a very noteworthy example of the cure of an immense glandular tumour by *iodide of potassium*. Not only is the case important as an instance of recovery from a very formidable complaint, but because it raises the question as to how far we are justified in regarding recoveries under the *iodide* as proof of the syphilitic nature of any malady so cured. The case was one which was at the first considered to be Hodgkin's disease. The patient, a man of 35, apparently in "perfect health," having enlarged glands in both sides of his neck. The tumour on the right side is described as enormous, and as having first commenced two years ago behind the ear. Not only were the cervical glands enlarged, but those also in the axillæ, and in the inguinal regions. On the right side the tumour extended from the middle of the neck to several inches below the nipple, and measured 14 in. in length, and 10 in. in width. It was crossed by enlarged veins, and at parts the skin was reddened. The patient had been accustomed to

laborious work, and had drunk freely; he was, notwithstanding, "well nourished."

In the belief that the disease might be syphilitic, *iodide of potassium* in large and increasing doses was ordered, and the man was advised to abstain from all labour. The salt was commenced in doses of 10 grs., and increased to thirty, three times a day. It was begun on the 29th of January, and the improvement was almost immediate. On the 12th of July, Dr. Hugh Cunningham, of Dumfries, who was in charge of the patient, wrote: "You will be glad to hear that the tumours have almost entirely disappeared, scarcely a vestige of any of them now exists."

We have then, in this case, a clear and definite instance of recovery from a general tendency to enlargement of the lymphatic glands, under the use of the *iodide of potassium*. Does the cure by this remedy prove that the disease was syphilitic? I cannot think that it does. I have never seen enlargement of lymphatic glands advancing to the condition described in this case in connection with syphilis; and further, the evidence of the man having had syphilis at all is very slight. The case is, in all its features, a typical one of lymph-adenoma, in other words a general infective enlargement of lymphatic glands without tubercle. We must remember that *iodide of potassium* and *iodine* gained repute in the first instance as remedies for enlargements of glands. It was only after their credit had been well established for this disease, and for bronchocele, that they came to be employed for syphilis. In making these remarks, I by no means wish to be considered as expressing an opinion that the disease in question was not syphilitic. I merely raise the doubt, and demur to the doctrine that the mode of cure proves the nature of the disease. Whatever the latter may have been, the fact of the cure is of great interest, for we are not accustomed to see any form of lymph-adenoma yield so quickly and definitely to treatment. More usually this malady resists all our remedies.—*Archives of Surgery*, vol. i., July, 1889.

ON THE DIETETIC INFLUENCE OF APPLES AND CIDER.

CAREFUL analysis shows that apples contain more phosphorus than other fruits and vegetables, and from their acidity, popular medicine claims for them a blood purifying power, resolving hepatic stagnation (jaundice, etc.)

1. *Cider-whey*. Cider, milk and water are warmed (but not boiled) and then filtrated through a linen cloth. Take this whey, slightly warmed, add sugar *ad libitum*. Weak persons

take one or two tablespoonfuls three times daily. Diarrhœa, epigastric pressure, and the like are a hint to stop the whey. Recommended in rachitis, scrofulosis, chronic laryngeal catarrh, threatening pulmonary tuberculosis, and chronic coughs; also in the convalescence from acute diseases.

2. Cider, diluted with water and sweetened, is one of the most grateful beverages in most febrile diseases.

3. Pure cider in hepatic diseases. It may often take the place of the customary beer.

4. Apple-tea: Cut a fine tart apple in slices, and pour over it boiling water, to which may be added one or two "zweibachs" (double toasted white bread). To be taken cool especially during the night.

5. Vapours of cider are recommended in chronic conjunctivitis, where other treatment failed, and for weak eyes it acts as a tonic.

6. Mayländer, of Berlin, uses it with benefit in caries of the bones on account of its calcium phosphide; hence, also, its use in rachitis.

7. For chronic constipation: two tablespoonfuls of milk, two of cider, and four drops of wine-vinegar, in the morning, on an empty stomach.—Translated from *Pop. Zeitschr. f. Hom.*—*U. S. Med. Investigator.*

THREE PUBLIC LECTURES DELIVERED BY DR. BRASOL IN THE LECTURE HALL OF THE PEDAGOGICAL MUSEUM AT ST. PETERSBURG. A FRAGMENT FROM THE CONTEMPORARY HISTORY OF HOMŒOPATHY IN RUSSIA.

By Dr. BOJANUS.

Das Alte stürzt es ändert sich die Zeit
Und neues Leben blüht aus den Ruinen.

SCHILLER. (*Tell.*)

(*Concluded from page 564.*)

The importance of the foregoing debates as bearing upon the development and spread of homœopathy, as well as illustrating its existing relations with the opposite school and its just endeavours to be placed on an equal footing with it, will, we hope, not only justify the foregoing report, but will also warrant a few further remarks on the character of the opposition with which the lecturer had to contend. It is not too much to say that this opposition consisted for the most part in a pedantic display of knowledge which had no bearing whatever upon the subject under discussion, and a frank confession of absolute ignorance of everything that had. Further,

we regret to say it consisted largely in an unfriendly display of ill-will towards the subject-matter of the lectures, an ill-will which no sophism could hide. The only argument put forward against the law of similars was that it was not capable of measurement, and therefore was not a law at all. What was meant by this argument, however, was not at all clear. We know that the effects in time and space of every known law can easily be measured, but men who have studied medicine surely ought to have been aware that no law *in itself* can be measured or weighed, in the same way as they ought to have known that the spectral analysis of metals was discovered by Kirchoff and Bunsen and neural-analysis by Jaeger.

The most instructive moment of the opposition—the moment which threw most light upon its character—was when Professor Tarchanow candidly acknowledged his absolute ignorance of homœopathy. True, to do him justice, he showed some willingness to examine the substance of its teaching, and he evinced a readiness to enter seriously into the subject of the debates. But this circumstance even had its dark side, not in any way due to the learned professor, but as showing the attitude of the public towards this important question. In the opinion of most people homœopathy does not merit serious consideration, even its principles are so ridiculous and nonsensically absurd that any time spent in refuting them is time wasted. We cannot but think that it was under the influence of this wide-spread prejudice against homœopathy that Professor Tarchanow undertook to publicly oppose its teaching. The progress of the lectures showed, however, most conclusively that the opposition came—very reluctantly, it is true—to the admission that homœopathy after all must be treated and criticised as a science, that it had for its basis a natural law the existence of which was capable of proof—the creature was not so harmless as had been supposed, it could bite upon occasion. And here the question may justly be asked: By searching the world over, would it be possible to find anyone to take upon himself the public opposition to a lecture on any subject, other than homœopathy, with audacity enough to commence his remarks by the open declaration that he knew absolutely nothing about the subject which he had undertaken to criticise? We think that the answer, which a lecturer under such circumstances would have a perfect right to give, is not far to seek; it will occur to every reader's mind.

The remarks of Mr. Heard do not, of course, come under the heading of "opposition," but deserve notice as containing a well deserved rebuke directed against Mr. H. Goldstein's endeavour to bias the minds of the medical

students against homœopathy. The able support which he gave the lecturer is deserving of grateful recognition.

We note that the particular feature of Mr. Goldstein's opposition was its persistence, a feature which, of itself, of course, would never have aroused our suspicions had his objections and arguments generally been advanced in a manly way, and with scientific and logical precision. The manner, however, in which the main subject was constantly avoided, the stratagem, craft and sophism employed in his endeavours to trip up the lecturer, the introduction of extraneous matter absolutely foreign to the debate: his boast, often repeated, of being thoroughly grounded in the knowledge of homœopathy placed side by side with a display of his grossest ignorance of that subject, his pretended sympathy with homœopaths, his malevolent attacks, extending even to the person of the lecturer, all tend to throw doubt on the purity of his motives. He had read Charcot, for example, but what had he understood about the effects produced by the injection of pure water into the veins? Homœopathic remedies, according to him, had to be shaken in vessels for many days—even months! (And all this from a man thoroughly grounded in homœopathy!) His sneers about the learned Hahnemann were too obvious to escape notice. His method of pestering the lecturer with questions, meant to be "posers"—his tricky quotation from the first edition of the *Organon*, his pretended offer of 300 beds (an offer which, as Dr. Brasol clearly shows in his note to his lectures (page 50), was really an acted lie), his self-imposed guardianship over the minds of the medical students, all suggested the jesuitical artifice that lay behind the whole of his opposition. To him belongs the credit of having degraded that opposition, and of having divested it of every atom of scientific character. The fulfilment of his self-imposed (?) duty proved too much for him in every particular, and the task which he undertook to master with so light a heart completely mastered him.

Those who are acquainted with the history of homœopathy in Russia will remember the programme of Messrs. Koslow and Zdekaur in 1882, which, under the pretence of having been drawn up with the sole view of proving the claims of homœopathy, was really intended to promote its overthrow.* The official enquiry into the subject by the St. Petersburg Medical Council upon the occasion of the Dittmann incident, is also of such recent date as to be easily called to mind.† It should not be

* *History of Homœopathy in Russia*, p. 89.

† *Transactions of the International Homœopathic Convention held in Basle*, 1886, p. 67.

forgotten in respect to the last-named event that before the enquiry was concluded, Professor Eichwald, its leading spirit, deemed it in good taste to deliver a lecture on the subject of homœopathy to the students of the St. Petersburg Military Medical Academy, a lecture which called forth enthusiastic eulogies from the then existing newspaper "Golos," of all Russian newspapers the most hostile towards homœopathy. Since these well remembered events other facts have gradually become known which throw an additional light upon the means employed by our opponents. It is now a matter of public notoriety that Professor Eichwald, during the delivery of the above-named lecture, had doorkeepers placed at the entrance to the lecture-hall who had orders to admit *students only*, these latter being easily distinguished by their uniforms. In this way certain obnoxious persons, who might be competent to judge of the merits of the lecture, and who would not be slow to give publicity to it, were effectually excluded. And, indeed, we can well understand how inconvenient a public exposure of the way in which the subject of homœopathy was taught to the students would have been to the persons directly concerned.

Among the later events which have an interest for homœopaths must be mentioned the regular appearance of hostile articles in the journal "Wratsch" ("The Physician"), edited by Professor Monassein. This journal makes a liberal use of such epithets as Charlatanism, Obscurity, Ignorance, Imposture, etc., when homœopathy is the subject of its cogitations. It avails itself of every opportunity to endeavour to discredit the principles and practice of homœopathy; and, in order to illustrate the extremities to which this hostility is carried by the editor, Professor Monassein, we subjoin a short account of an event which occurred shortly after Dr. Brasol's first lecture, to which the press gave full publicity, commenting upon it very severely. When Dr. Brasol's lectures were advertised to be held it was announced—together with the time and place of delivery—that the proceeds of the lecture would be applied for the benefit of those medical students studying at the Military Medical Academy who were in need of pecuniary assistance in order to continue the prosecution of their studies. The proceeds of the first lecture amounted to 488 roubles 78 copecs (about 1,000 marks), which sum Dr. Brasol immediately forwarded to the "Committee of the Society for Encouraging and Assisting Students of Insufficient Means." The money, however, was returned, accompanied by the following letter from the President of the Society, Professor Monassein.

"The contribution to the funds of the Society forwarded by Dr. Brasol cannot be accepted by the Committee

on the ground that it consists of the proceeds of a lecture delivered in defence of homœopathy—a school of medicine which rejects and denies the scientific clinical principles taught in the Military Medical Academy, for the purpose of assisting the students of which institution this Society exists.”

Upon the publication of this letter in the “New Times”—a newspaper with a very wide circulation—a storm of indignation was raised, which found expression in all the principal newspapers of the city. The “Citizen” did not hesitate to describe the action of Professor Monassein as disgraceful and abominable. The matter, however, did not rest here. The Professor evidently had not expected that the press would take the matter up so warmly, and the outburst of popular indignation, following the publicity which the “New Times” gave to the affair, placed him in a very unpleasant position. He began to look about him for some means to justify himself, and hit upon the following. It so happened that the Academy examinations were near, and the students were not left in ignorance of the Professor’s anxiety respecting the above-mentioned expression of public opinion. The result was that a deputation of students waited upon him with an address, in which he was assured that his action in respect to Dr. Brasol’s contribution to the funds of the Society, of which he was president, met with their full sympathy and approval. The circumstances under which the address was presented were such that public opinion turned against the students themselves, and although by no means all of them were parties to this discreditable business, yet the stigma rested upon them as a body.

Following the historical facts bearing upon the hostility of Messrs. Kozlow, Zdekaur, Eichwald, and Monassein, including Professor Eichwald’s “talented” (according to the “Golos”) address to the students, we have the opposition of Mr. H. Goldstein to Dr. Brasol’s lectures, an opposition which, when placed side by side with the hostility of the above-named gentleman, appears so similar in character that they may be said to go hand in hand. When we take into consideration the dogged pertinacity with which Mr. Goldstein opposed every lecture, in spite of his profound ignorance of the subject, and if we do but give ourselves the trouble to read between the lines of his speeches, we cannot avoid suspecting the presence of an hireling,* the only open question remaining being the exact

* His opening remarks after the delivery of Dr. Brasol’s second lecture were as follows: “I have undertaken the duty” (we can but ask on whose behalf, by whom authorised?) “as a layman in medicine to make such observations as I think necessary for the purpose of arriving at the truth respecting the claims put forward by homœopathy.

nature of the benefits which his opposition secured him. Of course this is a subject which does not directly concern us; but perhaps we may be allowed to remark in reference to it that the particular stone which Mr. Goldstein's name suggests can only be made to shine and radiate the light by the most careful and assiduous burnishing.

The whole opposition was but a repetition of the well-known farce so often got up against homœopathy; the acting was just the same as that to which we have long been accustomed, the only new thing about it being a change of actors. Ignorance, Hate, Jealousy and Sordidness played their part as usual.

For nearly a hundred years this farce has been acted all the world over wherever homœopathy has penetrated. In view of this, we are afraid that we cannot share the hope and belief with which Dr. Brasol concluded his course of lectures. On the contrary, we firmly believe that as soon as our pharmacopœia has been appropriated *in toto* by the opposite school (as unceremoniously of course as part of it has already been), when our principles shall have been admitted and our methods adopted, they will simply be called by another name, and that our opponents, in their self-sufficiency, will look upon homœopathy with the same haughty contempt as now. The optimism of Dr. Brasol is perhaps natural, and of course praiseworthy, nevertheless:

“In der Ocean schiffit mit tausend Masten der Jüngling;
Still, auf geretteten Bast breibt in den Hafen, der Greis.”
Should this quotation seem too pessimistic in character, we would again draw attention to the circumstances of the

and I reserve to myself the right to reply to all future lectures which may be delivered by Dr. Brasol, as I consider that if medical men deem it impossible—from whatever reasons—to reply to the lecturer, it devolves upon every member of the Committee to take part in these debates, which must have an undoubted influence on the attitude of the public mind towards a question of such scientific and practical significance.” (*Homœopathic Messenger*, 1887, p. 192). The questions which must inevitably occur to every mind on reading such words as these are: Why was it *impossible* for medical men to reply to the lecturer? Mr. Goldstein seemed to know the reasons which made it so—why did he not explain them? What did he mean by this reservation of a right which everybody present possessed, and which no one challenged?

Dr. Brasol justly observes in a note appended to the report of his first lecture: “By putting forward an irresponsible person—totally unequal to the task imposed upon him—to do what it was *their* special business to do, the learned professors proved themselves to be below the level of their calling” (*Homœopathic Messenger*, 1887, p. 197). This statement appeared in print nearly two years ago, and as the learned professors referred to have not protested against it, the conclusion is obvious.

opposition which Dr. Brasol's lectures encountered. Only two medical men were found ready to reply to him, and their opposition had the smallest possible bearing upon the subject. The words of Mr. Goldstein, as coming from behind the scenes, were significant: "If the medical profession from whatever reasons find it impossible to reply to the lecturer, then the duty devolved upon every member, etc., etc." We would ask the reader to place this *inability of the medical profession to reply* side by side with the declaration of Professor Tarchanow, that *homœopathy should be considered as a science*. In thus challenging the *non possumus* of the medical hierarchy the learned professor became the "Enfant terrible" of the debate. It has, indeed, come to our knowledge, through the most reliable channels, that the speech delivered by the professor brought down upon him the indignant censure of his colleagues, and in order to pacify them he was obliged to promise to deliver a lecture against homœopathy himself. This promised lecture, however, has not yet been delivered, although nearly two years have elapsed since the occurrence of the above events. The reasons are not far to seek and not difficult to understand when we take into consideration the kind of opposition which such a lecture would be certain to encounter. Has the storm which broke over Professor Tarchanow's head abated by this time? Probably so. Time is a great healer. During the Inquisition, when kings and other great potentates arrived in Spain who were suspected of having at some time or other been guilty of heresy, it was customary for them to submit to the operation of blood-letting, and the blood that was taken from them was burned at the Auto da fé.

One word in conclusion, respecting the attitude of the press towards this question. We have to report that, after Dr. Brasol's first lecture, there was no want of snarls and sneers, of malice and lies in circulation respecting the subject of it. Some time afterwards, however, this tone gave place to a more reasonable one, and part of the press at any rate acknowledged the necessity of treating the subject more seriously. The *News*, however (the newspaper which succeeded the *Golos*), in criticising the rejection of Dr. Brasol's contribution to the funds of the Benevolent Society (mentioned in this article), and reviewing it in connection with the expression of indignation which it drew forth from the press generally, was careful to add "in which we, however, took no part."

The effect produced by these lectures, and the debates which followed them, upon the large audiences which they invariably attracted must have the best possible influence in

respect to the spread of the knowledge of homœopathy. For this all credit is due, of course, to Dr. Brasol, in respect to whom we would express the hope that he will not remain stationary in the path which he has so courageously cut out for himself, but will continue the work with the same energy with which he has commenced it, and that his watchword may ever be—"Forwards."—C. BOJANUS, St. M.D.

TANACETIC RABIES.

SOME time since, Dr. Peyraud, of Libourne, made interesting investigations on what he called tanacetic rabies. A number of observations made on oil of tansy (*oleum tanaceti*) injected into the veins of animals, led him to think that he had found a substance causing a sort of artificial rabies, and consequently apt to vaccinate animals against true rabies. His memoir was presented to the Academy of Medicine, and by that body referred to a committee to examine the paper and report upon it. The following were conclusions presented by the committee and accepted by the academy: 1. Oil of tansy when injected in certain doses into rabbits' veins will cause a poisoning whose symptoms resemble those of true rabies. 2. A ten per cent. solution of chloral, on being mixed before inoculation with the rabic virus, appears to alter, and even destroy, its virulent properties. 3. When oil of tansy is injected near a point where a rabic inoculation has been performed, it seems to act to a certain extent as an antidote. The number of cases so far observed by Dr. Peyraud is perhaps too small to warrant a definite conclusion, but the experiments are very interesting, and deserve to be carried further. 4. The same remark applies substantially to the effect of chloral injections. 5. As regards the preventive value of oil of tansy injections against a subsequent inoculation of rabic virus, the experiments are still less conclusive, owing chiefly to their insufficient number. In consequence, the committee were of the opinion that "Dr. Peyraud should be thanked for his interesting researches, and encouraged to continue them, and endeavour to impart more precision to the method recommended by him.—From *Therap. Gaz. in Hahn. Monthly*, Aug., 1889.

NEW METHOD OF TREATING FRACTURE OF THE PATELLA.

MR. MAYO ROBSON introduced to the Clinical Society (May 24th), a patient on whom he had operated by a new method for transverse fracture of the patella. He first cleansed and rendered aseptic the skin, then aspirated the joint. He then

obtained two long steel pins with glass heads, such as ladies use for fastening the bonnet, and having thoroughly purified them, he drew the skin well up over the upper fragment, and passed the pin through the limb from one side to the other, just above the upper border of the upper part of the patella, repeating the operation with the other needle at the upper end of the ligamentum patellæ. Gentle traction on the pins on each side brought the fragments into apposition. The ends of the pins were then clipped off, leaving about half an inch on either side, and the whole covered with antiseptic gauze. This dressing was left undisturbed for three weeks, and when it was removed there was no redness or other sign of irritation having been caused. The temperature was never above normal, and the patient felt very comfortable all the time. The fragments seemed well united, and the needles were therefore withdrawn, a plaster of Paris splint applied, and the patient allowed to go home. He pointed out that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion it would be desirable to aspirate. As union occurred without the throwing out of any amount of provisional callus, it was always well to insist upon the use of a Thomas splint for some time after. The advantages of the operation were its simplicity and the absence of risk, and the obtaining of bony union. He said that this was the second case of the kind upon which he had operated, and more recently he had performed the same operation in a case of fracture of the olecranon. In the case of the patella the union appeared to be bony.

In answer to a question Mr. Robson acknowledged that the aponeurosis slipping between the fragments was a difficulty. He endeavoured so to introduce the aspirating needle as by its means to hook any intervening membrane out of the way before bringing the fragments into apposition.—*British Medical Journal*, vol. i., 89, p. 1229.

SPLENIC MURMURS.

In a recent paper, Prof. Bouchard drew attention to the existence of a bruit over the region of the spleen in cases of enlargement of this organ—a bruit not attributable to pressure upon vessels or to conduction from the heart, but apparently generated in the splenic artery or in the spleen itself. During the past three years he has constantly practised auscultation of the spleen, and on five occasions has detected such a bruit. Three times the splenic enlargement was due to cirrhosis of the liver; in one case the spleen was hypertrophied, as in leukæ-

nia, but the blood was not altered; and in the other the swollen spleen was associated with a large liver in an obese subject. In several cases—notably in malaria spleen and in one marked case of leukæmia—no bruit was to be detected. He entered into details of his first case—one of cirrhosis of the liver—in which the spleen was very large, measuring 17 by 11 centimetres (6.8 by 8.9 inches), and was hard and smooth. Over its whole area there was audible a soft, prolonged bruit, synchronous with the pulse, but the bruit could not be traced beyond the splenic region. It was still audible when the patient was made to lie on the left side, to prevent the organ exercising any pressure on the abdominal vessels. The bruit was audible whenever the patient was examined during the three years he was under observation. The case was otherwise interesting as an example of “cured cirrhosis.” There has been considerable ascites, which had required paracentesis on three occasions; but Professor Bouchard attributed the arrest of the disease to the prolonged administration of *calomel* in small doses. The patient also had an attack of uræmia, which was successfully treated by *naphthol*, on the theory of intestinal antiseptics being needed to limit the operation of auto-intoxication in the production of uræmia.—*N. Y. Med. Record*, July 20, 1889.

NEW TEST FOR SUGAR IN URINE.

A NEW re-agent for detecting sugar in urine has been found in safranine, which is said to possess the advantage of not being decolourised by uric acid, creatinine, chloral, chloroform, peroxide of hydrogen, or the salts of hydroxylamine, all of which reduce Fehling's solution. Albumen, however, does discolourise it. The process recommended is to boil 1 cc. of the urine with 5 cc. of a solution of safranine of the strength of 1 in 1,000, and 2 cc. of a solution of caustic potash. If decolourisation is effected the urine is diabetic, normal urine containing too little sugar to decolourise completely so much of the re-agent. Chloral and chloroform do attenuate the red colour of the safranine, but never completely destroy it.—*Prov. Med. Jour.*, July, 1889.

CHANGE IN THE COLOUR OF THE HAIR FROM THE INTERNAL USE OF *PILOCARPINE*.

DR. W. PRENTISS, of Washington, read a paper on the above subject (reported in the *New York Medical Recorder*, June 29th) at the recent annual meeting of the American Medical Association. He first referred to two cases of his own already published, the first in the *Philadelphia Medical Times*, July 2,

1881, in a lady, aged twenty-five, who employed *pilocarpine* to relieve uræmic symptoms resulting from anuria. Her hair changed from light brown to black. The other he published in the *Therapeutic Gazette*, April 15, 1889, that of a lady, aged seventy-two, who took *jaborandi* for disease of the kidneys, whose eyebrows changed from white to black. The author then quoted cases from German and other medical literature, in which the use of *pilocarpine* had caused the hair to grow where it had fallen out, in some instances the new hair having a different colour from the old.—*Hospital Gazette*.

OBITUARY.

DAVID WILSON, M.D.

THE announcement of the death of Dr. Wilson, of Brook Street, Grosvenor Square, will be read with regret by a very large circle of friends and patients.

David Wilson was born at Duns, a small village near Berwick-on-Tweed, in 1811. Having received his school education in his native village, and at the High School of Edinburgh, he entered as a student of the Extra-Academical Medical School connected with the Edinburgh College of Surgeons, of which body he became a licentiate in 1829. Like many others of his countrymen he came south, hoping to find an El Dorado in London, and actually walked from Edinburgh to London starting with £20 in his pocket. In this he was disappointed, and consequently accepted a berth as surgeon to a vessel bound for the East Coast of Africa and the Seychelles Islands. In this way he passed three years, and on his return to London he procured a situation as assistant to the late Dr. Hastings, of Eccleston Square, with whom, in a few years, he entered into partnership; and in conjunction with whom he carried on a very extensive and lucrative practice. It was during this time, that lamenting the inefficacious and oftentimes injurious methods of practice then universally adopted, and ever on the alert to hear of something better, that homœopathy was introduced to his notice, and he diligently studied such books as could be obtained upon the subject, and more especially did he strive to master *The Organon* of Hahnemann. That he might do so the more perfectly, he learned German. During this period he also made many experiments of a clinical character, prescribing homœopathically for cases that had baffled the skill both of himself and his partner. The results were so striking and so

satisfactory that in 1849 he dissolved partnership with Dr. Hastings, and devoted himself to the practice and dissemination of a knowledge of homœopathy. About this period he established *The Homœopathic Times*—a weekly periodical which began well and for a time did good service; but energy and enthusiasm, though counting for much in the management of a periodical into which the polemical element necessarily enters, must be tempered with discretion. Unfortunately, Dr. Wilson's strong convictions and intense earnestness were not marked by discretion in his utterances, and after an existence of four years and a half *The Homœopathic Times* was withdrawn from publication.

Dr. Wilson also took an active part in the establishment of the Hahnemann Hospital. Here again, however, lack of discretion brought him into conflict with his colleagues, and the hospital was closed.

From this time he ceased to associate much with his homœopathic colleagues, and restricted his avocations to conducting a very extensive practice, and an occasional outburst of criticism, in the pages of this *Review*, of those whose estimate of the reliable character of some of our provings—such, for example, as those of Nenning, which Hahnemann himself only admitted into his *Materia Medica Pura* under protest—was inferior to his own.

In addition to his private practice, he superintended a large dispensary, where he was ever ready to hold out a helping hand to any medical man or medical student desirous of learning homœopathy.

In 1864 the Homœopathic Medical College of Pennsylvania conferred upon him the honorary degree of M.D., in acknowledgment of his "zeal in the cause of homœopathy, his high attainments, and the excellence of his literary and scientific labours." At the same time the College appointed him to be an examiner of British candidates for its degree. In accepting this, however, Dr. Wilson met with no encouragement from his English colleagues, and we have only heard of one who ever applied to him for examination.

Dr. Wilson was a man who had the faculty of inspiring the most thorough confidence in his patients, all of whom were much attached to him. His great earnestness, the deep sense he entertained of the truth of homœopathy, and the readiness with which he went through any amount of trouble to relieve his patients, and to propagate a knowledge of homœopathy, have enabled him to be the means of doing a large amount of useful work during the last forty years.

His death took place on the 18th of September at the Cannon Street Hotel, quite suddenly, and appears to have been due to cardiac syncope. He was in the 79th year of his age.

CORRESPONDENCE.

ON THE MANAGEMENT OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS IN PARIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In finding fault with the management of the Congress, I wish specially to observe that my object is not to cast any blame on our Parisian colleagues, but to prevent the repetition in future Congresses of those errors of omission which I noticed in Paris, and to suggest a mode by which the aims of homœopathy, its improvement and more general and rapid spread may be promoted.

The aim of International Congresses is to give their members an opportunity for personal intercourse, and for making more intimate acquaintance one with another. For this purpose it is desirable that private meetings and receptions should be arranged in addition to the public meetings, in which the members have to attend to business, either by reading papers or listening to them, and taking part in the discussions. I regret that with the exception of one banquet (to which the members were invited, and for which every one who accepted the invitation had to pay 20 francs) *no private meeting was arranged*. On the evening of the 20th, that is before the day of the public opening of the Congress, the members should have been invited to meet the committee of organisation in some public or private place, and thus have had an opportunity of being introduced to each other. No reception by any public body, or by any minister, or by the president or vice-president of the Congress was arranged in the evening of the 21st or 23rd, consequently no intimate acquaintance could be made amongst the members who came from England, Spain, Italy, Germany, Belgium and Switzerland. The number of French members was not very large.

It was with regret that I noticed that our Parisian colleagues did not show any hospitalities or friendly attentions to their foreign colleagues, an omission which was the subject of some not very complimentary remarks by several members of the Congress.

With regard to the proceedings in an International Congress it is desirable—

1. That every foreign member should speak in his native language, provided that there is, amongst the members, an interpreter who can follow him with a short *résumé* of his speech in the language familiar to others.

2. Only ten minutes should be allowed for the reading of a paper, and not more than five minutes to any member wishing to make some remarks upon it.

3. Only after the other members have spoken should the secretaries, vice-president, and the president be permitted to take part in the discussion.

4. The president should be very strict in prohibiting any speaker exceeding his time.

5. The papers to be submitted every day for discussion should be selected beforehand, and each morning a printed list distributed, that members might put down their names and mention the papers on which they desire to speak.

In Paris the 27 papers sent to the Congress were divided under three heads, viz. :—

I.—Materia Medica and general therapeutics.

II.—Materia Medica and applied therapeutics.

III.—Legislation, instruction, hospitals.

It was a great mistake on the part of the Committee of Organisation to have supposed that three sittings of two or three hours each would be sufficient; and another that the meetings began so late as 4 p.m. There were 14 papers sent in under the second head, and one additional meeting was added. One day, or rather two to three hours, was appointed for the papers belonging to each of the three divisions! But even in this respect no order was kept, and the whole of the time was given up to two papers. Although one of our colleagues asked for only five minutes to elicit the opinion of the members on the best means of spreading homœopathy amongst the public and the profession, his request was refused; while an Italian colleague was permitted to deliver a good speech in excellent Italian, but was only understood by our Italian and Spanish colleagues!

In an International Homœopathic Congress only such subjects should be brought forward as are of general interest to all homœopathic practitioners, subjects on which it is desirable to elicit the opinion of all the members. Papers relating to cures by homœopathic medicines, to the mode of application of large and small doses of medicines in alternation or succession, and similar questions might be published in the transactions without occupying the time of the Congress.

When the proceedings are published the general opinion will incline to the belief that the last Paris International

Homeopathic Congress was not crowned by any great success. At any rate, it is to be hoped that after a "coroner's inquest" on this Congress, we shall have learned how to manage better on the next occasion, which I trust may prove more useful to the members who may be present, and to the spread of the science which we all have much at heart.

I am, yours &c.,

VIATOR.

Sept. 4th, 1889.

SILICATE OF SODA.

To the Editors of the "Monthly Homeopathic Review."

GENTLEMEN,—Your last issue contains some remarks on the chemistry of the above-named substance, which are, to say the least, very misleading.

Dr. Percy Wilde, in describing the *silicate of soda* he has used, remarks (p. 532), "This is known in commerce as 'liquid glass,' and it has some peculiar physical properties. The liquid is freely soluble in water, and is not precipitated by strong acids; when dry it is absolutely insoluble." This preparation then could not be *silicate of soda*, for, as every chemical student is aware, when he has gone through his first course of analysis, according to Fresenius, "The silicates with alkaline bases alone are soluble in water," and the solutions "are decomposed by *all acids*," though the method of adding the acid in some measure influences the result.

Dr. Wilde appears, however, to be singularly unfortunate in selecting his chemist. He further observes (p. 533), "Some years ago I succeeded in producing a sugar containing a large proportion of *silicate of soda*; but I have not continued the experiments nor published them. The purified crystals of the chemist contained neither *silica* nor sugar, although they did contain soda." Now a chemist who supplies a preparation as saccharated *silicate of soda* containing neither *silica* nor sugar must *per force* be either dishonest, careless, or grossly ignorant of his business, and the sooner he is brought to justice the better for the public.

We are also told that "*soluble salts of silica* in the solid form are a physical and chemical impossibility." If so, both Hahnemann and the *Homeopathic Pharmacopœia* are wrong in directing us to prepare *silica* from the solid mass obtained by their process.

As we cannot believe that Dr. Percy Wilde, after the practical experience he has gained in preparing this *silicate*

himself, can intend the remarks quoted to convey the ideas which most readers would infer from them, it would be an advantage to both physicians and chemists if he would explain his exact meaning.

Yours faithfully,
E. GOULD & SON.

59, Moorgate Street,
London, Sept. 10th, 1889.

SULPHUR IN AGUE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—If there is one thing more discouraging than another to a worker upon drug action it is that of seeing his investigations ignored. Allen, in his lately published *Handbook on Materia Medica and Therapeutics*, and at end of article on "Sulphur," states that sulphur "*is indicated in malarial types (of fever) where there is tendency to torpor with nocturnal aggravation, heat of the head with cold feet, or heat of the palms and soles at night.*" And beyond this he states nothing, although in December last, and in time for his work, I gave a letter in this journal from an officer who had been in the Puijaab, and had cured case after case of the worst forms of ague with it.

I have now the pleasure of submitting an extract from the letter of another correspondent, who is at present in Turkey; it tells its own tale.

"Dardanelles,

"Sept. 12, 1889.

"Dear Doctor Cooper,—I promised to write and let you know the results of the treatment of ague by the administration of sulphur pills (*i.e.*, *Tinct. fort. pilules*) as prescribed by you.

"Up to the present I have treated nine cases of ague with these pills, and in every one of these cases succeeded in arresting the fever within twenty-four hours. One of these cases was a particularly obstinate form of intermittent fever, which the doctors here ascribed to an obstinate affection of the liver. In this instance also the sulphur pills prevailed, although *quinine* had been tried without success, and the patient, a woman of about 45, is now, I flatter myself, cured of her complaint * * * * *

"I remain, dear Doctor Cooper,

"Very sincerely and gratefully yours,

"F. B. J. C.

Besides this, a lady has just told me her ayah, on arrival in England had had ague very badly, and that a friend who

had seen my letter on *sulphur*, gave her some of these pilules, which had an immediately beneficial effect, and that she is now quite recovered. The ague had been contracted in the Punjaab, and had got worse on coming to England.

It is a pity we do not pay more attention to the actions of our old and serviceable remedies.

Most truly yours,

ROBERT T. COOPER.

18th Sept., 1889.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

In Dr. CARFRAE'S "Presidential Address," reported in this *Review*, (p. 472) Dr. E. B. ROCHE'S name (of Norwich) is by mistake included in the list of those having resigned membership of the British Homœopathic Society.

Dr. MORRISON, now of St. Leonards, has taken Consulting Rooms at 26, Harley Street, Cavendish Square, W.

Letters, Communications, &c., have been received from Drs. BLAKE, BURFORD, COOPER, DUDGEON and MCLACHLAN, Mr. KNOX-SHAW, Mr. DEANE, and Messrs. E. GOULD & SON (of London); Dr. W. SIMPSON CRAIG (of Bedford); Mr. ROWLAND ALLAN (Mexico); Messrs. MARTIN AND PLEASANCE (Melbourne).

BOOKS RECEIVED.

The Homœopathic World. London. September.—*The Hospital Gazette*. London. September.—*The Chemist and Druggist*. London. September.—*The Monthly Journal of Pharmacy*. London. September.—*The Christian Commonwealth*. London.—*The North American Journal of Homœopathy*. New York. August.—*The American Homœopathist*. New York. September.—*The New York Medical Times*. September.—*The New England Medical Gazette*. Boston. September.—*The Hahnemannian Monthly*. Philadelphia. September.—*The Homœopathic Physician*. Philadelphia. September.—*The Medical Advance*. Ann Arbor. September.—*The Clinique*. Chicago. August.—*The Medical Era*. Chicago. September.—*Bibliothèque Homœopathique*. Paris. August.—*Bull. Gén. de Therap.* Paris. September.—*La Clinique, Organe de l'Homœopathie Complète*. Nice. August.—*La Méd. Hypodermique*. Soeaux. July.—*Revue Homœopathique Belge*. Brussels. July.—*Allgemeine Hom. Zeitung*. Leipsic. September.—*Populäre Zeitschrift für Homœopathie*. Leipsig. September.—*Rivista Omiopatica*. Rome. August.—*El Criterio Médico*. Madrid. July and August.—*Revista Argentina de Ciencias Méd.* January and February.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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A CONTRIBUTION TO THE STUDY OF REMEDIES
FOR DISEASES OF THE NERVOUS SYSTEM.*

BY E. A. NEATBY, M.D.

Assistant Physician to the London Homœopathic Hospital.

INTENSELY interesting as is the study of diseases of the nervous system for its own sake, it must be acknowledged, even by the enthusiast in neurology, that to the therapist it is one of the most depressing in the whole range of medicine. Of preventive measures we know little or nothing, for we are ignorant of the conditions which lead up to and precede the fully developed disease. Of curative agents and means we are almost equally in the dark, as far at least, as organic lesions and corresponding drug remedies are concerned.

The main object of my paper will be to bring into juxtaposition the correlated effects of drug and disease on the nervous system. That our accurate knowledge of these relationships is small will, I fear, be demonstrated. But if I am able to remind you what are the lines upon which we should work with a view to increasing our positive knowledge and to filling up gaps, of which so many unfortunately exist, I shall be abundantly gratified.

* Read before the British Homœopathic Society, October 3rd, 1889.

In the words of another:* "The localisation of the action of drugs on the different tracts of the spinal cord appears to be a field of research in which, as yet, little has been done, and is one that gives promise of very interesting and useful results. The importance of being able to localise the action of a drug to a special tract of tissue cannot be over-estimated, and if further work should prove this to be possible it will go far to render the use of drugs in diseases of the nervous system a more rational proceeding." Not only so, but we must make it our object to ascertain the nature of the lesion produced by a drug in the particular tract of tissue which is the subject of its "elective affinity." We shall not overlook, however, in our eagerness to localise with accuracy, the fact that while our knowledge is still imperfect in this direction we may obtain valuable aid from drugs having no primary relation to the nervous system. Diseases commonly called of the nervous system are, as we all know, not always, or perhaps even most frequently, due to lesions of nerve tissue. Consequently, we may hope for help from agents which influence the vascular and connective tissues, even though we are not certain that they have as yet shown their power over these tissues in the nervous system. Before the audience I have the honour to address it is almost unnecessary to remark that we shall not neglect the guides which symptoms afford us, though I feel sure you will agree with me that here this guide is more liable to fallacies than in other situations, and that to have a real and reliable "totality" we must include objective conditions as well as subjective symptoms.

The following is a *résumé* of the facts I have been able to collect illustrating the precise and localised action (as far as hitherto ascertained) of various substances on the nervous system and especially on the spinal cord.

Alcohol.—The chief lesion of the nervous system (apart from delirium and tremors), is a multiple neuritis. Three varieties of alcoholic neuritis are described: 1, the paralytic (with predominating motor symptoms); 2, the ataxic; and 3, the hyperæsthetic or neuralgic (the last two with predominating sensory symptoms). The ataxic form can resemble *tabes dorsalis* very closely, exhibiting

* *Internat. Jnl. Med. Sci.*, Aug., 1889.

at times double vision, inequality, sluggish reaction, or even immobility of the pupils, Romberg's and Westphal's symptoms, and nevertheless is due to a neuritis, and can be recognised as a neuritis only by its ætiology (alcoholism), and by its favourable course ending in recovery.

The symptoms of multiple neuritis are doubtless familiar to most of you; they may be summarised as follows, although any individual case may present wide departures from a typical description: Tenderness of nerves and muscles, subjective hyperæsthesiæ (cutting, burning, shooting pain, worse from every movement), numbness of fingers and toes, trophic and vasomotor disturbances (often including extensive painful œdema). General weakness shows itself early, soon developing into an evident bilateral paralysis, followed by atrophy; or the paralysis may be less general and be limited to isolated muscles or groups of muscles. Eye symptoms and disturbances of the organic reflexes may be present, with or without delirium, mental excitement, insomnia, rapid pulse and signs of cardiac weakness.*

Alcohol may produce all these symptoms and lesions, but it may apparently go further. Sharkey reports a case† in which constant rapidity of heart's action, dyspnœa (paroxysmal), dysphagia, and weakness during life, was found to be associated *post mortem*, with intense inflammation of phrenic, vagus, and popliteal nerves, and with inflammatory softening of the spinal cord in the lower cervical and dorsal regions, and in the lumbar enlargement of the cord. Degeneration of cells of anterior cornua at level of fourth and fifth cervical nerves has been found. Retinitis indistinguishable from albuminuric retinitis, was present in another case‡ and was associated with increased arterial tension and enlargement of the left ventricle. No signs of nephritis were present and the symptoms all passed away. Double optic neuritis has been more than once reported, with or without strabismus. Widespread paralysis may exist without any sensory phenomena. Contracture of the flexor muscles of the leg has also occurred.

* Ann. Univ. Med. Sci., 2 B—5.

† *Lancet*, April 21, 1888.

‡ *Lancet*, 1888, vol. 1, p. 273.

In some cases the nerve terminations may be damaged and the trunk escape, while such spinal cord lesions as the following may exist, recent hæmorrhages in the gray matter with thickening of the blood vessels. The neuritis fascians of Eichorst, is caused by alcohol as well as by other agents. Sclerosis of the posterior or postero-lateral columns has also been found to be due to alcohol.

Antipyrin.—This drug appears to act* on all parts of the nervous system; mainly on the cord, but also on the brain and motor nerves. If the symptoms produced by a drug may be compared with those the result of disease, the localisation of *antipyrin* is fairly obvious. The symptoms in question bear a very strong resemblance to those of lateral sclerosis. For instance, in guinea-pigs and a cat, spastic rigidity of the hind limbs has been found, and, in all animals experimented upon, rigidity formed a marked symptom. Further, in the first-mentioned animals this symptom appeared to come on with any attempt to use the limbs, just as is the case with a patient with lateral sclerosis.

The excess of myotatic irritability is also very marked, the slightest tap being sufficient to evoke violent muscular contractions, and in extreme cases to cause clonic spasms of the whole body. In one experiment phenomena exactly similar to those of ankle-clonus were obtained. In all cases the contrast between the effect of painful stimuli and stimuli such as the slightest taps, or even the vibrations produced by walking about the room, was most marked, the former producing less effect than in a normal animal, while the latter caused the violent spasmodic movements already mentioned.

The effects of *antipyrin* are so transient, seldom extending over more than a few hours, and the recovery is so complete, that pathological results demonstrable by the microscope are hardly to be expected. Further, doses sufficient to cause death produce other symptoms not referable to the lateral columns alone.

As regards the action of *antipyrin* on the brain of mammals but little can be said at present. From the rapid rhythmic movements noticed in many cases, and from the circus-movements sometimes observed, it may

* *Brit. Med. Journ.*, June, 1889, p. 222.

be concluded that either the motor centres themselves are involved or that their inhibitory power is abolished.

In further illustration of the power of *antipyrin* to influence the motor centres of the brain is a case reported by Tuczek, and reproduced in the English journals. A healthy boy of four years of age had taken daily 18 grs. for three weeks. He fell into a condition of somnolence, passing into sopor. While in this state, "paroxysmal epileptic attacks" set in, some of them complete, with general convulsions following in regular order; others incomplete, with partial unilateral twitching. The pupils were dilated.

Arnica produces some ill-defined paralytic symptoms; *argentum nit.* also.

Arsenic.—The paralytic symptoms of *arsenic* are so well-known that I need not dwell upon them. Suffice it to say, that they are chiefly due to neuritis. An excellent assemblage of cases, illustrating both the motor symptoms and the various paræsthesiæ, is to be found in the *Cyclopædia of Drug Pathogenesis*, vol. i., pp. 431—434. I would refer you also to an important case by Dr. McClure, reproduced in the *Monthly Homœopathic Review* for August. The condition of the reflexes and of the electrical reactions is fully described.

Although, as I have said, *arsenic* most commonly induces inflammation of the nerves (both nerve-trunks and nerve-endings) three cases are reported in *L'Art Médical*, vol. 43, p. 48, in which the symptoms pointed to a myelitis, acute, sub-acute or chronic. What these symptoms were or what lesion of the cord they suggested is not stated. Of more certainty is the record by Vulpian of an acute myelitis produced by *arsenic* poisoning, and demonstrated apparently after death. I have not met with any recent information on this subject.

Subnitrate of Bismuth.—In some experiments on a dog by Dalché and Villejean, the left hind leg became gradually weaker and weaker, and would not support the weight of the animal, and undoubted atrophy of the thigh accompanied this. The sensibility was difficult to estimate. Then the left fore-leg was affected, and, finally, the right hind extremity. Thus the whole of the hind quarters were paralysed, and hemiplegia and paraplegia were together present. Slight power of movement was

present throughout, but only in the muscles of the thigh and shoulder. The tendon reflexes were present and the pupils remained active. At the autopsy no nerve lesions were found, but the cord was not examined. (*M. H. R.*, Feb., 1889.) The paralysis of *bismuth* appears to be of spinal origin, although it must be confessed that the case quoted does not furnish proof of this. The records of *post mortem* examinations are, unfortunately, often incomplete, especially in regard to the condition of the cord. In another case, related in the *Cyclopædia*, a kind of general paralysis occurred, and the *post mortem* showed the brain to be not very full of blood, with a gelatinous deposit between the convolutions, and some fluid in the cavities. The spinal vessels were full of blood, especially about the cauda equina. Spasms of the limbs are not uncommon.

Cocaine.—This drug has so wide and powerful an action on the nervous system that it should be capable of being turned to good therapeutic use. Richet* pointed out that the convulsions produced thereby were identical with those of true cortical epilepsy. Great weakness of legs in life is associated, *post mortem*, with degenerative changes in the central nervous system.† Marked hyperæmia, albuminoid degeneration in ganglion cells of spinal cord and of heart, and fatty degeneration of heart-muscle and nerve cells of heart. The vascular system of the cord was much affected, there being cellular proliferation and hyaline degeneration of the coats. Extravasation of blood into fourth ventricle and anterior part of medulla; grey substance of cord overfilled with blood, resembling a bloody sponge.‡ Allen's *Handbook* gives, under *coca*, "involuntary rapid walking, with head bent forward." This symptom, together with the tremor it causes, and its effect on the motor centres of cerebrum, suggest the possible usefulness of cocaine in paralysis agitans.

Copper produces cramps, choreiform and convulsive movements, and a paralytic condition resembling amyotrophic spinal sclerosis, as pointed out by Dr. Hughes. The *Cyclopædia* gives no case where a lesion of the cord was demonstrated after death.

* *Ann. Univ. Med. Sci.*, vol. v., p. 9

† *Ibid.*, vol. ii., p. 22.

‡ *Cyclo. of Drug Pathogenesis*, vol. ii., p. 278.

Iodoform.—In 1887 I made a collection of a few illustrative cases of *iodoform* poisoning; these were printed in the *Homœopathic World* for January, 1888. This substance causes local anæsthesia, staggering gait, diminution or exaltation of both superficial and deep reflexes, spasmodic paraplegia, with tremor on voluntary movement, permanent priapism, dilated pupils, convulsions, &c., mostly of spinal origin. There were found *post mortem* intense hyperæmia of cerebro-spinal nervous system, especially in the grey matter, accompanied with changes in the nerve cells. *Chorea* has been produced.*

Lead.—An admirable summary of our knowledge of the action of lead on the nervous system is to be found in Dr. Hughes' *Pharmacodynamics*. There is little to add to his account. Neuritis is unquestionably produced, but there can be little doubt that the spinal cord is affected both by acute and chronic inflammation. Vulpian has demonstrated its power to induce acute myelitis in a dog,† and many authors have concluded from the similarity of the muscular atrophy of lead poisoning to that of affections of the anterior horns from other causes, that an anterior polio-myelitis was the cause of lead palsy. Recent studies of peripheral neuritis show these deductions to have less value than they formerly were supposed to possess.

Wood, in the third edition of his *Treatise on Therapeutics* (1881), says, that no definite spinal lesions have been recorded, and Brunton has no additional information to give.

Braun‡ relates a case in which lead appeared to be an important ætiological factor. The following is a summary of the symptoms and of the lesions found after death. Pains and paræsthesia in right arm and hand and in both legs; muscles of hand, forearm (extensors), and of shoulder became painful on pressure, atrophic and showed fibillary contractions. Electrical excitability was diminished, and a partial reaction of degeneration present. Deep arm reflexes abolished; those of leg present. Sensibility normal. Autopsy showed absence and atrophy of ganglion cells of anterior

* *Lancet*, Sept. 21, 1889.

† *Nouveau Dict. de Méd. et de Chir. Prat.*, t. xxii.

‡ *Ann. Unic. Med. Sci.*, v. B—14.

horns, and of anterior nerve roots on right side at the level of origin of sixth and seventh cervical nerves; bilateral atrophy of posterior nerve roots of cervical and lumbar enlargements, and also a degeneration of the posterior columns (atrophy of nerve-fibres and increase of connective tissue). Nerves and muscle of paralysed parts were degenerated. Braun regarded the central changes as secondary and due to a continuation upwards of the inflammation of the nerves.

In a case of sciatica, probably due to lead and alcohol, in addition to neuritis a lepto-myelitis of the lumbar enlargement was found.*

These are the only cases I have found where the spinal lesions have been localised.

Other neuroses of plumbism are optic neuritis proceeding to atrophy; strabismus due to paralysis of external rectus or other muscles; hemiplegia, hemianæsthesia, violent and intractable chorea; and the *encephalopathia saturnina* (including epileptic convulsions).

Lathyrus.—This agent appears to cause two classes of symptoms, according to the part of the cord affected; if more than one tract of the cord be affected at the same time, however, as is sometimes the case, the symptoms necessarily become less clearly defined. In one class of cases impairment of power of locomotion goes with rigidity, tremor of extremities worse on exertion, increase of the deep reflexes. Tactile, thermic, dolorific, and electric sensation are perfect, the special senses are unaffected and the muscles are not wasted. The lateral columns of the cord are evidently affected, though strangely enough there are no post-mortem proofs on record of this probability. In the second class of cases the impaired power was associated post-mortem with atrophy of the ganglion cells of the anterior horns of the cord and of the medulla, also of the vagal and spinal accessory nuclei. These conditions occurred chiefly in horses poisoned accidentally or experimentally. They were accompanied with fatty degeneration of the intrinsic muscles of the larynx (especially of the left side) and of the heart. The neuroglia was increased in one case concurrently with the atrophy of cells. In still other cases sensory phenomena exist and the organic reflexes

* *Ibid.*

are interfered with. These symptoms tend to improve and perfect recovery may ensue. Proust, who observed these cases, attributed the condition to a transverse myelitis due to hæmorrhage and followed or not by degenerative changes.

Schuchardt believes the muscles below the knee to be largely affected.* Cantani † finds the abductors to be more affected than the adductors, sensibility of legs preserved and the "descending galvanic current produced slight contractions when the current was closed. The contractions were weaker in the flexors than in the extensors." A fragment of muscle showed diminution of the transverse markings and some evidences of fatty degeneration. In a recent number of the *Revue des Sci. Med.*, I read of a very considerable muscular degeneration having occurred as the result of *lathyrus* poisoning.

The *oxytropis lamberti*, a "loco" weed of the western plains of America, is very poisonous to horses and is an ally of *lathyrus*. It is said to produce spinal congestion and paralysis (Allen's *Handbook of Materia Medica*).

Mercury.—Kussmaul's‡ picture of the tremor, the paresis, the affection of speech, the nystagmus, and the mental disposition, strikingly suggest disseminated sclerosis. At the autopsies there have occasionally been found traces of inflammation in the brain and spinal cord, but no localised lesions are recorded.

A transitory left hemiplegia with sensory phenomena has (apparently) resulted from the drug,§ and Bartholow|| has "seen a well-marked case of locomotor ataxia," with pains, ocular disorders, spermatorrhœa, plantar anæsthesia and inco-ordination result from the inhalation of mercurial fumes. I may state here that two cases have come under my observation, which illustrate the depressing influence of *mercury* on the cord. One was a case of myelitis, and the other of tabes dorsalis in an early stage; both were doing well and gaining power under the use of electricity and rest, when a celebrated neurologist prescribed a course of *mercury*. From the

* Ann. Univ. Med. Sci., vol. 5. B 19.

† Ibid.

‡ *Cyclopædia of Drug Path.*, sub. voc. p. 218.

§ *Cyclo.*, iii., p. 229.

|| *Ibid.*, p. 230.

time when they were under its influence they went back hopelessly and completely.

A condition resembling *petit mal* is induced by *mercury*.

Nitro-benzol.—The general effects of *nitro-benzol** are anæmia, cyanosis, drowsiness, headache (temporal and vertical, and worse on lying down), vertigo, anorexia, nausea and vomiting, palpitation and dyspnoea on exertion, etc. The symptoms of the nervous system are as follows:—There is always present a feeling of tingling and itching in the fingers, both palms and the back of the hands, reaching as high as the wrists. The fingers feel numb and clumsy, as if the skin was thickened, and there is inability to hold or properly feel a small object such as a pin or needle. These sensations are observed in the tops of the feet, but never in the soles. The hands and feet are easily chilled, and the extremities become cold. Areas of hyperæsthesia are common. Drawing the finger very lightly over these sensitive areas sends shooting pains some distance up the limb. Tenderness when the muscles are pressed is usual, and is sometimes curiously limited. Muscular feebleness and general lassitude are very early and prominent symptoms. The power of grasping by the hand is greatly decreased, and that of walking almost fails in severe cases. When walking, the men are often twitted for being drunk: they say they do not know where their legs are, and if they fall, as they often do, they cannot pick themselves up. They are very unsteady when asked to close their eyes and walk backwards. Other symptoms of ataxia cannot be detected, neither does any special group of muscles seem to be affected. Muscular wasting may occur, and interference of the finer and more delicate movements of the hand. Sensations of touch and pain do not appear to be retarded. The hearing and taste are unaffected. The cremasteric and umbilical superficial reflexes I have nearly always been able to obtain; ankle-clonus I never found. Speaking generally, the tendon-reflex of the knee is weakened, especially in severe cases; in some cases it is lost. There is great loss of energy, and the sexual appetite is notoriously weakened or lost, and erection of the penis very rare. This array of symptoms implies such a profound and extensive affection of the

* *Practitioner*, July.

spinal cord and its membranes as to suggest the probability that the central nervous system is not alone responsible for the symptoms. Another point is the absence of either vesical or rectal symptoms, and the non-implication of the ciliary sympathetic regions. It may eventually be found, as Dr. Lauder Brunton suggests, and has, I believe, to a certain extent proved, that both the central nervous system and also the peripheral nerves are affected.

Oxalic acid has many symptoms pointing to the belief that it has the power to damage the nerve centres and the meninges. They are weakness of the legs (extending over the whole body), stiff feeling in back on rising; toes of right foot spasmodically drawn downwards; and heaviness in left hand; fingers obey will only heavily and slowly, and draw inwards; sharp pains here and there, increased sexual desire. These symptoms were experienced by provers, and in poisoning cases they are much more pronounced—excruciating agony in lower part of back, extending down thighs, weight and powerlessness of limbs, numbness and tingling of extremities and general numbness. In experiments on animals slight permanent stiffness of the hind legs, gradually increasing, stiff gait, insensibility, spasm giving place to paralysis, and general tetanic spasms, like those produced by *strychnia* are caused.

For spinal pain and spasm *oxalic acid* is deserving of confidence. The symptom "pains occupy a small area" suggest it for the severe pains of *tabes dorsalis*. I have myself relieved such pains in a woman with an ataxic gait but without any other sign of *tabes*.

An important case of poisoning by *oxalic acid* is recorded in the September number of the *Homœopathic Physician*. The nervous symptoms are as follows: Tonic and clonic spasms occurred in the upper and lower limbs; the patellar reflexes on both sides were exaggerated, also tendo Achillis and periosteal reflexes. When the left external malleolus was merely touched, the left tibialis posticus protruded. The triceps and periosteal reflexes of the forearm were also increased. The pupils were dilated but no note is made as to their activity; sensorium dull. Examination showed perfect anæsthesia of tips of fingers and toes, of ant. surface of hands, and of plantar surfaces of feet. While the prick of a pin is

rightly localised in the upper arm and thigh, a deep prick is necessary in the leg to cause a dull pain; sensibility of other parts normal. Pains were felt in left lumbar region and in legs; feet and hands as if asleep. The drug also produced acute nephritis with hæmaturia.

Petroleum-ether (Benzene).—Poisoning by this substance, in the case of a workman using it, has shown it to have considerable effect on the nervous system, as indicated by the following symptoms: The pupils were widely dilated and did not act to light; there was nystagmus, conjunctivæ were barely sensitive to touch, and paralysis of lower extremities, with incontinence of urine and fæces, existed. The patient was entirely unconscious and had had a general convulsion. *Petroleum-ether* or *benzine* is a mixture of several organic compounds, which belong to the marsh-gas (CH) series. As it is not a definite organic compound the active factor in the mixture which gives rise to the above symptoms is not known.

The benzenes having haloid radials produce general tremor on movement resembling the tremor of disseminated sclerosis.*

Picric acid.—Under the influence of this drug the animals experimented upon displayed great weakness and lassitude, and suffered from entire anæsthesia and analgesia of posterior extremities. The gait, too, is peculiar, resembling somewhat that of locomotor ataxy. This is due to sudden spasms of single muscles during walking. General spasms exist. After death the cerebellum, medulla oblongata and upper part of the spinal cord were found to be completely disorganised, soft and pulpy.

The optic nerves have been found hyperæmic and the vessels, especially the veins, enlarged. Above the optic nerve "immense white patches of exudation, with some hæmorrhagic spots," were found. On *post-mortem* and microscopical examination the nerve entrance was found much swollen and infiltrated; masses of yellowish white exudation are observed, extending from the nerve into the various portions of the retina; others are unconnected with the nerve-entrance. Whole retina infiltrated; small extravasations in optic nerve and retina.

The power of this drug to produce serious lesions of the nerve centres is very pronounced, but hitherto its effects have not been sufficiently localised to make it of much use in pathological prescribing. Weakness, heaviness, coldness and numbness are the symptoms the provers experienced in the lower limbs and of these the left appears to be sometimes more affected than the right. The sexual excitement caused by the acid is apparently of spinal origin. It has been used chiefly in functional disorders of the nervous system. Dr. Hughes suggests its use in so-called "white-softening" of the cord and in neuro-retinitis.

Spigelia.—Hare of Philadelphia found that this drug caused dilatation of the pupil and exophthalmos; this, together with its known effect on the heart confirm its use in Basedow's disease. He also found that muscular weakness and lack of co-ordination were induced. The walk became staggering and uncertain in both fore and hind legs. Muscular power was progressively lost, but sensation did not seem to be affected. The palsy was found to be spinal in origin.—*Ann. Univ. Med. Sci.*, vol. iv., p. 544, 1888.

Concerning some other remedies of interest, such as *agaricus*, *belladonna*, *ergot*, *phosphorus*, *rhus*, and *strychnine*, etc., etc., I have, unfortunately, no time to speak.

In conclusion, while acknowledging the smallness of the positive and accurate information I have been able to collect, I should like to anticipate criticism on one point. If my paper has been only or mainly pathological, it is not because I undervalue symptomatology. But I do wish to express my opinion that subjective states should, whenever possible, be associated with their objective conditions. Symptomatology alone has yielded but meagre results in these formidable diseases of the nervous system. Pathology alone would do as little, it is true; but the two together may, perhaps, in the future be more fruitful. In any case, however, it was outside the intention of this paper to go minutely into symptoms. In affections sufficiently definite to be localised—affections in which the lesion has gone beyond perversion of function—pathology will guide us to a number of drugs from which to choose the remedy, and symptomatology will enable us to determine which one of the number to select for the case before us.

TABLE I.—*Summary.*

MYELITIS.	ANTERIOR HORNS.
(Lesion not localised.)	Alcohol.
Arsenic.	Cocaine.
Lead.	Lathyrus.
Mercury.	Lead.
Nitro-benzol (?)	POSTERIOR HORNS AND POSTERO-
Petroleum ether.	EXTERNAL COLUMNS.
Picric acid.	Alcohol.
Spigelia.	Lead.
LATERAL COLUMNS.	Oxalic acid.
Antipyrin.	Spigelia (?)
Bismuth (?)	ANTERIOR AND POSTERIOR
Copper.	NERVE ROOTS.
Lathyrus.	Lead.
Mercury (?)	

TABLE II.—*Clinical Suggestions.*

LATERAL SCLEROSIS.	TABES DORSALIS.
Antipyrin.	Alcohol.
Bismuth.	Lead (?)
Copper.	Oxalic acid.
Lathyrus.	Spigelia (?)
Mercury.	(Ergot).
(Belladonna).	(Strychnine ?)
DISSEMINATED SCLEROSIS.	(Belladonna).
Mercury.	MENINGITIS
Benzenes.	(spinal.)
PARALYSIS AGITANS.	(Actæa rac.)
Cocaine.	Arsenic.
Mercury (?)	Lead.
INFANTILE PARALYSIS AND PRO-	Oxalic acid.
GRESSIVE MUSCULAR ATROPHY.	Picric acid.
Alcohol.	OPTIC NEURITIS.
Cocaine.	Alcohol.
Lathyrus.	Lead.
Lead.	Picric acid.
MULTIPLE NEURITIS.	EPILEPSY.
Alcohol.	Antipyrin.
(Aniline).	Cocaine.
Arsenic.	Mercury (petit mal).
Copper.	
Lead.	
Nitro-benzol.	

DISCUSSION.

Dr. GOLDSBROUGH wished that Dr. Neatby could have given a series of demonstrations, as the subject of the paper was so large. He had lately devoted special attention to the symptomatic aspect of drug action in nerve diseases, and one conclusion was forcibly suggested to him. If we are to cope successfully with these lesions, we must study more carefully their early clinical history, before gross lesions have occurred. If we knew the earlier and minute changes occurring, we could the better adapt the drug to specific cases. Fuller knowledge was accordingly required of the commencing changes in nerve diseases.

Dr. HUGHES considered the conclusions of the previous speaker very important, but suggested that they be not made too absolute. For cure, the lesions must be taken in the stage when they seem merely bundles of symptoms; but we may be sure that the lesion is already there, that the pathological changes are already commencing. It was therefore improper to use drugs having only a fugitive action in diseases of structural alteration, and we required the study of drugs like *plumbum*, *phosphorus*, *secale*, &c., whose protracted action corresponded to the course of lesions.

Dr. DAY stated that drugs, in this class of lesions, were more likely to act on functional phenomena, and it was a question how far pathology aids the administration of drugs. Finding a definite lesion, are we to seek remedies which, if given long enough, will cause such a lesion? A definite lesion, *e.g.*, *Tabes dorsalis*, presented sclerosed tissue for drugs to act on. If we could diagnose the lesion before sclerotic changes has occurred, should we give the indicated drug? If, again, a drug could be found causing anterior poliomyelitis, should we administer that drug in such cases? He alluded to a marked case of mercurial tremor seen in the out-patient department, and added that here, evidently, the stress of the poison had fallen on the nervous system.

Dr. MORR remarked that, as concerning the whole paper, the first question to be considered was the primary causation of these lesions. The causes at work were definite, and often these were protracted in action. In treatment, the best results were seen in specific lesions, but we required more details of the minute action of drugs in nerve lesions to prescribe more successfully.

Dr. DYCE BROWN agreed with the views of Dr. Hughes as to the relation of symptomatology and pathology. Pathology, he considered, held quite a secondary place when treatment had to be considered. By the time that pathological changes were discoverable, the mischief was done. If we could select the

drug which would produce the early symptoms which are invariably, or frequently, followed by the pathological lesions, that would be the really successful medicine. Hence symptomatology is the only reliable guide. Treatment of the cause had been recommended by one speaker. It was, of course, common sense to remove a cause when possible; but in nineteen out of twenty cases of nerve disease that came up for treatment, the cause had either ceased to operate, or its existence was only a matter of guess. Consequently, it was only in rare cases that treatment of the cause was likely to be of the least use.

Mr. KNOX SHAW said that Dr. Neatby's paper contained very much which required to be read quietly at home. He regarded the suggestion of paying attention to the earlier nervous symptoms as of great value. Very many of the best symptoms were seen in trades, as from chronic poisoning. These cases must have early premonitory symptoms before the patients become so ill as to cause them to give up work. Nicotine might, for instance, have been added to the list as producing well-defined nerve symptoms.

Dr. BURFORD adduced a case of chronic alcohol poisoning in which the force of the poison was spent on the viscera, and no notable nerve symptoms were present. Renal degeneration, ovarian cirrhosis and commencing cardiac hypertrophy, were the obvious lesions, and attention was specially directed to the atrophic ovarian condition. The patient was only twenty-six years old.

Dr. MURRAY reviewed the statements made concerning the dynamic action of alcohol, and asserted that its dynamic action was on a par with that of *natrum mur.* He quoted a recently published case in support of this contention, and proceeded to state that although we were frequently blamed for not sufficiently regarding pathology, in to-night's paper and discussion this did certainly not obtain.

Dr. DUDGEON stated that when changes had gone on to gross lesions of the cord, no homœopathic treatment was longer available. He said the determination of pathological conditions on which nerve symptoms depend has exercised a great fascination over medical men during the last forty years, and proceeded to detail a case culled from American sources amusingly indicative of the uselessness of the agreement of eminent medical men as to diagnosis in determining rational treatment. The study of pathology had shown the greatest variations in pathological opinion, while symptoms remained the same.

Dr. BLAKE had listened with pleasure to the scholarly and scientific paper of Dr. Neatby. He considered that this

was indeed work in the right direction. It was a praiseworthy effort to bring our antiquated neuro-pathology abreast with the more vigorous and accurate modes of thought obtaining in the present day. He thought, apropos of the therapeutic use of alcohol, that so many of the symptoms of chronic alcoholism being due to innutrition rather than to the actual alcohol, constituted a reason against its utility as a remedy. Regarding the capture of disease in its early stages, this could not always be done. Further, as concerning elaborate papers coming before the Society, a syllabus should be printed and furnished before each meeting. Much gratitude was due to our old school brethren for persistently furnishing us with cases of drug proving.

Dr. NEATBY replied. Concerning Dr. Day's observations, it was a question whether, if once the damage is done, any medicines whatever will really remove the lesion. Nevertheless the rule *similia* is the only one which can be any guide to treatment. If we get a patient in the early stage of a condition which will develop into, say, a sclerosis, our best chance is to give one of the drugs which if long enough in acting, will itself develop a sclerosis. Symptomatology, not pathology, will teach us which of these drugs to decide upon. He believed the virtues of *arnica* were too much neglected in nerve lesions. He did not agree with Dr. Dyce-Brown concerning the relations of pathology and symptomatology in this sphere. They should be put on a par together. In chronic diseases of the nervous system symptomatology alone had proved very insufficient.

STAMMERING, A SYMPTOM OF POST-NASAL NEOPLASM.

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

Physician Diseases of the Ear, London Homœopathic Hospital.

THE last number, September 28, of the *British Medical Journal* is, to use a favourite expression of modern lady novelists, a *delicious* bit of reading. We used to be told that those who practised aural medicine were quacks, the nature of their work was derogatory to a high-minded and intellectual profession like that of medicine. The human mind might expend its energies upon any part of the body, the ear even not being excepted, provided only *special* attention was not devoted to any single organ, but more particularly to the one which required it most of all—the ear. Now, however, it is an evident case of *changer d'idée*, for we find the "original

communications" of an entire number of this all-powerful journal devoted to eye and ear questions.

First we have six pages taken up with very learned disquisitions as to the necessity for removing bony growths of the auditory meatus, so as, in common parlance, "to let in the sound by the ear 'ole," and such a revelation has this proved to our august profession that we find two sturdy knights of the lance, or rather of the drill, engaging in wordy warfare as to whom the august profession is in duty bound to assign the merit of priority. The one, a certain *Sir*, claimed to have performed the operation as far back as 1875, the other, a modest *Mister*, to have begun it in 1878, until at last, at the suggestion of a Mr. U. P., the matter was allowed to drop.

The next three pages are taken up with two articles, the first from Dr. Guye, the Professor of Otology at Amsterdam, on inability to fix the attention, caused by nasal disorders and which he terms "aproxesia," from the Greek *προσέχειν* (τὸν νοῦν), and the second which succeeds it is a corroborative article *On Some Causes of Backwardness and Stupidity in Children*, by Mr. William Hill, of St. Mary's Hospital; while the universal alterer of instruments, Dr. Ward Cousins, occupies four subsequent pages in upholding the merits of his artificial membrane. Dr. Guye applies the term aproxesia to cases in which students are unable to continue their studies owing to an inability to learn, habitual headache and loss of memory, and Mr. Hill gives anatomical reasons for this condition by showing that "It is well-known that the intercranial veins and sinuses communicate with the veins of the frontal, ethmoidal and sphenoidal air sinuses, and through these with those of the nose and naso-pharynx, and with the pterygoid plexus, and Axel, Kay and Retzius have proved that the intracranial lymphatics pass out of the skull along the course of the nerve sheaths; further those lymphatics which pass out through the cribriform plate of the ethmoid along with the olfactory nerves, are in direct connection with the nasal and naso-pharyngeal lymphatics which converge to and eventually enter the follicular lymphoid glands of the nose, naso-pharynx and fauces."

This is all very important reading; the only wonder is that these learned men never thought of all this before.

Now, at our last Congress at Birmingham, and in the discussion following Dr. Wolston's paper, I stated that I had often noticed loss of memory to accompany nasal disease,* and particularly injury of the nose, so that I think I may claim priority in being the first to notice amnesia as symptomatic of nasal disease. The condition Dr. Guye has described is that accompanying adenoid post-nasal growths, while I had noticed a similar cerebral impairment with injured nose, and Mr. William Hill supplies the correct anatomical interpretation, equally applicable to post-nasal, and to direct nasal obstruction. But what chance is there of my being able to establish a claim to priority; I cannot even have the satisfaction of appearing before a meeting of the British Medical Association and of getting Mr. *U. P.* to put me down! In dignified language "to let the matter drop!"

In September, 1867, and among my first communications to medical literature, was a paper in this *Review* on *Calcarea Phosphorica*, specially recommending this drug in enlarged tonsils. It is well after this lapse of time to look back and comment upon this article. My principal case was this: "J. D., aged 5, a thin, delicate-looking boy, very tall for his age, for two years suffered from partial deafness, which has much increased since he came to Southampton, two months since. His mother is frightened, fearing he is becoming incurably deaf. At first he would or rather could not allow me, from the excessive pain it occasioned, to examine his throat (he was then suffering from an exacerbation), but it was evident from the external swelling and the history, where the true cause of the dysecoia lay. The tale his mother tells is that he was vaccinated when three years old; that this was succeeded by a plentiful eruption and much constitutional disturbance, which subsided, leaving the tonsils in their present swollen condition. Symptoms are worse after coming in from open air, or in damp weather. He has been under homœopathic treatment but without any decided benefit.

I began the treatment with *calc. phos.*, which had an immediate beneficial effect; so much so, that in three days he could allow me to examine his throat. Both

* *Monthly Hom. Rec.*, vol. 32, p. 751.

tonsils were swollen and red, and forming as they did a complete embankment between the mouth and throat, well nigh closed the isthmus faucium. In three weeks, hearing was quite restored, and the swelling had so far subsided as to make his mother think any further treatment unnecessary."

The experience of twenty-two subsequent years enables me to comment with increased interest upon this case. It is in every way a representative one; with my hospital book by my side, I could give numbers of such cases. A principal feature is the accompanying deafness. In *calc. phos.* cases the deafness is a moderate deafness, and always improves under this drug. The presence of this deafness points not alone to enlarged tonsils but to adenoid vegetations for which *calc. phos.* is specific, if ever there was a specific in medicine. Then the tonsils are described as not having gone down altogether. "The swelling had so far subsided as to make his mother think any further treatment unnecessary." This is typical, for *calc. phos.* will not cause immediate disappearance of the tumefaction of the tonsil, but it will most certainly lessen its size to begin with, and if the child be examined some months after treatment by *calc. phos.* the tonsils will be found in most cases perfectly normal in size. It has been so with one of my own children, and with many others that I have treated.

But there are other impediments that arise from nasal obstruction, and as we are on the priority tack, we had better be out with one of them at all events. This is *stammering*.

I noticed it first in the case of Walter S., a clerk, aged 16, living at Bow, who came to the London Homoeopathic Hospital, Nov. 12, 1887, with enormous tonsils, otorrhœa (double), and for six months moderate deafness (*rt.*, 30 in.; *l.*, 25 in.). The post-nasal region was blocked by adenoid growths; these I scraped with my finger, and at the same time gave *calc. phos.* 1x, a grain dry on the tongue thrice daily. By 17th Dec. the hearing was normal, the discharge from the ears had ceased, and I now gave him *bryonia alb.* ϕ 4 drops to go over a fortnight, and at the end of this time he came reporting a feeling of general improvement, but of his own accord he remarked that "the powders" (*calc. phos.*) relieved his tonsils more than anything. For the first time, too,

I no longer noticed the stammering, which he had had very painfully. The *calc. phos.* was again resumed, and he left off treatment perfectly well as far as any unpleasant symptom was concerned, the end of the following February. In the January of this year (1889) he returned, as I had requested him, and in every respect the improvement had been maintained. The tonsils were certainly not so small as some of our operators might require, but they no longer blocked the pharynx, and speech and hearing were perfect.

I had intended sending this case to this *Review*, but thought it, standing alone, hardly conclusive.

Last Saturday, 28th September, a woman brought her little child to me whose case, I think, establishes the connection of adenoid growths with stammering. This little girl, aged 5, had been treated by me in the early summer for earache with otorrhœa of three months' duration; the ears were very painful to the touch, and "the more painful the ears are the more she stammers." As I found large adenoid growths present, I put her upon *calc. phos.* 1x, a grain thrice daily, and after a month's treatment her mother ceased bringing her as she seemed quite well. On returning last Saturday her mother told me the child had been quite well up till three weeks ago, when earache and stammering again set in. There has not been any sign of worms, and as the post-nasal region is blocked with adenoid growths, we are, I consider, justified in considering this *la source du mal*, and that it is by acting upon these that *calcar. phos.* removes the impediment in speech. In all probability this child is subjected to insanitary surroundings, which would quite explain the recurrence of the condition.

Before concluding this article, I must refer to another interesting clinical experience, although it is one I have noticed before,* this is the effect of *calcareo carbon* 200 in certain forms of deafness. The cases are those in which a certain enfeeblement of hearing exists in boys or girls from ten years old to fourteen, at least this is the age at which it is most generally noticed, and if not taken in hand then there does not seem to be much use

* *Vide* particularly this *Review*, May, 1880, p. 273, where a case in all respects similar is given, "Deafness and High Dilutions," by writer.

in treating it. Unlike the cases we have been considering, there are no adenoid growths whatever present, and parents will tell you they thought nothing of it till the children went to school. One such case I open upon while writing. Harry M., æt. 14, has been deaf all his life, no cause is assigned for it, and, of course, orthodox treatment has done nothing for him. He hears at 14 inches on right and 5 inches on *left* side, there is no alteration in the visible structures of ears, nose or throat. On May 4th of this year, I gave *calc. carb.* 200 (Lehrmann), and he kept on with it till the middle of September, by which time not the slightest impairment of hearing could be detected.

This is no solitary instance. I have had several similar cases, and so confident am I of the efficacy of *calcar. carb.* 200, that I should suspect the genuineness of the preparation were it to fail; which, *in such typical cases as the above, i.e.*, where the age and other circumstances are similar, it never yet has done in my hands.

As to *how* it acts I know nothing (neither does any one else); my duty is to record the fact that it does act. And when I find a large number of such cases that ought to have been treated when young, and when, moreover, the homœopathic chemists tell me they very seldom get a prescription for a high potency of *calcareæ carb.*, I feel inclined to come to the conclusion that there are those in the world who are unmistakably *too clever by half*.

In these cases I must observe there is nothing whatever to make one believe in their non-congenital origin except the fact of the disappearance of the deafness on the administration of the *calcareæ*, and, so far as I know, no other preparation but the 200th has an equally satisfactory influence. The cases are distinct, definite, unmistakable; and the remedy sufficient, satisfactory, reliable, and, as far as a remedial agent can be, unerring.

The revelations made by aural workers regarding the effects of nasal obstruction will powerfully reflect upon what is termed general medicine. I have by me while writing, *Lectures on the Study of Fever*, by Alfred Hudson, M.D., Dublin, 1872. Looking to the index, I find the *nose* is not mentioned, and throughout the body of the work I have looked in vain for a reference to it. The same might be said for many other standard works on fevers; and yet if there is any truth in the researches

now being made as the influence upon the brain of nasal obstruction, it will follow that beyond everything careful attention to the very usually tumefied and blocked condition of the nostrils is required for the proper management of the cerebral symptoms of various kinds of fever, and that the constant ablution of the nostrils with glycerine, soda, and water or other agents ought to be very generally inculcated.

These dignified gentry who are so eagerly solicitous for their *amour propre*, and for the honour and glory of their profession, would do better to study the facts elicited by specialists than to endeavour to climb the ladder of eminence by abusing them.

A CASE OF PROLAPSUS UTERI.

By H. E. DEANE, Army Medical Staff.

IN April, 1885, at Aden, the wife of a sergeant of the —th regiment, a Eurasian by birth, consulted me for a "falling of the womb," which she said was frequently protruding at the vulva while she was about her household duties. She had four children, the youngest about 18 months old, and her present symptom had come on within the last six months. It was aggravated at the menstrual period, which presented nothing specially abnormal, and she complained greatly of pain in the back. On examination I found a peculiarly lax, flaccid, and distensile vagina; the uterus somewhat enlarged, the os soft and rather patulous, and the whole organ exceedingly moveable—it was almost resting on the perineum. From the condition of things I anticipated little benefit from medicines, and held out little prospect of a permanent cure to her husband; and as the regiment was proceeding home at the end of the year recommended him to take her to a hospital for advice. Meantime, in the hope of relieving her, I gave *secale cornutum* 1x m v. three times a day. I saw her again a fortnight later, and I was told that "whether it was the medicine or not, she did not know," but since taking the first dose the uterus had not prolapsed, and she could do her various duties comfortably for the first time for some months. The medicine was continued a little longer, and till the time I lost sight of her in December, 1885, she

was never troubled with the symptom again, and the pain in the back disappeared.

I formed the opinion that in this case the uterus prolapsed because the lax condition of, and the want of tone in the walls of the vagina failed to afford the usual support, the more or less condition of sub-involution of the uterus helping, the uterine ligaments also no doubt participating in the general laxity of fibre common in Eurasians. Whatever the explanation of her relief, it seemed to be permanent, and it would encourage one to persevere with homœopathically selected drugs in cases of prolapse depending on no mechanical or tangible pathological condition.

ABDOMINAL SECTIONS.

BY G. H. BURFORD, M.B.

Late House Physician to the Hospital for Women.

ANTISEPTICS or no antiseptics, simple exploratory abdominal incision carries with it no more risks than parturition. This, however, only in competent hands; for as a puerperal mortality can easily be increased by errors of judgment, so also can post-sectional fatal issues be readily induced by lack of skill or caution. Yet this postulate may be affirmed: that *simple peritoneal incisions heal almost always by first intention*, even when peritonitis, acute or adynamic, is conducing to a fatal issue.

It has been my fortune to carefully watch many a case of abdominal section through to convalescence, or otherwise; and the almost invariable observation has been that incisions in the parieties heal in a manner entirely unchecked by what is going on in the pelvic cavity. Nay more; of the parietal tissues, the peritoneum is the one that most quickly and most certainly will take on kindly action. I was asked to see a case of hysterectomy a little while ago, in which the wound lips, thick, swollen, inflamed, had given way on the fourth or fifth day, the peritoneum alone remaining intact. The destiny of the patient, for this world or the next, hung on the integrity of that single sheet of peritoneum flooring the wound. By careful and rigid antiseptics, the patient had a good convalescence.

Abnormal conditions of the blood-vessels may have to be considered in contemplating simple section. After an

exploratory incision for diagnostic purposes, an enlarged spleen was discovered, and no further interference carried out. Early the following morning I was alarmed to find the dressings well charged with blood, and blood oozing from the wound. Naturally concluding that if blood could force its way outside, it would also penetrate inside, the patient was again anæsthetised, and the wound re-opened by the operator of the day before. Not a drop of blood was found in the peritoneal cavity; the downward progress of the blood being staid by the lymph already thrown out between the sutured peritoneal edges. Here the patient was leucocythæmic, small vessels bled freely, and much capillary oozing took place, difficult to entirely check. The patient recovered.

Exploratory abdominal incision, involving no forcible separation of adhesions, no division and ligation of pelvic blood-vessels, no removal of organs or tissues, is almost entirely a question of disinfection of hands and instruments. No peritoneal toilette is required, no question raised about the use of the cautery or perchloride; and so risks are diminished till they are no more than those attendant on each case of parturition.

Abdominal section *simpliciter* being thus dismissed, we will consider the case of section followed by removal of organs or tissues, and finally the phenomena of convalescence.

Section for neoplasms, for the drainage of purulent cysts, or for washing out in diffuse purulent peritonitis, for rupture of blood-vessels into the free cavity, or for tubal gestation with fracture of the cyst wall, is a vastly different thing from abdominal section *simpliciter*. In the former case there are superadded all the risks incident to surgical interference with many tissues, each possessing a different surgical equation for liability to inflammation. I am convinced that this is an element quite as conducive to success as the most thorough antiseptis.

In Vienna, the same surgeon who put us through our course of operations on the cadaver at night, would do a successful abdominal section next day: and this after freely demonstrating dead tissues with his hands the night before! All who have studied the marvellous manipulative skill at the Vienna *Allgemeines Krankenhaus*, and the septic risks which most of the principal

assistants run, will agree with me that *a sound knowledge of the life history and irritable equation of each tissue*, is as necessary to success as the most elaborate antiseptic scheme.

Thus it is a recognised fact, that the result of operation is largely determined by the number and extent of adhesions present. Omentum may be freely removed, whole organs may be excised, without the risk attendant on separation of extensive and firm adhesions. This can be illustrated in another way. Those practitioners in the dark ages, who used the sound for forcible replacement of the uterus, by rupture of adhesions, very often effectually killed their patient. In one special hospital in town, many years ago, a new and zealous house surgeon came to a case of retro-flexion which he could not restore by hand. He introduced the sound forcibly, hoisted up the uterus, ruptured the adhesions anchoring it, and—killed his patient in four or five days with pelvic peritonitis.

Adhesions are things to be counted with carefully. So also is the mass of jelly-like matter found in the abdomen after rupture of a colloid cyst. And, *passim*, this rupture often takes place quite unknown to the patients. I have notes of cases in which the most puzzling physical signs were made out in women whose history gave not the least clue to any cystic rupture. Yet there it was, and in one case it must have been of considerable duration. If every atom of this stuff be not removed trouble will be in store for the operator. "Oh!" said a surgeon to me once, "this stuff is non-irritating; it has been in the abdominal cavity some time without causing trouble. I don't think a scrupulous hunt after every particle is necessary." The patient died of adynamic peritonitis on the 6th day, and the discovery was made that free colloid matter in the abdomen, before and after the admission of air, differed in its properties as light from darkness.

There is an irritable peritoneum, and there is also a tolerant peritoneum. I remember seeing an operation once, about which a staff-surgeon said, "If that woman gets well anybody can get well." There was much pulling and dragging and rough usage, yet the patient made a good recovery. I have seen other cases, apparently simple and straightforward, excellently well

operated on and nursed, yet who died in spite of all attention. Spencer Wells, many years ago, called attention to the importance of dieting before operation, and of paying special attention to the renal condition. Probably here may be found much of the secret of cases unexpectedly "going wrong," and here homœopathy has a fine sphere of prophylaxis. Further indications of when to operate and when to defer must be recognised by the skill and experience of the operating surgeon.

The period of convalescence, demanding the utmost skill and acuteness in dealing with various difficulties as they arise, contains such a host of pitfalls demanding careful consideration, that I propose to deal with them in the next number of the *Review*.

THE TOXIC EFFECTS OF NITROBENZOL.

By DR. R. PROSSER WHITE.

[We reprint in full the following important and careful account of the effects of *nitrobenzol*. Homœopathy will know how to turn to good account so powerful and dangerous a substance.—Eds. *M.H.R.*]

MEDICAL men have so few opportunities of observing the effect of certain chemicals upon the human system, owing to the comparatively restricted use of these substances, that the following notes upon the effects of *dinitrobenzol* and *nitrobenzol* may be of interest. A large number of cases come under my notice, and the following summary is generalised from about fifty cases. These chemical compounds are used largely in the manufacture of aniline dyes, in perfumery, under the name of "Essence of Mirbane" or "Artificial Almond Scent," and very extensively in the new and powerful explosive "Roburite." The explosive is packed for use in airtight cases, and unless these are wilfully opened does not come in contact with the shot-firers or miners who use it. In its manufacture, either by the handling of the crude chemical, or of the manufactured roburite, or by its dispersion as vapour, or as fine particles of dust, it lodges upon the skin, or gains access to the respiratory or digestive tract, and so is absorbed.

The symptoms *nitrobenzol* produces are very characteristic and certain. Marked anæmia is present, most notably in the mucous membranes. The ruddy hue

and fresh tint of the complexion disappear, and a general dirty leaden colour pervades the skin. Upon pressure over any part of the skin this dusky hue gives place to a white ivory patch. With continued absorption of the poison the colour changes to black or a dullish blue, especially marked in the lips, tongue, ears, and mucous membranes generally. The cyanosis resembles that from ether anæsthesia, and so far as I know is pathognomonic of poisoning by the *nitrobenzol* products. As cases improve the intensity of the colour decreases, passing through coffee-colour, green, and yellow. There is excessive heaviness and drowsiness, and a great tendency to fall asleep. When going home from work the men can scarcely keep their eyes open. At night they sleep heavily, unless kept awake by headache, and the sufferers are difficult to rouse in the morning. This headache is invariably present, and is chiefly situated in the temporal region and top of the head; it is described as like a constant hammering inside. The pain is most severe when stooping and when the head is lying on the pillow. Giddiness is not a prominent symptom, at any rate in the early stages. The appetite at first is good, but later on becomes fastidious or fails altogether. The sense of taste persists undiminished. Often there is nausea and sometimes sickness, and the vomited matter is usually a greenish-coloured slime. If sickness is present, it is independent of the presence of food in the stomach. The tongue remains moist and clean, but dark in colour, and has a yellowish-white slime upon it. The heart's action is excited, though the number of beats is not greatly increased. The men say it throbs, and complain of a feeling of constriction round the chest. Very slight exertion puts them out of breath. Pain is a most variable symptom, as to its presence, its distribution, and its character. There is generally dull aching pain in some of the muscles of the back, especially upon getting out of bed, and a tired stiff feeling upon movement of the joints. Occasionally there are shooting pains, which are felt in almost any situation, sometimes under the heart, or confined to the head, neck, and jaws, sometimes in the armpit, but rarely in the legs. There is smarting and lachrymation of the eyes, and sometimes a burning sensation in the cheek or forehead, or in the soles of the feet.

These sensations are not accompanied by tenderness to the touch. There is always present the feeling of tingling and itching in the fingers, both palms, and the back of the hands, reaching as high as the wrists. The fingers feel numb and clumsy, as if the skin was thickened, and there is inability to hold or properly feel a small object such as a pin or needle. These sensations are observed in the tops of the feet, but never in the soles. The hands and feet are easily chilled, and the extremities become cold. Areas of hyperæsthesia are common, and in one case, which I carefully mapped out, were defined as follows: the upper, outer, and inner surfaces of the dorsum of the feet were excessively tender to light pressure; a slight touch caused feelings of needles and pins in the ankle. Drawing the finger very lightly over these sensitive areas sent shooting pains up about four inches of the leg. These areas of sensitiveness were more acute on the left leg than the right. The sole of the foot was not affected by a light touch; but a sharp blow, or a jar or false step in walking, caused painful sensations as high as the knee. Tenderness when the muscles are pressed is usual, and is sometimes curiously limited. In one case squeezing of either upper arm, especially over the biceps muscle, caused very severe pains to shoot through the shoulders and back of the neck. So severe was the pain that the patient cringed involuntarily. This tenderness upon firm pressure was not present in the forearms or calves: neither could I detect it in any of the other muscles of the body. Muscular feebleness and general lassitude are very early and prominent symptoms. The power of grasping by the hand is greatly decreased, and that of walking almost fails in severe cases. I have known one who was a good walker on ordinary occasions, when affected by the poison take three hours to walk as many miles. When walking the men are often twitted for being drunk; they say they do not know where their legs are, and if they fall, as they often do, they cannot pick themselves up. They are very unsteady when asked to close their eyes and walk backwards. Other symptoms of ataxia I could not detect; neither does any special group of muscles seem to be affected. Dr. Ross (*Medical Chronicle*, May, 1889) has pointed out that there is considerable wasting of some of the muscles, and restricted power in the finer and more delicate movements of the

hand. Sensations of touch and pain do not appear to be retarded. The hearing and taste are unaffected. The cremasteric and umbilical superficial reflexes I have nearly always been able to obtain; ankle-clonus I never found. Knee-jerk is very variable; in some cases it remains well marked, and is easily elicited; in others it becomes indistinct or is lost altogether. I feel inclined to think that, speaking generally, the tendon-reflex of the knee is weakened, especially in severe cases. There is great loss of energy, and the sexual appetite is notoriously weakened or lost, and erection of the penis very rare. The colour of the blood is darkened, and if there is bleeding in severe cases it is always black. I have occasionally noticed swelling of the neck, with a fullness of the eyelids, tongue, and lips. The appearance of the urine is characteristic, and a very early symptom. It soon becomes darkened and smoky, and in severe cases as deep-coloured as port wine. The sp. gr. averages 1080, and when evaporated down, white square flat crystals are sometimes seen. Their nature I have been unable to discover. They are probably some form of uric acid. The urine smells slightly of the odour of bitter almonds. Mr. Ransome, of Morecambe, obtained unmistakably the blue colour of *erythrophenate of sodium* by the action of *sodium hypophosphite* and *carbolic acid* upon the urine. *Nitric acid* sometimes deposits in a short time a large precipitate of nitrate of urea. *Nitric acid* gives a play of colours. I could not obtain the guaiacum test for blood in the two cases in which I sought for it. The eye-symptoms are negative. The pupils are occasionally unequal, and react readily to both light and accommodation. Mr. Williams, of Liverpool, finds the fundus normal, and there is no restriction either of the field of vision or of colour-perception. This is in accord with German observations.

The above clinical picture is very definite and characteristic, and cannot be mistaken by any one who has once seen it. Various most difficult and complicated points at once present themselves in considering the chemico-pathology of the cases. There is the peculiar coloration of the blood, which in its turn tints the body. Is this due to the presence of some coloured aniline compound formed between the *haemaglobin* and the *nitrobenzol*? Or is there a destruction of the red

blood-corpuscles with an inability to absorb oxygen when the *hæmoglobin* is united with some of the *nitrobenzol* series; in other words, are the symptoms largely produced by *carbonic acid* poisoning, as has been suggested? Against this view the following points are of importance. In *carbonic acid* poisoning there is an intense feeling of agitation, quickened respiration, usually powerful inspiratory and expiratory efforts, and increased arterial tension. These symptoms are all absent in *nitrobenzol* poisoning, so far as I have observed.

Another most interesting point is the presence of aniline in the urine, which has been invariably found in my cases, at least in all which have been carefully examined for it, and the results of the analyses I may publish later. *Nitrobenzol* is said to be changed into aniline in the blood, and *dinitrobenzol* is reduced into the phenylendiamine series. *Roburite* is chiefly composed *dinitrobenzol*; and the changes it undergoes in the blood, and the series of reductions which it passes through to form aniline in the urine, must be complicated and interesting.

The pathology of this form of poisoning seems as debatable a subject as its chemistry. We cannot yet say whether or not it belongs to that most interesting group of nervous diseases to which the attention of the profession has only recently been called by the writings of Buzzard, Ross, Dreschfeld Pitres, and Vaillard—the group is known as peripheral or multiple neuritis. This neuritis is found in poisoning by alcohol, arsenic, lead, diphtheria, syphilis, in the disease called by the Japanese *kakkè* (*beriberi*) and others; it consists probably of a parenchymatous inflammation of the peripheral nerves, or interstitial inflammation of the nerve-sheaths. At any rate the clinical symptoms of *nitrobenzol* poisoning show distinct implication of the sensory, motor, and vasomotor nerves, chiefly restricted to the terminal branches of them, and affecting usually the muscles and tissues of the hand and foot. The symptoms may, on the other hand, be due to some general affection of the central nervous system. The want of uniformity in the distribution of the symptoms negatives this idea. For instance, the area supplied by a group of nerves, or by only a portion of them, or by even a single nerve, may be affected; and the same may

be said of the association of paralysis or paresis with or without hyperæsthesia and wasting of the muscles, and the occasional symptoms of pseudo-ataxia. This array of symptoms implies such a profound and extensive affection of the spinal cord and its membranes as to suggest the probability that the central nervous system is not alone responsible for the symptoms. Another point is the absence of either vesical or rectal symptoms, and the non-implication of the ciliary sympathetic regions. It may eventually be found, as Dr. Lauder Brunton suggests, and has, I believe, to a certain extent proved, that both the central nervous system and also the peripheral nerves are affected.—*The Practitioner*, July, p. 14.

REVIEWS.

Cataract: Its Nature, Causes, Prevention and Cure. By J. COMPTON BURNETT, M.D. London: Homoeopathic Publishing Company. 1889.

NINE years since, the author of this little book published one in which he contended, from the clinical point of view, for the possibility of the cure of cataract by medicinally influencing the organism, giving illustrations from his own practice as evidence of his contention. In the present volume, he argues the possibility of this disease being cured from the pathological standpoint. Viewed aright, Dr. Burnett seems to say, there is nothing in the pathology of cataract which should prevent medicine from clearing the opaque lens. The general opinion of ophthalmologists is that a cataract is a lens the nutrition of which is arrested and nothing more. Dr. Burnett, on the other hand, looks upon all cataracts—excepting such as are congenital and traumatic—as but one phase of a disease more or less pervading the whole body; a process of degeneration which is going on throughout the organism. Check the progress of this degeneration, he argues, and the lens will clear.

That this is a broader and more philosophical view of the pathology of cataract few will doubt. A similar pathological estimate of other diseases of which very palpable objective phenomena are characteristic, certainly holds good. When consulted by a general practitioner regarding a case of enlarged tonsils, the late Dr. Carroll Dunham is said to have remarked, "Never mind about the tonsils, study the indications of impaired health manifested elsewhere, find the medicinal *simile* of these and the tonsillary enlargement will subside." Again, in a more important, because a rapidly fatal form of disease,

Dr. Stonham, in our last number, when commenting upon a series of successfully treated cases of diphtheria, says: "No local applications of any kind were used. The medicine influenced the general condition much more rapidly than it did the membrane in the throat. In two, or at most three days, my little patients had all the appearance and feelings of health, but the membrane did not disappear completely till another four or five days."

In diphtheria, the one object of the physician has been to remove the membrane, whereas it would seem that his object should be to correct the toxæmia of which the membrane is but the expression, the result. What possibilities does not such a line of thought open up for medicine!

"Cataract," says Dr. Burnett, "is a general disease, *i.e.*, the opaque state of the lens is most frequently only a local expression of a general state. . . . In a word, the sclerotic change in the lens is of a piece with the state of the other tissues of the same individual at the same time. If this be granted, then cataract is a constitutional state, and our remedial measures must be directed to the constitution, and they should be taken at the earliest stages and continued for a long time, for chronic disease can only be cured by chronic treatment."

In soft cataract, and in the early stage of those which are hard, specific treatment, directed to checking such degenerative changes as the general health of the patient may give indications of, may well be expected to stay similar proceedings in the lens itself. But it must be remembered, that the shrinkage and sclerosis of the fibres of the lens ultimately involves separation and disintegration of those fibres when improved general health will not influence the local health. "The advancing sclerosis and shrinkage cause a separation of the fibre-layers just where the capsule and subjacent fibres are most affected by the traction of the suspensory ligament, *viz.*, at the equator; and this separation is usually the first step in the formation of senile cataract. By it a clear line is established between the nucleus or sclerosed portion and the cortex or non-sclerosed portion; the spaces caused by the separation of the layers fill with fluid; abnormal diffusion-processes ensue, which lead more or less rapidly to further splitting of the layers and breaking up of the individual fibres into a molecular mass, until the whole substance of the lens is more or less opacified, and sometimes in the last stage fatty and calcareous degenerations occur." (Priestly Smith, in *Heath's Dictionary of Practical Surgery*.)

Changes of this nature are, however, long in being effected, and until they are complete the time for the interference of

the ophthalmic surgeon has not arrived. Hence the opportunities for improving the general health of a cataractous patient are far from being inconsiderable, and undoubtedly ought to be utilised in the hope that the lens itself may be sufficiently cleared to render its removal undesirable. In what percentage of cases such a result would follow we cannot say. Dr. Burnett is full of hope. Dr. G. S. Norton, of the New York Homœopathic Ophthalmic Hospital, expresses hopes, tempered by large experience. He writes: "After years of experience in the treatment of cataract, I have no doubt that a careful selection of drugs, according to the homœopathic law, and their continuance for a long period, will succeed in a large proportion of cases in checking the progress of the disease, and in many cases clear up a portion of the diffuse haziness, thus improving vision to a certain extent. But after degeneration of the lens fibres has taken place, no remedy will be found of avail in restoring its lost transparency and improving the sight."

It is, then, in the early stage of cataract alone that we hope successfully to cope with it, and we can only do so then by prescribing medicines indicated by the general state of ill-health and the diathesis of the patient—not by depending in all cases upon such a medicine for example as *natrum muriaticum*—which has been fully proved to be capable of producing cataract.

Dr. Burnett's book is interesting and suggestive, but it is blurred—sadly blurred we think—by the contemptuous and offensive epithets he repeatedly applies to ophthalmic surgeons and ophthalmic surgery. If Dr. Burnett could but realise how much this sort of writing about distinguished men who have the misfortune to differ from him in his views of the pathology of cataract and his estimate of the advantage to be derived in its treatment from the use of medicines, detracts from his influence and the weight of his opinions, he would, we are sure, restrain his emotional nature. Calling names may be a very legitimate safety valve for a member of Parliament who is disappointed when he finds that he cannot be a law unto himself any more than any other subject of the realm, and, in influencing the minds of agricultural labourers for political purposes, infinitely more powerful than argument—but it is entirely out of place in a scientific discussion.

The Prescriber. A Dictionary of the New Therapeutics. By JOHN H. CLARKE, M.D. Third edition. London: Keene & Ashwell.

WE congratulate Dr. Clarke on the appearance of a third edition of his useful little work, showing the demand for it. Having

noticed the former editions of the *Prescriber*, we need only now say that it has been thoroughly revised, and enlarged by fresh observations, and will form a very useful help to the beginner in homœopathy, and also to the busy practitioner, whose time for studying the *Materia Medica* is limited. It is not intended as a substitute for the *Materia Medica*, but, as Dr. Clarke says, "only as a help to the successful use of it." As such, we have much pleasure in recommending it.

Repertory to Hering's Condensed Materia Medica. Published by the Homœopathic Medical Society of Pennsylvania. pp. 492. Philadelphia. 1889.

THERE is some satisfaction in reflecting that the compilers of such a work as this will probably have derived considerable benefit for themselves from the study it involved, and that therefore some small portion of the human race will be benefited—or at least stand a chance of being benefited—through their labours. But we are sorry to have to add that this appears to be almost the only gratification to be got out of it; and we are disappointed that so much energy and earnestness should not have been spent to better purpose. We were never more in need of zealous and faithful workers such as those who have been engaged in the formation of this repertory. Moreover, a good repertory is a conspicuous desideratum in our literature. We therefore regret the more that time, energy and money should have been thus spent to no purpose, and are surprised that the Homœopathic Medical Society should have so misjudged the present day needs.

Hering's Condensed Materia Medica is a work from which many a patient and careful prescriber has derived timely help. But it is a work which those who know it best know to be incomplete (to say the least)—incomplete both as to the number of drugs it treats of and as to the information it gives respecting many of those it discusses. [We do not here allude to the want of reliability which some competent authorities assert to be one of its gravest faults.] Now, if this be granted, it will at once follow that it is a work unsuitable upon which to base a repertory. Apart, again, from the question of reliability, Hering's more complete work—*The Guiding Symptoms*—now nearly finished, would have furnished a far better basis; or, still better, would be an index of *Allen's Handbook*, or, from the point of view of some of our *confrères*, of the *Handbook* and the *Guiding Symptoms* together. For any or all of these we could have found a good *raison d'être*, but we can find none for the work before us. To make

matters worse, in its present condition it is but another addition to the already large list of uncompleted repertories. A small portion only of the sections are indexed, and those are very irregular in their order.

We will not criticise the way the work is executed (though we might have something to say on this subject), because we object *in toto* to the publication of uncompleted repertories of an incomplete and imperfect *Materia Medica*.

Lessons in Gynaecology. By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynæcology in the University of Pennsylvania, etc. Third edition, thoroughly revised and greatly enlarged, with 112 illustrations. Philadelphia: F. A. Davis. 1887.

THIS work is well known in American gynæcological circles, and is justly appreciated. The first two editions were rapidly exhausted, and the work has been out of print for some time. Mr. Davis, who now has a house in London, has done well to introduce it to English readers. As will be gathered from its title, the book is not intended to be a complete treatise on gynæcology. Nor is it written to ventilate any special theories or hobbies of the author. We have carefully read a good many of the chapters, and find that they give good account of the subject in hand, such as clinical lectures would be expected to supply. They are not exhaustive, and they are chiefly practical. In clear and often tersely eloquent language the well known facts respecting given subjects are set forth. The syntax of some of its sentences, it is true, requires modification, not to offend English ears, but our readers will find it an interesting book, and calculated to impress its lessons upon the mind by its striking and forcible style.

CLINICAL AND THERAPEUTIC NOTES.

A Mercurius Case.—June 11, 1889. S. P.—, age 31. Works in a brewery. Illness commenced six weeks ago. Present condition—mind is dull and dazed, have to ask questions three or four times before obtaining an answer; memory very bad, contradicted himself several times; speaks very slowly and falteringly; every now and then cannot remember a word he wants; cannot articulate properly; looks very stupid. and is terribly slow of apprehension. No paralysis, pupils normal, tongue tremulous, full control over defæcation and micturition, frontal headache, pulse 66 and regular.

A fellow-workman present attributes his condition to a quarrel he had with another workman six weeks ago. The patient was very angry at the time, and while speaking to his opponent in an excited manner suddenly commenced to stammer, and looked "queer." His speech gradually got worse, and in two or three weeks his mental faculties became impaired; both conditions steadily grew worse, until now he appears in a state of incipient insanity.

Prescribed *merc. sol.* 1 grs. ij every two hours.

June 12. Very considerable improvement in every respect. Speech improved, understands questions more readily, replies with less hesitation, looks brighter. His wife says she noticed a distinct improvement two hours after taking the first powder.

June 13, 14 and 15. Continues to improve. Continue *merc. sol.*

June 23. The last time I saw him he was quite recovered in every respect except that he spoke a little slowly.

F. W. THORNTON, M.R.C.S.

Manchester.

* * * *

Retention of Urine.—A heavy stout man, nearly 70 years of age, after indulging moderately in whiskey, suddenly had retention of urine. He was not aware of the existence of any stricture, nor had he ever had an instrument passed. An ineffectual attempt was made to pass a No. 9 gum-elastic catheter, and although the utmost gentleness was used slight bleeding occurred, showing the congested state of the parts. A few hours later, after a hot bath and the half-hourly use of *aconite* and *cantharis*, a No. 10 (short curve) silver instrument was passed without the slightest hindrance or bleeding. Nearly 50 ozs. of urine were removed. It was hoped all would now go well, but unfortunately the inability to void urine persisted. Next time it was impossible to pass the catheter last mentioned, and bleeding again occurred, but a soft silk-gum tube brought relief. Subsequently another hot bath failed to give relief, and hot fomentations to hypogastrium with ice in rectum were equally useless. *Aconite* and *arnica* had been given since the last hæmorrhage. A *morphia* suppository ($\frac{1}{4}$ gr.) in the rectum enabled patient to partially empty the bladder, and armed with a rubber catheter (as a safeguard and preventive) the patient went on satisfactorily. The prostate was large, but offered no hindrance to the passage of instruments.

The writer would like to know if there are any lessons to be learnt from this case, and what they are.

MEMO.

MEETINGS.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL
SOCIETY.

THE first meeting of the session 1889-90 was held in the Hahnemann Hospital on October 3rd, Dr. J. D. Hayward, the president, occupying the chair.

After the usual business of the society, Dr. Hawkes exhibited an ovarian cyst he had removed from a patient aged eleven years, an inmate of the hospital. There had been no great difficulty in dealing with the adhesions, and under antiseptic treatment the wound healed, although for some time the track of the glass drainage tube did not close. The patient died six weeks after the operation. The post-mortem revealed widespread sarcomatous infiltration, the child having died of chronic peritonitis. The cyst itself and its partly solid contents were also sarcomatous. Prior to the operation nothing pathognomonic of cancer was observed, and the malignancy of the tumour was only vaguely suggested.

Dr. J. D. Hayward communicated a case which had come under his notice, of sudden rapid swelling of the cheek while at dinner. Upon examination a large fishbone was found to be lodged in Wharton's duct, the removal of which led to speedy relief.

Dr. J. D. Hayward then proceeded to give the Presidential Address, the subject he selected being "The less curable diseases to which mankind is liable, and their relation to Homœopathy." He referred to the somewhat loose employment of the term "incurable" as a substitute for "chronic," maintaining that the word "incurable" should only be used to apply to diseases in which recovery is quite hopeless, and in which medical treatment has never yet given satisfactory evidence of producing any well-authenticated cure, whatever it may do in the way of palliation. Homœopaths are accustomed to the daily experience of seeing patients cured of diseases termed incurable. He then went on to the consideration of various so-called incurable diseases, which have either already lost their right to the title, or with which we hope some day to be able to cope with. Most encouraging results have been obtained in cancer, hydrophobia, phthisis, tubercular meningitis, heart disease, chronic renal disease, and syphilis. No hard and fast line can be made between the treatment of incurable and curable diseases, partly because we find the former constantly developing into the latter, and partly because the improvement in medical practice, more particularly in the

direction of homœopathy, is diminishing the number of hopeless cases. In the treatment of chronic, as of all disease, we should first employ the drug or drugs carefully selected for their homœopathic relation to the condition present, and we should also pay attention to the judicious and timely use of whatever surgical, sanitary, climatic, or other agency, may be of benefit to the case. There is a tendency among some homœopaths to rely too much on drug agency alone, to the neglect of surgical or other means of local treatment of equal importance.

The influence of the patient's mind upon his bodily condition is a consideration to be borne prominently in mind in such cases. The power of the will in such cases is undoubted, by whatever theory it may be explained. In this way we can understand the undeniable cases of so-called incurable disease by hypnotism, faith-healing, nostrums, belts, &c. This power of the mind may be utilised by the physician as a therapeutical agent of immense influence, as instanced by the wonderful results that have followed from the treatment by "suggestion," and, doubtless, there is a great future before this method of treatment.

NOTABILIA.

OUR DUTY.

He would be a bold man who should venture too closely to plan and define the duty of another, and he would, probably, find that he had set himself a thankless, if not a bootless task. There are, however, certain general principles upon which we are all more or less agreed, but of which it is well from time to time to remind ourselves.

The days are gone by when homœopathy was engaged in a struggle for existence. It has stood the test of opposition and of time, and the days of open and official persecution are past and gone—and probably gone for ever. The barque has weathered the storm, and the sailors are resting on their oars, the haven almost in sight. Let us not mistake the calm for the haven, lest we experience the worst evils of being becalmed. The quiet after a storm, the peace after a battle are enervating. There can be no standing still; we must either *press on*, or we shall surely, if imperceptibly, be borne back.

The "enemy's" tactics have changed, but they may be none the less fatal to homœopathy and to the medical interests of humanity than before. "To imitate and to ignore" may be said to be the watchword of the opposition. A moment's

thought will convince us that the empirical adoption of isolated homœopathic prescriptions, while it benefits individual patients, can only influence homœopathy detrimentally.

We have begun another winter session—a session which will be full of opportunities to be utilised and of work to be done. Let us hope that it will be a session marked by unusual progress and by a consolidation of forces which will more than counterbalance the damage done by the empiricism which imitates homœopathy.

Happily, there is no lack of ability in our ranks; this much of "self-praise" may be permitted us. If there is a conspicuous want at the present moment, we regard it as a two-fold one, viz., the lack of an adequate sense of our individual responsibility, combined with a lack of *united work*, of earnest co-operation, which alone can enable us to meet this responsibility. These two parts of the same need are not contradictory but complementary. The ability and energy amongst us require utilisation. The sense of our responsibility being aroused, each one of us will find ways of his own of making himself and his work useful to the community. But there are several means at the command of all, the neglect of which can only delay the progress of homœopathy. Passing, then, from generalisation to detail, we will briefly allude to some of these.

First, respecting the Homœopathic Hospitals. Does their existence concern any one beyond the board of management and the medical staff? Has it occurred to our *confreres* who read our pages that they owe a debt both to the board and the staff? We have never advocated pressing medical men for pecuniary support for these institutions, but we do insist upon it that it is the responsibility of every homœopathic practitioner to give his moral support, and to contribute his quota of patients—cases important, instructive, and interesting—to these hospitals, which do so much to sustain homœopathy, and, adequately supported, would do so much to develop its resources. Similar remarks may be made respecting the Nursing Institutions attached to some of the hospitals. We are the most intimately acquainted with the Metropolitan institution, and we can affirm that no better nurses are to be found anywhere than those fully trained within its walls. We should never think of sending elsewhere before applying to the superintendent of our own hospital. Those who do this first from a sense of duty will continue to do it for their own and their patients' interest.

The session just commenced, of the British Homœopathic Society, affords many a defaulter a fresh opportunity for manifesting his interest in homœopathy. Here, as every-

where, "union is strength." Every time a member of the Society within reach stays away without some adequate and pressing reason, he is inflicting an injury on the Society, on homoeopathy, and indirectly on the public at large. How soon might our present quarters be too small for us if all the members made it their business and duty to set apart the evening of the first Thursday in the month for the Society's meeting! It is not much to ask of each one; but the results might be incalculable. If the proceedings are occasionally "slow" and "dry," whose fault is it? Not that, in proportion to our numbers, we are worse than other Societies. We certainly are not. But we ought to be much better. Being a small band we *must* be both united and zealous.

Finally, our general and serial literature afford a means of co-operation and inter-communication which is under-valued and neglected. The mass of information in the possession of scattered workers remains unpublished and unutilised. The same absence of *esprit de corps* in part accounts for and perpetuates this state of things. But, perhaps even more, a feeling of mistaken modesty, which leads to the thought that we have nothing fit for publication—nothing new or striking, deprives our editors of the support of their colleagues, which is their due. It has been pointed out before in these pages, that any simple case, which is sufficiently well recorded to establish the diagnosis in the mind of the reader, and which illustrates the action of a well-chosen remedy, is worthy of being placed on record. The mere fact of doing our work with a view to publication will cause it to be better done, and will itself soon remove the hindrance of having nothing fit to appear in print, or to meet the critical reader's eye.

An increased interest and a fresh and faithful assumption of our responsibilities to the departed Hahnemann, and still more to living men and women—to one another—is required, *required now and required of each*. Work done for the good of others will first or last benefit one's self most of all. Our very selfishness, then, should prompt us to be unselfish!

"THE REVIEW COLLECTIVE INVESTIGATION COMMISSION."

THE time is now approaching for the return of the schedules issued by the above commission. It will be remembered the three diseases chosen were acute rheumatism, enteric fever, and pneumonia.

Will those gentlemen who undertook to report their cases, should they have had any during the year, remember to send in their reports on or before December 7th?

We hope we shall get a good return, and that many who did not reply to the notices issued will make returns.

The results obtained in this way will form valuable statistics, and we trust to be able to publish them in due course in this journal.

J. ROBERSON DAY, M.D.

PROPOSED NEW HOMŒOPATHIC HOSPITAL.

ALTHOUGH the summer-time is a time when most active work amongst us is to some extent interfered with, promises of support for the proposed new homœopathic hospital for London have been coming in. Most of our readers are aware that the present hospital is unsuitable in accommodation and inadequate in size. Both the wards and the out-patient department are, we understand, in need of enlargement and improvement. Fresh special departments, too, are required, and can only be established in a new building. Now is the time for medical men to set about bringing this important matter systematically before their patients and friends. No one can so ably plead the cause of the hospital (and thus of homœopathy) with the public as the trusted medical adviser and friend. He can best explain the needs of the case; we believe that if this work be definitely undertaken by every medical man in his own circle, far and near, that a very few months would enable us to announce that the stage of "proposal" had passed into that of active progress. The Secretary of the hospital, Great Ormond Street, will gladly furnish circular letters (with spaces for name and signature) which will enable individual appeal to be made without the labour of writing separate letters, wearisome by their repetition.

The present is a moment when the homœopathic profession and public may show how real are their belief and interest in homœopathy. We shall watch with interest, not to say anxiety, the accumulation of promises of support to this most deserving effort.

LABORATORY FOR EXPERIMENTAL PHARMACOLOGY.

WE understand that it is proposed to establish a Laboratory for Experimental Pharmacology under the direction of Prof. T. F. Allen, of the New York Homœopathic Medical College. Indeed it is in a large measure an accomplished fact, so far as the medical work, under skilled assistants is concerned. What is needed is a number of large subscriptions to put the Institute on an endowment basis.

This line of work will form a valuable complement to the more delicate, but less reliable, method of "provings," so long adopted by our school. In this institution, systematic and accurate drug provings by specially trained observers will be made the immediate object of its researches and experiments. Such pharmacological studies must form the basis of all rational uses of drugs, and will be a storehouse of accumulated knowledge for the use of all schools of medicine; for whether these discovered facts of drug action are ultimately applied to therapeutics according to the law of similars or according to the methods of the physiological school, is immaterial so far as the proposed work of the Institute is concerned. Undoubtedly for its adaptability to homoeopathy these pharmacological studies must be carried much further than would be required by the old school, must differ in degree as much as one of Hahnemann's classical provings of a drug differs from the record of a case of poisoning by the same. If properly conducted, we shall wish every success to this new enterprise.—*Hom. Recorder.*

ANNUAL REPORT OF THE HOMŒOPATHIC HOSPITAL, MELBOURNE.

THE Board of Management are to be congratulated on this, the 21st annual report, for the year ending June 30th, 1889. The year is there termed, "The year of financial prosperity," notwithstanding the general depression. At the meeting of last year, there was a debt of £5,000, which the Board thought prevented them from accepting a munificent offer of £10,000 from an anonymous donor, for the building of a new wing. The Board are now able to announce that this debt is entirely cleared off, and the offer of the munificent and anonymous donor accepted. The bricks to build the new wing were, in fact, already (June 30th) on the ground. The Board are to be congratulated in having such generous supporters of the good cause, and it would be well if the homoeopathic public in the mother-country were to take a leaf out of the book of our Melbourne friends.

The usefulness of the institution is greatly increasing. There were this year 690 in-patients, besides a large and increasing number of out-patients, and 184 casualties. Owing to the epidemic of typhoid fever there was heavy pressure put on the hospital, in fact for five months it was given up almost entirely to cases of this fever. The number of cases amounted to 408, as compared with 178 and 145 in the two previous years. The general death-rate was 11.15 per cent., while the typhoid death-rate was 10.29 per cent., and

this in spite of many patients being brought in moribund, or nearly so.

The department for the training of nurses seems to be most successful, the nurses being in great demand. This is a very important feature of the institution, and will, no doubt steadily extend in influence.

The report is, as our readers will see, a most gratifying one, and the hospital is in every way worthy of the great city of Melbourne.

Dr. Güntz, we regret to say, is in bad health, and has left for Europe, where, we trust, he will recover his strength, and be able to continue his previous efforts in behalf of the Melbourne Homœopathic Hospital.

THE PARIS HOMŒOPATHIC HOSPITAL,

HÔPITAL Saint-Jacques by name—situated at 227 Rue de Vaugirard, has been left a 500,000 f. legacy by Mlle. Vinet, and obtained legal permission to accept the same.—*Chemist and Druggist.*

PODOPHYLLUM POISONING.

A YOUNG man, twenty-three years of age, chewed the end of a *podophyllum peltatum* root off while examining some herbs. The next morning he felt well until he ate his breakfast, when he felt nauseated, *but did not vomit at all during the entire proviny.* He *gulped* up wind (tasteless), and tongue covered with fur, like a yellow frost upon a board. Heavy feeling in the stomach, as if full; ached and seemed full of gas. He would rub it and try to force the wind out; if he could only pass wind he would, he thought, get relief. Headache through the forehead, dull steady ache, a long pull; eyelids heavy and desire to sleep; roaring and crackling in the ears; headache made worse by eating; no appetite; thirsty, and not relieved by drinking; water tasted brackish, and a bad taste in the mouth; a dry, slimy, brackish taste; weak and prostrated; looked pale, customary colour gone; blue rings around the eyes; knees ached, and thighs from knees to body ached, a dull, heavy, and indefinite pain; arms and back pained, also the lumbar region; urine red and dark; bowels moved three times the first day; they felt bloated; belly ached; bloated and dull ache; a steady ache, relieved for a short time by passing flatus or stool, and would come on in five to ten minutes. From 2.30 to 3.30 p.m., relief for an hour; came on again, but after dark relieved; pain aggravated by eating, which pain soon passed away. First day, three discharges—two in morning and one in afternoon. Next morning aroused at 4.30 by an

urgent desire for stool, which hurried him out of bed, having barely time to avoid defiling himself. Thin and watery stool, whitish, no pain; another at 7.30 a.m. Pain commenced after breakfast, griping, doubling him up for a minute, he lying upon the sofa and drawing the knees up to his chin. Spasmodic attacks of pain after every passage, and three to four between passages, these occurring an hour and a half apart. At noon the stools became dark brown and watery; one at 2 p.m., one at 4 p.m., and one at 6 p.m. *Quinia*, 2 grains, antidoted the condition. The next day three stools passed, partly liquid. Though weak, he soon recovered.

A young lady, while triturating *podophyllum peltatum* from the crude substance to the 1x, one hour after began to feel sick at her stomach; had pains in her bowels and diarrhoea. The pains were in the region of the navel, commencing and then increasing until a movement would take place, when relief would be obtained, followed by a weak and gone feeling in the bowels, lasting until another paroxysm of pain would come on. The diarrhoea was gushing, profuse, and watery, and accompanied with headache and anorexia. This train of symptoms was observed twice in succession while triturating the drug, she inhaling the dust arising therefrom. Recovery in fifteen to twenty hours.—*The Homœopathic Recorder*.

IODIDE POISONING.

A PATIENT at one of the Liverpool hospitals last week had the following mixture prescribed for him:—

Potassii iodidi	...	...	...	...	gr. 80
Inf. gentianæ	...	...	...	...	ʒviij.

One tablespoonful to be taken three times a day.

The bottle was distinctly labelled, but the patient took 1 oz. for a dose, and although this contained only 10 grains of *iodide of potassium*, he began to feel the ill effects of it in the course of a couple of hours, and later showed the well-marked symptoms of a bad case of *iodine poisoning*—sore throat, swollen tonsils and tongue, discharge at the nostrils, and eyes considerably puffed up; so alarming were the symptoms, in fact, that the medical man sent the mixture for analysis. It was found to have been correctly dispensed, and the patient has nearly recovered. This is an interesting case, as the *iodide* is often given in doses of 15 or 20 grains without any marked effect, and up to 1 drachm without bad results.—*Chemist and Druggist*.

BERBERIS IN URINARY DISORDERS.

Dr. E. E. CASE was consulted by a machinist, aged 42, for a sleepy, weary, exhausted condition; dull, heavy pain in the

region of the left kidney, always, except when lying down; often awakes, lying on the back, with the pain, which is worse by pressure or friction; the pain sometimes darts down the thighs; constant aching in the bladder, with sharp pains which dart into the urethra, or more frequently downward toward or to the knees; pricking sensation in prostatic portion of the urethra; burning micturition, sometimes almost involuntary; specific gravity of urine 1018, strongly acid, containing no albumen, sugar or mucus, but much bile; itching and moisture on the left side of the scrotum and margin of anus, due to eczema, which is better when the back is worse, and worse when the back is better. *Berberis* 12, every three hours, in ten days, removed all the symptoms, the eczema included. *N. F. Medical Gazette*, July.

CALCAREA CARBONICA IN GALL-STONE COLIC.

THE *Homœopathic Recorder* (September) contained a case of relief from *calcareo carbonica* in gall-stone colic. A man, forty years old, suffered from periodic attacks of gall-stone colic. *Iridin* ($\frac{1}{2}$ -grain doses), *dioscorea* (8x), and *chloroform* relieved temporarily. On being called to see him during an attack, *calcareo carbonica* 4x was administered by the physician, attention being called to it by green vomiting and diarrhœa, chalky stools before attacks and green after. The remedy gave him slight relief during the immediate attack, the next was less violent, and they finally grew lighter and lighter, ceasing entirely at the end of a month, and not bothering him since. The prescription was in 1886.

AN AURUM CASE.

W. K., the wife of a farmer, 42 years old; large, blonde, corpulent; has had eight children, the last two years ago, and menstruates regularly. In June, 1888, she had suffered for two years from vomiting, which made its appearance four or five times every day. For several years she has suffered from a pain in the region of the spleen, as well as in that of the stomach, which has been so bad that she could do but little about the house, the more so as the vomiting was excited and increased by every exertion. Examination revealed, in *scrobiculo cordis*, a dulness and tension, passing over into the liver region. The uterus was strongly retroverted; the fundus uteri enlarged and resting heavily upon the examining finger. Two indications, the dulness in the *scrobiculo cordis*, which may have been due to a swelling of the left lobe of the liver, and the womb trouble, called for *aurum*, which was prescribed as *aur. natr. muriat.* 8x trituration, three times daily. A fort-

night later the patient reported the pain in the stomach and the vomiting were better, yet the old pain in the splenic region troubled her very much. *Aurum* was continued and alternated with *ceanoth. americ.* 8, 2 grammes in 150 grammes of water, one teaspoonful three times daily. August 1st, the dulness and tension in the scrobiculo cordis had disappeared, the vomiting had not returned, the pain in the splenic region gone, the fundus uteri was less swollen. She did her own house-work now, suffered no longer from vomiting, and was satisfied with her condition.—*Hom. Recorder.*

CYPRIPEDIUM IN INFANTILE DIARRHŒA.

DR. RAY, of Melbourne, has used this drug for some years in some forms of diarrhœa and infantile cholera. He says it seems to have a particular relation to that condition mentioned by Gooch and Marshall Hall, as "hydrocephaloid," generally the result of long exhausting diarrhœa, with the following symptoms: Face pinched and drawn; dark pallor of face, almost inclined to lividity; extremities cold; head generally hot; pulse rapid and weak; great prostration and thirst; vomiting and purging; eyes turned up, showing their whites, or squinting; sometimes ptosis of lids; diarrhœa of various shades, odours, and consistency.

What particular action the drug has on the intestinal irritation he does not know; but it certainly has a marked effect on the brain symptoms, and as these manifest improvement, there is also an abatement in the number of discharges. The following cases may help to show the action of the drug:—

Grace S—, aged four months, had been ill for eight days under allopathic treatment, and had been given up. When first seen was in a state of collapse; stools every quarter-hour, putrid, black and watery; good deal of straining; eye-balls turned up; no vomiting; pulse thready; extremities cold; very thirsty; constant moving of tongue against side of cheeks: occasional jerkings of limbs; temperature 102° F.; aphthæ; tongue red and irritable as if scalded. *Arsenicum album*, 6x, in pilules, every two hours had the effect of lessening the number of stools, but the brain symptoms remained unchanged. *Cypridium*, 8x pilules, one pilule every hour for four hours, then every two hours was next given. Child was seen again in afternoon, about 5.30. Only three stools since 12 o'clock; body bathed in a warm perspiration; no jerking of limbs; appearance of eyes natural, save that pupils are rather contracted. Repeated the medicine, and on visit next morning the child seemed almost well; expression of face natural; only one stool, having slept quietly through the night.

Ellen H——, aged ten months; has three teeth; two fresh ones nearly through. Stools, twelve in seven hours, greenish, frothy, with a good deal of straining, and drawing-up of limbs, odour like rotten eggs; very peevish and irritable; milk thrown up curdled ten minutes after being given; constantly screaming; would drop off to sleep, and wake with a start, screaming; tongue coated white; thirsty. R̄, *chamom.* 12x pilules, two every two hours. Next morning stools every ten minutes or quarter-hour; watery, offensive, excoriating the parts; aggravated by taking food; face pinched and drawn; skin cold; pulse weak, 150—160 per minute; urine suppressed; limbs drawn up and fingers clinched; lower lip drawn in; eyeballs inclined to turn up; right pupil widely dilated; left normal, but ptosis of the lid; rolls her head from side to side. *Cyprip.* 8x pilules, two every two hours was prescribed. Eight hours later, stools had abated in frequency; child quieter; had two short naps; face looked fuller; pulse stronger; skin warm; had soaked napkin through with urine; expression of eyes more natural, though still inclined to turn up. Medicine repeated. Twenty-four hours later all brain symptoms had gone, and the child made a speedy convalescence on *calc. phos.* 6x.—*California Homœopath.*

IODOFORM.

THE custom of using *iodoform* as an antiseptic surgical dressing has become less prevalent since numerous instances of poisoning were published. The result of recent research appears to establish the following conclusions:—1. *Iodoform*, not being a germicide, is not a fit substance for use in procuring asepsis of instruments, materials, and wounds. 2. *Iodoform* is allowable in infected wounds where the true germicides are contra-indicated by danger of poisoning or impracticability. 3. *Iodoform* having a decided tendency to stop serous oozing, may be employed in wounds where the moisture threatens the integrity of the antiseptic dressing.—*Annual Univ. Med. Sci.*, vol. v., B 16.

GYNÆCOLOGICAL MEMORANDA.

THE *Hahnemannian Monthly* gleans the following items from the *Homœopathic Journal of Obstetrics*.

Aconite in nightly urination.—During pregnancy the patient is disturbed between twelve and three o'clock at night by urging to urinate.

Actæa Racemosa in Puerperal Melancholia.—Soon after confinement patient became melancholic. She imagined the whole world was against her, and that she would become

insane and be sent to an asylum. She would sit and rock continuously, crying and sobbing, feeling perfectly helpless, and satisfied that her condition was beyond the reach of medical skill. She was cured by *actæa* in five-drop doses of the tincture.

Viscum Album in Ovaralgia.—A young married lady, five months pregnant, complained of a dull, heavy distress in the left ovarian region immediately after coition. *Viscum album*, in five drop doses, relieved the patient in a short time. The symptom of pain in the left ovarian region during pregnancy, more particularly where there was pain as if the left ovarian region were pressed upon by the enlarged uterus, with pains down the thighs, and sharp, nipping pains in the vagina has received verification.

Magnesia Carbonica in Menstrual Disorders.—Aching pains in the limbs; limbs are useless, with pain in the left groin; falls down in dead faint at monthly period.

A Causticum Menstrual Pain.—Menses bright red, with pain in the pelvis as if screwed together.

Silica in Coldness during the Menses.—Menses too profuse, with repeated paroxysms of icy coldness over the whole body.

Conium in Pressure Pains during Pregnancy.—Aching pain in the abdomen, during pregnancy, every night after going to bed, relieved by getting up and moving about.

Indications for Sulphur in Morning Sickness.—Morning sickness of pregnancy, never amounting to vomiting, with faint, sickish spells during the forenoon.

TEPID SPONGING IN ENTERIC FEVER.

DR. J. J. SHAW, of Plymouth, Mass., says of typhoid fever: "The patient should be encouraged to drink as freely as he will. The surface of the body should also be bathed with water at a comfortable temperature every two or three hours. These things are not to be used because they lower the temperature, but because they rapidly remove waste material which, in all cases of fever, is being rapidly produced. The danger in these cases is not in the high temperature, but in the waste matter being developed faster than it can be eliminated. The lungs, the skin and the kidneys are the principal depurative organs. It is the retention of waste products which threatens the integrity of the organism; therefore we see the inconsistency of using such drugs as *antipyrin* and *antifebrin*, for they suspend largely the action of the kidneys, and thus throw back upon the system some of the most poisonous excretions in the whole list. The high temperature of fevers is nature's plan for ridding the system

of the poisonous foreign products which endanger its life by their rapid oxidation. Therefore the lungs, skin and kidneys should be supplied with an unlimited amount of the menstrua through whose agency this oxidised waste material is to be removed." . . . "Many years ago an epidemic of typhoid broke out in a European army in winter, and, as the hospitals were full, it became necessary to treat many cases in tents, exposed to the rigors of the weather. Greatly to the surprise of the doctors, the exposed patients almost all recovered, while among the others the mortality was great."—*Hom. Recorder*.

PATHOLOGY OF EXTENSIVE BURNS.

OSCAR SILBERMANN, of Breslau, finds that in extensive burns the red corpuscles alter their form, and are able to exert less than their normal resistance to heat, drying, compression and staining. In consequence of these changes thrombosis and stasis in different organs are very frequent, especially in the lungs, kidneys, stomach, bowels, spleen, liver, skin and brain, and most of all the smaller branches of the pulmonary artery. The stasis in the lungs produces a very considerable difficulty in emptying the right ventricle, with enormous venous congestion and dangerous arterial anæmia. This again leads to apoplexies and parenchymatous alterations in the above-mentioned organs, also to dyspnoea, cyanosis, coma, a small pulse, angina pectoris, eclampsia, anuria, and to a diminution of the surface temperature.—*Lancet*, vol. ii., 1889, p. 280.

PREVENTION AND CURE OF POSTERIOR UTERINE DISPLACEMENTS DURING THE PUERPERIUM.

AFTER touching upon the various well-known causes of uterine displacements (including the abdominal binder so strongly condemned by Thomas), *The Therapeutic Gazette* proceeds to discuss the prevention and cure of this condition as it occurs during the first month or two after labour, &c. In prophylaxis the main points are:—1. To secure the complete evacuation of the uterus by "the proper conduct of the third stage of labour and the control of the uterus for at least one hour after parturition." 2. The use of gentle friction to the fundus uteri every twelve hours for the first two days. (This is called "Schultze-ing" in Dublin, and is said to be far more effective than the use of *ergot*, *strychnine*, or *quinine*). 3. Regular evacuation of the bladder, three or four times a day. 4. "The canonical laxative on the third day," and the subsequent daily evacuation of the sigmoid flexure and rectum. 5. Avoidance of dorsal decubitus, especially during the second

week. 6. Fourteen days in bed to be the "minimal period."
"The size, form and position of the uterus ought always to be ascertained by bimanual palpation before the woman is permitted to leave her bed."

For the cure of a posterior displacement, reduction may be effected (1) by digital manipulation (followed by pessary); (2) or by systematic genu-pectoral position, with admission of air into vagina; (3) by abdominal massage and "uterine gymnastics" after Brandt's method.

[Naturally no mention of drug remedies is made in this article. Old medicine has nothing beyond *ergot*, *strychnine*, and *quinine*. Homœopathy steps in and fills up the gap. Valuable as is Thure Brandt's system, the need of submitting a patient to such an ordeal may be obviated in 99 per cent. of cases by the timely use of *arnica* (especially as a preventative) of *sepiâ*, *belladonna*, *nux vomica*, *podophyllum*, *calcareâ*, etc., in accordance with well-known indications. Posterior displacements at this early stage are curable by internal medication. The avoidance of too prolonged dorsal decubitus is an important prophylactic point.—Eds. M.H.R.]

HEGAR'S DILATORS FOR THE INDUCTION OF LABOUR.

In the *Lancet* (Aug. 3rd, 1889), Dr. Lewis advocates the use of large-sized Hegar's dilators to induce premature labour. A specially large size was used (up to No. 40—i.e., 1½ in. in diameter). Three successful cases are related, one for contracted pelvis, and the other two on account of the size of previous children, which was excessive, and they had perished in labour.

Careful antiseptic measures are used. The vagina is frequently doused with hot antiseptic solutions; the dilators lie in a carbolic acid solution, and are dipped in terebene oil before insertion. In the case of contracted pelvis, the series from No. 9 to No. 40 was passed in less than two hours. The largest size was left in the cervix from 4.30 till 9 o'clock; "pains" had then been present about an hour. The child was born about 1 a.m. It was estimated the patient had reached the 32nd week, and the child was kept in the incubator for three weeks. Mother and child did well.

The advantage of this method over the use either of the bougie alone, or of dilatation by tents is obvious. The first method is uncertain (as to time), and the second is risky. But it is not so clear in what way this method is an improvement upon the bougie, followed (where possible) by Barnes' bags. Where Barnes' bags cannot at once be used after the bougie has been left over night, Hegar's dilators might be

used until Barnes' smallest bag could be inserted. Even this would entail a less amount of manipulation than would be necessary to insert from 80 to 40 separate instruments.

ARTERIES FOR DRAINAGE TUBES.

In America the arteries of the ox have been used as drainage tubes. They act as efficient drains, are unirritating, and become absorbed in about a week.

They are prepared by stretching on glass rods of appropriate size, and by immersion in a corrosive sublimate solution (1 per cent.) for ten minutes; afterwards they are stored in alcohol (95 per cent.).—*Lancet*.

ANTIPYRIN IN DIABETES.

On the antipathic principle *antipyrin* is being used in diabetes. Its depressent power on the nervous system and its ability to lessen the urinary secretion, both of fluids and solids, render it well suited for such an application. In this sphere it occupies a place in the same category as *opium* and its derivatives, which are so largely used for the same purpose. Experiment has demonstrated its power to control the excretion of sugar in artificially produced glycosuria. In a series of cases reported by Germain Sée* the urine measured from 2 to 6 litres per diem, and contained from 25 to 85 grams of sugar per litre. Rapid improvement ensued on the administration of 16 grains a day of *antipyrin*, the sugar almost disappeared from the urine and the strength improved. Eczema, boils and neuralgia disappeared at the same time.

Sée is strongly of opinion that the dietary should contain about seven ounces of fresh bread, and the same quantity of boiled potatoes, in the twenty-four hours. This, he points out, satisfies the craving of the patient for carbohydrates, and has a good effect on his general health, while both articles of food, owing to the large percentage of water which they contain, really convey less starch to the patient than the toasted bread or dried crusts which are so often allowed.

The results obtained so far seem to show that *antipyrin* will be found of value chiefly in those cases of diabetes occurring in elderly, well-nourished, stout subjects, in whom the prognosis as regards life is favourable. Such patients often object most strenuously to the restrictions imposed on their eating and drinking, and if by the use of *antipyrin* we can advantageously relax the strictness of the dietary, it must be admitted that we have gained an important addition to our resources for the treatment of diabetes.

* *Brit. Med. Journ.*, June 29, 1889.

ERUPTION CAUSED BY CHLORAL.

MR. JONATHAN HUTCHINSON'S *Archives of Surgery* for October contain a well-executed chromo-lithograph of the hands of a gentleman, aged thirty-four, who frequently noticed—on no less than fifteen occasions—an eruption follow the use of *chloral*. He often took the drug for sea-sickness, his usual dose being thirty grains; and on the following morning his hands would exhibit erythematous patches, with some thickening, and sharply defined margins. No other part of the body was affected. The patches, which were of a dusky red colour, were tolerably symmetrical, though not always of the same size on the two hands. They would remain out, causing much burning and itching for a week or more, and then gradually disappear, the whole attack lasting at least three weeks. Some of the patches, whilst fading, showed an almost eczematous condition. The patient was of gouty stock, and had himself suffered a single attack of gout, otherwise he was in excellent health. Once after the use of the Bath waters, he had a five weeks' attack of urticaria. Mr. Hutchinson assumes from this fact that his skin was specially susceptible.

UNPLEASANT CONSEQUENCES FROM THE USE OF SULPHONAL.

WE are glad to gather information as to the action of drugs from all sources, especially when drugs are new, and provings have not yet been undertaken. The following notes by Mr. Hutchinson appear in the October number of the *Archives of Surgery*:—

“A lady was sent up to town suffering from epithelial cancer of the vulva. Her manner was such at the time of the first consultation (in my house) that I took her for a person of dull intellect. She submitted to the examination with entire apathy, and appeared to care nothing about what was being done or what was proposed. In fact she scarcely spoke to me. Two days later I operated in Fitzroy House. When she was wanted for the operation I found her fast asleep in a chair, and had some difficulty in arousing her. She again showed such carelessness as to our proceedings that I felt certain that I had to do with an idiot, and treated her as such. Yet no hint as to her state had been given to me by her friends. After the operation she had retention of urine, and needed the use of the catheter. On the following day she had an erythematous eruption all over her thighs. I suspected a slight form of erysipelas, but the nurse said that she had noticed the redness at the time of the operation, or

even before it. It subsequently spread over the whole surface, the skin becoming everywhere of a deep red tint, without papules or other changes. On the second day after the operation I observed an improvement in my patient's bearing, and this continued from day to day, until in the end she proved to be as cheerful, bright, and vivacious as could be well imagined. The countenance also altered from that of a heavy, sottish expression, into one which fitted with her pleasant manner. I have seldom witnessed such a surprising transformation. In the meantime, after continuing out about four days, the erythematous eruption entirely and rapidly disappeared, and with it all anxiety about her progress. I subsequently ascertained that she had been taking *sulphonal* in repeated doses up to the time of her coming to town. No doubt it was to this drug that her mental torpor was attributable, and also very probably the skin eruption. It is a remarkable point that the idiotic habitude should have lasted so long after the disuse of the drug, and that the eruption should not have shown itself at all till three days at least after its discontinuance."

ELECTRIC CATAPHORESIS AS A THERAPEUTIC MEASURE.

DR. PETERSON published an interesting paper on the above subject in the *New York Medical Journal* for April 27th, 1889, a *résumé* of which appeared in the *Ophthalmic Review* for October last.

Electric cataphoresis represents the power of the constant galvanic current to reverse the normal process of osmosis that takes place between two dissimilar fluids, so that when the anode is introduced into the denser fluid and the cathode into the lighter, the osmotic current flows from the denser to the lighter liquid instead of from the lighter to the denser.

As long ago as 1859, Dr. B. W. Richardson made use of this fact to introduce drugs into the system through the skin, and he produced a local anæsthesia by moistening the positive pole with tincture of *aconite*. But the matter seems to have been allowed to drop out of notice.

After considerable investigation, Dr. Peterson has again awakened interest in the possibility of taking advantage of the cataphoric action of the constant current combined with certain drugs to produce a local cutaneous anæsthesia. His experiments seem conclusively to show that the combination, but neither alone, will induce a lasting and profound anæsthesia.

The following is the method he employs: The skin should first be cleansed by a little alcohol or chloroform; the anode

should consist of a metal sponge-covered holder 2 c.m. square, soaked in a 10 per cent. solution of cocaine ; this should be placed on the prepared surface, the cathode being held in the hand. In five to ten minutes sufficient anæsthesia is produced to allow of minor operations involving the skin. Dr. Peterson uses a sixteen-cell Grenet battery. He also advocates the use of cocaine cataphoresis or aconitine cataphoresis (using an alcoholic solution of aconitine gr. iv. ʒi.) for trigeminal and other forms of neuralgia. Other forms of application will readily suggest themselves. The stronger the galvanic current the more rapidly can the anæsthesia be induced.

SOCIETY FOR THE PREVENTION OF BLINDNESS.

We are glad to hear that a bronze medal has been awarded to this society by the Commissioners of the Paris Exhibition for the display it made thereat. The exhibit consisted of a complete set of the publications issued by this society, together with a portion of Dr. Roth's collection of models for the gymnastic exercises of the blind.

The Royal Commission which lately enquired into the condition of the blind has also expressed its approval of the work of the society in their Report to the Houses of Parliament. In the Blue Book containing the report (p. xv., par. 27) we read : " The Society for the Prevention of Blindness has done very excellent work in drawing up, and gratuitously distributing advice to mothers."

CREOLIN.

THE most recent preparations of *creolin* are an ointment made with *lanoline* as a basis (*lano-creolin*) and a gauze impregnated with 10 per cent. of the antiseptic material. The former is an elegant sterile application for wounds, burns, or skin affections requiring an ointment. It is less suited for use as a lubricant, as the *creolin* does not entirely do away with the somewhat sticky property of the *lanoline*. The gauze is soft, absorbent, and one of the best dry antiseptic dressings. *Creolin* and its preparations deserve to be more widely known and used, especially, perhaps, in gynæcological work.

ODIUM BALNEARIUM!

A LEADING article in the *Bath Herald* (October 7th) relates how " the Baths Committee " has crossed swords with one of the medical men of the city respecting a bath prescription of his. Unfortunately for the Committee their opponent is none

other than Dr. Percy Wilde—a doughty champion indeed. After privately writing to the chairman a letter which received no reply, Dr. Wilde, in the interests of the City and of liberty of opinion, brought the affair before the public. As far as we learn, the matter is simply the result of the medical gentleman in question being unable to secure for a patient a course of treatment which necessitated the employment of blankets in a manner, and in number which appeared to be contrary to the regulations of the Baths.

The *Herald* remarks that “it is quite out of the province of the Committee to decide that any specific method of treatment shall, or shall not, be permitted, unless they are able to show that it would over-tax their resources, or cause an expense that they would not feel warranted in permitting. The wishes of medical men whose patients are undergoing a course of the waters should be respected and complied with as far as possible, and, in common courtesy, where the Committee find it impossible or inexpedient to comply with their desires or suggestions, they should be duly informed of the fact, and the reasons for the decision should be stated.”

Dr. Wilde's letter, in the same paper, makes the following points:—

1. He learns from “a Society paper, apparently fully informed, that the Committee was impressed with the idea that he (Dr. W.) was anxious to introduce ‘a homœopathic and hydropathic’ system of bathing.”

2. He points out that the Committee has no legal or moral right to prevent his doing this, except under the above-named circumstances.

8. Next he notices that the Committee has only made itself ridiculous by seeking to oppose the introduction of what does not exist, viz., “a homœopathic method of bathing;” and still further by opposing the “hydropathic method;” ignorant apparently that hydropathy “deals with the curative action of water with reference to the method by which it is applied,” and that to do away with hydropathic methods would be to do away with a large part of their noble institution.

4. The Committee objects to “wet packing,” but approves of “dry packing.” Dry packing was introduced by the founder of hydropathy (which they condemn), but had to be given up as “uncertain and altogether disagreeable. On the other hand, ‘wet packing’ and the ‘hot moist blanket’ pack happens to be the only form of packing recommended in the most modern and orthodox medical text-books, and always requires more than one blanket to be employed.”

5. In conclusion, Dr. Wilde writes: “You are the defenders

of 'dry packing' in opposition to 'wet packing,' but as a matter of fact you wet pack every patient who enters your establishment (unless the physician takes the trouble to give stringent orders that this routine is not to be practised). It is true that you are loyal to your faith, and do not apply a moist sheet to a dry skin, but you do apply a dry sheet to a wet skin, and it will require a very protracted meeting of your Committee to explain the difference."

The Committee has evidently landed itself in a pretty considerable muddle, out of which Dr. Wilde shows no disposition to help it. The *Herald* ominously suggests that the "November elections" may hold out a friendly (?) hand and offer some solution!

DON'TS FOR THE SICK-ROOM.

Don't weary your patient with ejaculations indicative of a momentary physical condition. If you touch something hot, don't snap your fingers; if you are cold, don't shiver; if you are sleepy, don't yawn audibly; if you are tired, don't sigh and throw yourself heavily into a chair. Don't show in your face that a perfume or odour is unpleasant to you. In short, *don't* obtrude yourself, or your own personality, and the easiest way to abstain from this is to forget yourself.

Don't shut the door with a slam or a push, but keep the handle in the hand until it is latched. If the hinges squeak, promptly oil them.

Don't rattle paper in the room, and if you are reading, be careful to turn the leaves of the book noiselessly. These are all trifles, but "trifles make perfection," and "perfection is no trifle," in nursing, as well as in moulding clay.

Don't leave bureau drawers open, not even a crack, and don't tuck something behind something else to be put in its proper place an hour hence; the restless eye of the invalid will find it. If she is patient and long-suffering, it will cause her another effort of forbearance; if she is not, the result need not be dwelt upon. Don't let fall or drop furniture handles and trunk hasps, but guide them noiselessly to their places.

No two things can occupy the same space at the same time.

If peace and quiet reign in the mind of your patient, irritation and annoyance cannot. The former will aid recovery, the latter impede it.—*California Homœopath.*

CORRESPONDENCE.

GONORRHOEA IN THE FEMALE ORGANISM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Although the first series of accredited observations on this subject came from America, the developed and continued investigations have been mostly carried on in Europe, and do not seem as yet to have become acclimatised over the water.

The paper of Dr. Griswold Comstock, in your last issue, is decidedly behind the time, both in accuracy and fulness, while teaching the lesson of the malefic influence of gonorrhœal virus on the female pelvic tissues.

The last few years have seen the bugbear of the gonococcus laid low. No longer can it be considered *pathognomonic* of gonorrhœal discharges, since observers (Sänger, Lomer, Oppenheimer) find it in the secretions of 80 per cent. of pregnant women. Moreover, as it is undiscoverable in chronic discharges, only flourishing in the secretions of the acute stadium, it is obvious that as diagnostic of the cause of the chronic condition, it is not to be relied on. Although in the Vienna Poliklinik, its presence is sometimes demonstrated in suspected discharges, yet even here a diagnosis is not founded on its presence as opposed to clinical conditions.

It is also high time that the figment about erosion of the cervix finally disappeared from gynecological writings. The Bennetian theory of ulcerated os uteri has long been a stumbling block in special literature; for as Lawson Tait pithily puts it, "in 999 cases out of 1,000 there is no ulceration at all." And as an indication of gonorrhœal affection, the appearance thus erroneously described is absolutely useless. It exists often without any gonorrhœal lesion whatever; it is often wanting in gonorrhœal affections of the most chronic and aggravated type; and the attempted cure of the disease by tinkering with a collateral appearance often totally independent of it, is calculated to lead to the worst possible results.

The treatment of gonorrhœal vaginitis or endometritis certainly ought not to be conducted by means of injections. Although douching the parts with medicated fluid, yet the risk, or rather the certainty of conveying gonorrhœal infection along the genital canal by such a mode of procedure may produce the gravest possible results. Other modes of treatment

at present in vogue are far more satisfactory and far less risky ; and a practitioner has only himself to thank if after infection has produced a vulvitis or vaginitis, he further extends the lesion to the endometrium and tubes by the ill-timed use of fluid washes.

Yours very truly,

GEORGE BURFORD.

BELLADONNA.

To the Editors of the " Monthly Homœopathic Review."

GENTLEMEN,—During the season July—September my chickens found out my *belladonna* beds, and regaled themselves on the large, cherry-like, black berries ; in fact, they became so eager for the pulpy fruit as to be often seen high up in the treelike branches, pecking off alike the bright green undeveloped carpels and the jet-black fruit, sometimes of as large a diameter as the width of a man's thumb. Upon this food the chickens grew and fattened.

On October 1st I cut down all the stems, still loaded with berries, and laid them on the beds for manure ; the weather was dry and hot so as to rapidly desiccate the pulpy fruit, which shrivelled up to one-tenth the former bulk. Again the chickens became very busy, but *the dried berries were now poisonous* to them, 10 deaths taking place in one night. As to the toxic action on fowls, I observed them on the day preceding death to stand moped, the eyes closed, but not with the head under the wing ; when disturbed, the chickens seemed blind or stupid. After death, the gills were scarlet instead of anæmic ; the whole neck and viscera inflamed ; the gall-bladder immense, and of the deepest, most intense green conceivable ; the liver crumbled under a slight pressure, and the crop was papescent.

My residence being on the edge of the virgin forest (Forest of Dean), and facing the Bristol Channel, the locality abounds with the feathery tribe. At the present season blackberries are ripe. I often observe purple spots on the soil of my gardens, of an inch or so diameter, *in the centre of which are visible the seeds of blackberries*. Now it occurs to me that in this case, and probably the *belladonna* also, the pulp of the fruit prevents the seeds being ground up in the gizzard, the bird's office being to distribute the seed, and to perpetuate the race of these specimens of plant life. Can anyone endorse this opinion ?

Yours, etc.,

AGRICOLA.

GLONOINE IN HEART DISEASE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Homœopathy is certainly to be thanked in a good measure for the introduction of various useful remedies for cardiac diseases and defects; yet it seems to me, as an attentive observer and experimentalist, that the field and peculiarity of action, especially the material action, of these remedies remain to be defined. I do not for a moment assume that I am in a position to do this work myself, but I think I can set forth a few atoms of information not altogether unworthy of notice.

In the first place, let us consider *glonoine*. It serves to illustrate a new phase of the law of similars. It is known to cause in the healthy subject an excessive determination of blood to the head, distension and throbbing of the arteries of the neck, ringing and buzzing noises in the ears and head, vertigo, swelling of the ocular arteries and veins, sometimes an increase of tension of the eye, aggravated action of the heart, and in fact a number of the symptoms of sunstroke and apoplexy. It has a strong relationship to the hinder part of the head; and affects markedly the cerebellar circulation. A friend who experimented with *glonoine* on animals says that he has found, after their death, the posterior lobes of the encephalon to be literally gorged with blood. This, perhaps, accounts for the augmentation of sexual appetite occasionally observable in beings under the influence of the drug. The gentleman just referred to practised for awhile amongst the "fast" young men of Central and South America, and he states that *glonoine* in medium attenuations proved useful in the weak, dull, heavy, bewildering sensations which onanism and excess in venery originate in the base and back of the brain. I do not pause to argue whether the phrenologists be right or wrong, as it is sufficient for my purpose that there exists a most intimate connexion between amativeness and the cerebellum. *Glonoine* has been of service in the morbid conditions preceding and following an epileptic fit. Is this circumstance explicable on the present basis? In all nervous diseases there is, so far as I know, a deficient nourishment of the system, and where there is a lowered blood supply there is in particular a starvation of tissue. Since it is a truth that the base of the brain is so much implicated in epilepsy—which, it should be remembered, is so frequent a result of self-abuse and other curses—should not an improvement in the nutrition of the basilar region of the brain tend to relieve epilepsy? And cannot *glonoine*, by improving the encephalic circulation

help to increase nutrition? There is certainly much to be learned from the physiological action of drugs.

And now as to the drug as it bears on the heart. My own views agree with those of Professor Bartholow and other authorities who think *glonoine* to be peculiarly useful in weak heart and fatty heart. I wish most of all to refer to the drug in deficient innervation of the heart, otherwise called weak heart. We have already seen what *glonoine* will do to the healthy being. The mischief so effected is, if I may so speak, a matter of excitation; the system is excited from its harmonious condition into one of discord. There must be certain stages in the process, or how could it possibly come to pass? Suppose a person to have weakened his heart by over-exertion, baneful habits, neglect of proper recreation, or in any other of the common ways, and he is experiencing the general consequences, faintness, dizziness, drowsiness, languor, dulness of perception and comprehension, muscular weakness, a distressing condition of the eyes and ears, &c. He is lower down the ladder of life than the healthy man, and what will take the latter to an undue height may take the former to a normal height. There is surely nothing absurd in the idea that a drug which will quicken the motion of the sufferer's heart, dilate the blood channels, and send a greater quantity of blood to the brain, should be used in accordance with its evident effects on the healthy, notwithstanding that the drug is used on different grounds from those on which it is commonly used by homoeopaths. I believe it is capable of serving two glorious ends, and that the law of similars is broader than Hahnemann enunciated. Medical men can ill-afford to think too narrowly. I can but emphasise my impression that the law he discovered has more than one great aspect, and this remark will hold good particularly with regard to nitrites, and some drugs wherewith the master had little or no chance of experimenting. Different orders of drugs do not necessarily fall under a single law, and a chemical difference may imply many things little or never suspected. Homoeopathy may be the medical science of the *spirit*, but spirit is a vague term, and if it exists, it has, as being, its substantial form together with its immutable laws. And if homoeopathy has its spiritual side, why, in the name of reason, should it not have its tangibly physical side? Experimentation with a great variety of drugs on myself bears out the theory that it is thus two-sided.

I have personally been a dreadful sufferer from weak heart, and had all the effects above enumerated, save that my intellect worked as well as it generally did. In addition to those effects, I had dyspepsia and stiffness and numbness of the limbs. I was so reduced that life seemed a hopeless misery.

and I could not walk five miles without the probability of falling down unconscious—of dying from cardiac exhaustion. My heart literally groaned and creaked, fluttering off like a frightened bird, and then almost ceasing to beat. I tried every conceivable form of treatment, and derived most benefit from an original method, and from ordinary homœopathy. At last Bartholow's teachings and investigations, conjoined with those of some friends, induced me one happy hour to try *glonoïne*. From it I derived great and speedy benefit. I now walk on an average ten or eleven miles a day, and can walk fifty miles in two days with little inconvenience. My eyes, ears, muscles, brain, nerves, are all much better. I study a great deal, and do my share of tedious work. My heart acts comfortably, and really some heavy strains have been put on it. The way I used the drug was to put six drops of the one per cent. solution into a one-ounce phial of distilled water, and potentialise it well, for I believe potentization is more philosophic than a number of us think. Then I mixed one or two drops of this dilution with a wine-glass of water, diluted this to the extent of three-quarters, refilled and diluted thus again, filled once more and drank the liquid. I took it once, twice and three times in a day, and subsequently swallowed two or three drops of my original dilution two or three times a week. I should have pushed the medicine if necessary, but it was not.

The action of *glonoïne* on the heart and brain is reciprocal. By improving the movements of the heart it improves the encephalic circulation, and thus, the nutrition of the encephalon. From this improved nutrition comes a better innervation of the heart, and as a natural consequence a better condition of the whole system.

The oculist and the aurist should give some methodic attention to *nitro-glycerin*, as it is suited to a variety of morbid states of the eye and ear. Its use may be indicated in anæmia, nervous and general debility, scrofula, neuralgia, atrophy, chorea, and several other diseases in which depressed nutrition and innervation are so prominently perceptible.

The mother tincture of *cactus grandiflorus* in doses of two drops slows the heart and weakens it in diastole and systole in many people of a nervous or nervous-bilious temperament. It seems to act very powerfully on the ventricles. I speak from personal experience, and so far as this goes, dilutions ranging from two to six answer best in disease. A great deal depends on temperament and cause. Homœopathy cannot rationally overlook causes, inasmuch as they frequently involve dynamic difference and symptomatic similarity.

I think that in one of the numbers of the *Review* a gentleman remarked that an alkaloid often proved serviceable when the base fails. What I have seen of the action of alkaloids tends to confirm this observation. In cardiac disease in which *nux vomica* appears to be called for *strychnia* has succeeded when tincture of *nux vomica* has had no obvious effect. Perceptible doses of the crude alkaloid were used in a little water.

Yours truly,

ROWLAND ALLAN.

Licentiate in Surgery of Mexico.

September 14th, 1889.

EUCALYPTOL IN ENTERIC FEVER.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The remarks recorded by Dr. Madden in the October *Review* on *eucalyptus*, recall to my memory that during an epidemic of typhoid fever that occurred in Camden Town a few years ago I gave *eucalyptus* 1x to a few of my patients.

It was suggested to me by the late Dr. Duncan Matheson, who quoted the late Dr. Bayes as having had satisfactory results from its use in typhoid fever.

The cases in which I gave the drug all recovered; and, as far as I can at the present moment remember, I found it beneficial in controlling the number of evacuations, but it did not curtail the duration of the fever nor influence the temperature.

Yours faithfully,

ALFRED H. BUCK.

SILICA SOLUBILIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have received so many enquiries respecting the preparation of *silica* used by me in the treatment of chronic enlargement of the glands, that I have thought it convenient to ask the manufacturers to supply Messrs. Keene & Ashwell, of 74, New Bond Street, with the solution. It will be found that this preparation is not only freely soluble in cold water, but is *not* precipitated from such solution by the addition of strong acids. This is of great clinical importance, because no medicinal substance can be regarded as soluble if it is thrown from its solution directly it reaches the stomach.

As I find that most of the mistakes which have arisen in dispensing this medicine have been due to the confusion of

the *silicate* with the *salicylate of soda*, I should be glad if it is prescribed under the name of "*Silica Solubilis* (Wilde)." This will at least prevent the remedy from undergoing those "improvements" at the hands of the chemist which are fatal to its clinical results.

Yours respectfully,

23, Circus, Bath.

PERCY WILDE, M.D.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

Mr. JOHN MEREDITH.—*Résumé of Strophanthus* in our next.

Dr. MURRAY, of St. Albans, has removed to 15, Trinity Gardens, Folkestone, to succeed Dr. GILES, who is now practising in Cannes.

Dr. MURRAY has been succeeded by Mr. W. N. PUDDICOMBE.

We understand that there is an excellent opening for a homœopathic practitioner at WATFORD. There are between 30,000 and 40,000 inhabitants, and an important district for miles around. Information may be had from Mr. G. E. POLLETT, 20, Station Road, Watford.

Letters, &c., received from Dr. COOPER, Mr. KNOX-SHAW, Dr. J. R. DAY, Dr. BURFORD, Messrs. JEYES (London); Mr. THORNTON (Manchester); Dr. PERCY WILDE (Bath); Dr. CAPPER (Liverpool); Dr. MURRAY (Folkestone); Dr. ROTH (Divonne); Mr. MEREDITH (Lydney); Mr. BERICKE (Philadelphia).

BOOKS RECEIVED.

Therapeutics of Nervous Diseases, including also their Diagnosis and Pathology. By Charles Porter Harts, M.D., &c. Philadelphia: F. E. Boericke. 1889.—*Medical Heresy; a Plea for Liberty of Opinion in Medicine.* By "A Sceptic." London: E. Gould & Son.—*The Homœopathic World.* London. October.—*The Hospital Gazette.* London. October.—*The Chemist and Druggist.* London. October.—*Burgoyne's Monthly Magazine of Pharmacy, &c.*—*The North American Journal of Homœopathy.* New York. September.—*The American Homœopathist.* New York. October.—*The New York Medical Times.* October.—*The Hahnemannian Monthly.* Philadelphia. October.—*The Medical Era.* Chicago. October.—*The Clinique.* Chicago. September.—*The Medical Counsellor.* Ann Arbor. September.—*The Medical Advance.* Ann Arbor. October.—*The California Homœopath.* September.—*Bibliothèque Homœopathique.* Paris. September.—*Bull. Gén. de Thérapeutique.* Paris. October.—*Revue Homœopathique Belge.* Brussels. August.—*Allg. Hom. Zeitung.* Leipsic. October.—*Pop. Zeitschrift für Hom.* Leipsic. October.—*Rivista Omiopatica.* Rome. September.—*El Criterio Medico.* Madrid. September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORZ, 19 Watergate, Grantham, Lincolnshire; Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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SOME UNUSUAL CASES IN OBSTETRIC PRACTICE, WITH REMARKS ON THE RELATION OF HOMŒOPATHY TO OBSTETRICS.*

By J. ROBERSON DAY, M.D., Lond.

Assistant Physician to the London Homœopathic Hospital, late Senior
Obstetric Assistant, University College Hospital.

WHEN asked to read a paper before this Society by our Secretary, the first subject which suggested itself to me was one which would treat on some branch of obstetrics.

When on searching through the *Annals of the British Homœopathic Society* I could find no paper that had any reference to this subject, I ventured to hope that from its novelty a paper on obstetrics might have an especial charm. But then, after further consideration, I found that such a subject, from its very nature depending only secondarily on medicines, would offer little opportunity for the consideration and discussion of homœopathic remedies, so I feel I must ask your kind indulgence for what is to follow.

In the practice of obstetrics we must ever bear in mind we are dealing with a normal physiological process, and by assisting nature in her efforts, and the observance of

* Read before the British Homœopathic Society, November 7th, 1889.

scrupulous cleanliness, the great majority of cases do well.

On the other hand, the conditions under which we live—the effects of civilisation—tend more and more to render these perfectly normal conditions exceptional.

It is no uncommon thing for the Hottentot mother, suddenly feeling the onset of labour, to retire into a corner of the hut, give birth to her child, and after a short time resume her usual occupations, much as if she had simply obeyed an ordinary call of nature. Such cases with us are rare, although not unknown.

I remember attending a Primipara who gave birth to her child before my arrival, and on being questioned said she felt no special pain during parturition, and but for my injunctions to remain in bed would probably have been up and about as usual.

But the penalty of civilisation is trouble during parturition, and diseased and ill-developed women have to suffer most.

The following cases, which have come under my notice, I trust will prove interesting and lead to a profitable discussion :—

CASE I.—*Arm Presentation and Turning.*

Mrs. B., the patient, it appears did not send for the nurse until the membranes had ruptured, and as soon as she arrived she observed the hand come down externally. This was about 6 p.m. I arrived about a quarter to 8, and immediately sent for a friend to give chloroform. By the time he arrived and I commenced to operate, the arm had been prolapsed fully two hours and a-half.

I found the right hand projecting through the vulva; the dorsum of the hand was œdematous from pressure. By abdominal palpation I ascertained the head to be in the right iliac fossa, and therefore it was an abdomino-anterior position.

The patient being under chloroform I passed my right hand, previously carefully carbolised and greased, into the vagina, and tried to push up the right shoulder. I did not succeed in this so I passed my hand up into the uterus to seize the right leg. At last I succeeded in getting my fingers into the popliteal space, and drawing down the right leg.

There were then presenting through the vulva the right leg and arm. I then passed my hand into the uterus again and tried to pull down the other leg, but did not succeed at first, the uterus being firmly contracted on the child and all the liquor Amnii having drained away. I got the tip of my forefinger, however, into the child's anus, and hooking it round the ischial tuberosity managed to draw down the buttock. During these manœuvres I steadied the uterus from the outside, and tried to press up the head on the right side and the buttock down on the left.

In time I got hold of the left leg and drew it down. The rest of the delivery was readily accomplished. I prevented the arms from being extended and locking over the head by drawing them down. When the umbilicus was born the cord pulsated feebly, but when the child was born completely it would not breathe, and all efforts at artificial respiration and plunging the child into hot and cold water proved futile. Considering the time the arm had been prolapsed before I commenced the operation, viz., two and a-half hours, and that all the liquor Amnii had drained away, so that the uterus was tightly clasped round the child, I think the result could not have been expected to be otherwise.

Statistics show that one-half the children are lost and the mortality of the mothers is 1 in 9 in turning operations.

The rule for bringing down the leg opposite to the arm presenting (namely, in this case the left leg) was quite impossible to carry out.

The mother made a good recovery.

CASE II.—*Shoulder Presentation and Turning.*

I was called to this case in consultation by the doctor in attendance, who informed me that it was a transverse presentation, but he was sure the child was dead, so there was not any need to hurry.

On my arrival I found the head was in the left iliac fossa, and the left shoulder was presenting, it being an abdomino-anterior position; so I passed in my right hand, previously cleansed, disinfected and lubricated, but though I got hold of a foot could not bring it down.

I then prepared my left hand in a similar way, and passed it in and succeeded in bringing down the left foot. I soon after got hold of the right foot, and the delivery was easy till the head came, when the arms extended over the head and had to be drawn down separately. Then, after a good pain, the head was born with the cord round the neck, and the placenta followed at the same time. The child was dead, as had been foretold, and was a seven-months' foetus.

There was no *post partum* hæmorrhage, the uterus contracted firmly. The patient took the chloroform well and made an excellent recovery.

The interesting thing about this case was that although an abdomino-anterior position, the right hand, which in such cases is most easily passed along the child's abdomen, failed, and the left hand succeeded, showing that this rule is not always to be relied on.

In these two cases of transverse presentation could anything have been done by drugs? We read in the *Pharmacodynamics* that *pulsatilla* has the power in some cases to rectify mal-presentations, and Dr. Leadam even says it will sometimes restore a prolapsed cord.

If I get a case early enough before labour has set in, I will certainly try it. I trust we shall hear the experience of members on this subject.

CASE III.—*Turning for contracted pelvis.*

Mrs. C., who had previously given birth to several living children, although she had always had very bad times, sent for me. On May 3rd labour had commenced at 10 a.m., and I found the os dilating and high up. I called the next morning and found the head had made no descent, but the os was dilated. The patient was very restless, so I resolved to apply the forceps under chloroform. I got a friend to give the chloroform, and, after emptying the bladder and rectum, I passed in the forceps. It was a high forceps case, the head being freely movable at the brim. I found no difficulty in applying the forceps, but the head refused to engage in the pelvic brim, although I tried steady and continuous traction repeatedly. It was evident the vertex would not enter the brim, so the forceps had to be abandoned. The pelvis, although contracted and small, was not notably deformed, and with the previous history of

several living children born at term, I hoped to be able to deliver by turning. Version was performed without any difficulty, but at the same time the head was found to be large, in fact so large that it caused serious delay in its delivery and, as a result, the death of the child.

Here the cause of the dystocia was an unusually large, ossified head, occurring in a woman with a slightly contracted pelvis.

Unfortunately—or, as she would say, fortunately—this lady is not likely to have any more children; but should she again become pregnant I should induce labour at the eighth month, and deliver with forceps if there was any delay.

CASE IV.—*A Generally Contracted Pelvis. Delivery by Craniotomy.*

Mrs. W. did not send until the membranes had ruptured, and on arriving the cord was prolapsed in the vagina. On vaginal examination the pelvis was found much contracted and the promontory of the sacrum easily felt. The two previous children she had given birth to were delivered by turning, and did not survive. I called in a friend in consultation, who carefully measured the pelvis, as follows:—

Between the ant. sup. iliac spines	...	...	9 $\frac{5}{8}$ in.
Between the crests	...	...	10 $\frac{7}{8}$ „
Inclined conjugate	...	...	8 $\frac{3}{8}$ „
Conjugata vera	...	...	8 $\frac{1}{2}$ „

After this deliberate examination under chloroform, we decided that a living child could not pass through such a pelvis, so it was determined to perforate.

The presentation of the head was peculiar; both fontanelles could be felt on about the same level, and the posterior was just behind the symphysis pubis. The head was freely movable at the brim.

Having emptied the bladder and rectum, I warmed and lubricated the perforator, passing it up the vagina and through the os, protected by my forefinger. I felt the right parietal bone, and on this I steadied the point of the perforator, while I gave it a rotatory boring movement with the right hand. At first it slipped off the bone into a suture, but the next time I got a firm hold for the point in the bone. Then by steady pressure

on the instrument I passed it through the bone up to the shoulders. I then pressed the handles, thereby opening the blades, and then gave it a quarter-turn and did the same in the reverse direction, so as to make a crucial incision. I then passed the instrument boldly into the cranium and freely stirred up the brain. This done I withdrew the perforator and passed through the same opening into the cranium the crochet, and by its means endeavoured to rake out as much of the brain as possible.

Next I passed the cephalotribe in the same way as the forceps, having warmed and greased the blades. The blades passed very easily, but when I proceeded to screw up the handles, they slipped the first time, so I withdrew both blades and re-introduced them. This time when I screwed up, the blades took a firm hold on the head, which when I had sufficiently compressed it, I proceeded to deliver by traction, using the cephalotribe in the same way as the forceps. Delivery was easily accomplished. The whole operation took I suppose from 20 to 30 minutes. The placenta came away quite easily a few minutes after. The uterus contracted firmly in spite of the chloroform, and there was no hæmorrhage. The patient made a tedious recovery.

As so often happens with our interesting cases, I have lost sight of this patient, but certainly this is just a case for the induction of premature labour in the event of her again becoming pregnant. Labour being induced at the seventh month a living child ought to be delivered by turning.

CASE V.—*Hydatid Degeneration of the Chorion.*

For the notes of this case I have to trust to my memory, but the details are such that I shall not easily forget them. The patient, whom I saw with a friend, suspected nothing unusual to be the matter. She imagined herself to be in labour. The only unusual feature in her case was that for some weeks previously she had been losing quantities of blood. I confess the case was most perplexing. Vaginal examination showed the os to be soft and patulous, as at the beginning of labour, but no head or any other part could be felt presenting.

Within the os there seemed to be a soft mass resembling the placenta, and we concluded it was a case

of placenta prævia. The uterus was enlarged to about the usual size at term. The chief feature in the case was the large amount of hæmorrhage which was weakening and reducing the patient.

We decided to pass in a sponge tent, which was done, through a Fergusson's speculum, and left in the cervix, with a view to checking the hæmorrhage, and at the same time to dilate it for subsequent operation.

We called later in the day, again passed the speculum, and decided to remove the tent. This was no sooner done, than a large gush of blood followed, with shreds of membrane. On examining these carefully we saw the characteristic cysts; and here let me say, in passing, that the cysts in the fresh state have only the very slightest resemblance to the blanched, ætiolated specimens we are accustomed to see in our museums. They were small, translucent little pellicles, about the size of peas, and containing a red, blood-stained fluid.

We now for the first time recognised the true nature of the case, and at once decided to empty the uterus as soon as possible as the only effectual means of stopping the hæmorrhage. This my friend did, passing in his right hand and with his fingers scraping out large quantities of the degenerated chorion.

The patient becoming very faint, I administered an enema of milk and brandy.

The hæmorrhage soon ceased after the uterus was emptied, and a full dose of *ergot* was administered.

The patient made a tedious recovery.

CASE VI.—*Vaginal Cystocele Complicating Labour.*

Mrs. X. first sent for me one week before true labour pains commenced. When I saw her she had much bearing down, and a large tense tumour, about the size of the two fists, bulged out from the vulva, a truly formidable sight.

I ascertained it to consist of the anterior wall of the vagina with the bladder.

Behind this tumour, high up, the cervix could be felt, soft, but not dilated at all.

I left her, giving directions that she was not to strain or bear down, as she was not in labour.

A week later I was again called to attend her, and, as before, the tense tumour came down. The os now was

dilating, and true labour pains had set in. As soon as the head entered the pelvis I managed to press up the tumour above it, and as the head descended it kept up the tumour, which gave no more trouble, and labour followed naturally.

This condition appeared but an exaggeration of the one so commonly met with where the anterior lip of the cervix gets carried down in front the head, and jammed between it and the pubic arch. When this is pushed up above the head, labour, which had previously been tedious, rapidly advances.

CASE VII.—*Placenta Prævia.*

The patient, aged 34, had given birth to three living children, and had had one miscarriage. The labour came on at six and a half months, and was accompanied with much hæmorrhage. The os was found dilating and the soft placenta could be felt within. The finger was passed in and swept round the lower part of the uterus, so as to detach the placenta. This was done, and then it appeared that the placenta was only partially over the os—a case of marginal attachment—for when this detachment was accomplished, the foetal head could be felt on one side presenting. The membranes were then ruptured. The result of doing this was that the pains increased in force, and the os dilated more, and the head descended, very much checking the hæmorrhage. The child being premature, was now easily delivered, and the placenta came away afterwards. The child was still-born.

The mother for some time after suffered from anæmia, and about a fortnight after was attacked with phlegmasia dolens, from which she made a tedious recovery.

And now, gentlemen, I come to the second part of my subject—What is the relation between homœopathy and obstetrics? What opportunities have we for the scientific study of drug action in the puerperal state?

I think the answer must be that we have very few. We have only such opportunities as are met with in private practice, and these are necessarily very limited. Indeed, it is a common belief amongst the public that physicians practising homœopathy do not undertake midwifery cases, and if they do, they understand very little about the

subject. Only the other day there came to me in the out-patient department of this hospital, a woman who was a monthly nurse, and should have known better; describing to me how she had sprained her arm whilst applying the binder, she confided to me, "but perhaps, sir, you don't understand what that is?"

In the same way it is very frequently heard that homœopaths are not surgeons, that we do not operate. It is a matter of almost daily experience at this hospital to have patients coming with abscesses requiring opening, or with growths that obviously must be removed; patients who have been the round of the hospitals come here and ask us to perform miracles, saying, "Oh, we thought you could give us something to *disperse* it." That is the favourite expression. Disperse a tumour as big as an orange, that the patient has carefully cherished for years! The only pleasing feature in these cases is the simple faith of the public in the power of drugs. I wish sometimes I had half their faith.

But I am glad to say that at length we have given a public denial to these absurd notions by the appointment of a surgeon to our hospital, by which we shall prove that the surgeon's skill cannot be dispensed with in all cases, but is necessary and most useful when combined with the administration of drugs given homœopathically. Surely the time has come when obstetrics should have a recognised place also in the hospital.

"A staff of 42 nurses has been trained in the wards of the hospital to nurse medical and surgical cases, and several have been specially trained for accouchement cases." So reads the hospital report, and it sounds exceedingly well, until we come to criticise it. Let us proceed to do so:—In the first place, where have the surgical nurses been trained? Until quite recently we have only had a Consulting Surgeon.

In the next place, where are the nurses trained for accouchement cases? In the body of the report we read, "in suitable institutions." Naturally. Now as to the several nurses that have been specially trained for accouchement cases, I learn from the Lady Superintendent of nursing there are very few, as the demand for monthly nurses is not great, who, however, tells me if ever I want nurses for this work some can be specially trained for it! Unfortunately, it is not in our power to prolong gestation

beyond the ninth month, whilst these nurses are being trained. With such a state of things existing, is it to be wondered at that "the average number of nurses employed in out-nursing duty has been less than that of last year," and that "the Board must again remark that the demand for nurses is largely dependent on the mindfulness of the medical profession, and would once more earnestly urge upon those practising homœopathy the great advantage the Nursing Institute offers to them of nurses trained in the wards of the Homœopathic Hospital." Such earnest urging on the part of the Board would no longer be necessary had we better opportunities of training our nursing staff.

But what I wish most strongly to urge is, that we as members of the British Homœopathic Society, have a position to maintain in the medical world, that we must prove ourselves equal to our brethren in all the branches of our profession, and superior to them, because in addition to their knowledge we are acquainted with the New Therapeutics: that our hospital, which is now becoming a General Hospital, should be able to cope with all the diseases which flesh is heir to: that our Nursing Institute should really be what it lays claim to. There would then be no need for the Board to sing its praises. Why do not all medical men who practise homœopathy in and around London patronise our Nursing Institute? Partly, no doubt, because it is insufficiently known.

Now are we going the right way to work to obtain this foremost position in obstetrics? Listen to what a well-known text book says in speaking of obstetrics.

"Perhaps we have fields here yet to conquer, for indeed this is a department which has not been assiduously cultivated by homœopathic practitioners. The position in which most of us are placed, in this country at least, makes it impossible for us to attend confinements. The result is that we have little practical experience of the application of our remedies to the accidents of labour."

For my own part I do not see why it is impossible for us to attend confinements, but I do most certainly agree that there are fields to conquer here. How much longer are we to hold back and be outstripped in the race? The Homœopathic Journal of Obstetrics tells us

that gynæcology and obstetrics were rather poorly represented at the International Congress of Homœopathy held in Paris last August, and there seems to have been only one paper in obstetrics on "Homœopathic Therapeutics of Pregnancy," and whilst preparing this paper I have been struck with the scanty literature on the subject, and what little I have read has somewhat astonished me. Croserio is responsible for the following:—

"In the case of a woman, 26 years of age, in her first labour, in whom the sacro-pubic diameter of the superior strait did not offer more than two inches and a-half, I had the patience to wait for 72 hours the natural efforts of labour. The head being in the first position at the end of the second day, it began to engage in the superior strait. At the end of the third day the pains slackened very much, the woman became very feeble, was pale, exhausted, and had lost all hope.

"I put *secal. cor.* 80 into a glass of water, and gave her a teaspoonful at 11 o'clock in the evening. Some minutes after she fell asleep, and slept very quietly for three quarters of an hour, when awakened by a violent pain. She made a courageous effort, and two hours after gave birth to a child, pale, and in a state of asphyxia, but which was recalled to life by proper care. The recovery of the mother proceeded in a regular manner."

With a sacro-pubic diameter of the superior strait, or as we should say the conjugate at the brim of $2\frac{1}{2}$ inches, I do not see how a foetal head at term could pass; since the smallest diameter of such a head, viz., the sub-occipito-bregmatic, is 3.25 inches.

With a conjugate diameter reduced to from $3\frac{1}{2}$ to $2\frac{1}{4}$ inches, Barnes says labour at term can only be accomplished by craniotomy.

Nevertheless, we are told that on the second day the head began to engage in the superior strait. At the end of the third day the woman had lost all hope—the only wonder is she did not lose it before. Then she was given a teaspoonful of *secale cor.* 30 and slept, and after two hours more suffering was delivered.

Now setting aside the question of measurements of the brim and head, we have here a case where there was some disproportion between the foetal head and the pelvic brim, such that the head, for two days after labour had commenced, refused to enter the brim, but at

the end of that time was sufficiently compressed to do so. Is not this eminently a case where the forceps should have been used? As soon as the os was completely dilatable the forceps could have been passed, and by compressing the head brought it through the pelvis and accomplished the delivery days before-hand. Think of the suffering and exhaustion the mother would have been spared. But perhaps some one will say, all's well that ends well—agreed. But what is the use of the physician if he can only watch nature in her efforts and not assist her?

Now what is the remedy for this anomalous condition of things? Obviously the *most* suitable institution for training our monthly nurses would be one where homœopathy is recognised. Now there exists no such institution in England, although in America there are several. While other general hospitals have their maternity departments, *we* have none. And why should not one be established with a certain number of beds in the hospital for the more interesting cases? It has been abundantly proved that these cases do well in hospitals when strict antiseptic precautions are observed. We should then have the opportunities we need for studying these cases, and could train our own nurses and no longer be under the necessity of sending them to "suitable institutions" to acquire the knowledge.

Gentlemen, I fear you will think that I am taking a morbid view of things in general, that I have been spying out the nakedness of the land, and am now revealing things which should remain secret.

My reasons for doing so are, however, only to show what an unsatisfactory position Obstetrics is in, and by so doing to try and obtain a recognised position for this neglected branch of medicine. I hope we shall all leave this evening feeling thoroughly dissatisfied with what we have done for Obstetrics. This is the feeling which must first come; then we shall begin to ask one another why things are so, and after that will come the desire for reform, and an ardent wish to bring this about. If my paper produces this result it will not have missed its aim.

I am not unmindful of the progress homœopathy has recently made, but I think I have pointed out a really weak point, and one which needs reforming. No permanent good can be done by the issue of statements un-

ported by facts; we must boldly face the situation, confess the deficiency, and seek the remedy.

I might say something about the Medical School of the London Homœopathic Hospital, but I will limit my remarks to such a possible case as this that might happen. A medical man comes, saying "I am convinced of the value of homœopathy in many acute diseases, I wish to learn more; especially I want to know its value in the puerperal state."

I have no doubt the Honorary Secretary to the Medical School would be equal to the occasion, and no doubt would make a suitable reply; perhaps he will tell us what he would say.

But let us not be unduly cast down by the contemplation of such an unsatisfactory state of things, but take courage from our recent triumphs at Margaret Street and in the *Times* controversy, and look forward confidently in the near future to the time when, with a new hospital and ample provision for the treatment of all manner of diseases, we shall see our doors thronged with eager enquirers after truth, and our Hospital and Medical School the glory of the metropolis.

DISCUSSION.

Dr. MADDEN agreed with Dr. Day that in obstetric operations we were not much helped by homœopathy, though he had observed much benefit from homœopathic medicines in preparing patients for confinements, and also in relieving after-pains, and preventing after accidents. He hoped Dr. Day's suggestion of the establishment of a maternity department in connection with the hospital, or, better still, in a separate building, would be carried out, so that our obstetric nurses might be trained in our own institution.

Dr. DYCE BROWN had hoped for observations on the action of homœopathic remedies from Dr. Day. There is comparatively little scope for medicines in the majority of obstetric cases, since, in ordinary cases, none are required, and when interference is needed, it is chiefly surgical, and common to both schools. The reason why so few cases in obstetrics, showing the action of medicines, as in promoting pains, relieving after-pains, &c., are published, is that they will not convince an opponent. We shall be told that nature was doing the work, and that there is no proof that the medicines made any difference. It therefore comes to be a matter of personal opinion and judgment, which, to one who has charge of the case, is satisfactory, but will not convince an opponent.

He had great belief in the action of homœopathic remedies in obstetrics, when they were called for, but the publishing of results would be so much waste paper, as far as our opponents are concerned, for the reason already given. But the less we heard of malpositions being rectified by *pulsatilla* 80, the better. He deplored the advice given by such writers as Guernsay, to look out from a list of 20 or 30 remedies, when a patient had a uterus full of clots, and was dying of hæmorrhage. The only safe treatment was to empty the uterus with the hand. In the inflammatory fever following confinement, homœopathic remedies acted like a charm. As to the proposal to have a maternity department, he thought it would divide our strength, while the hospital was so small as it is.

Dr. GOLDSBROUGH agreed with Dr. Day, and disagreed with Dr. Dyce Brown, in thinking that a separate maternity department should be established in connection with a new homœopathic hospital. He had attended upwards of 800 labour cases, and he considered that drugs were often of much service, especially in pregnancy. In the vomiting of the latter, *ipéc. kreasote* and *apomorphia* were of great value. In heartburn and other forms of dyspepsia, *nux vom.* was of service. During the fourth and fifth months a state of spinal irritation and nervous exhaustion was not infrequently met with, and here *sepia* or *achea rac.* act very satisfactorily. *Collinsonia* 1x was far preferable to aperients in the constipation of the latter months. During labour two medicines had served him well, viz: *ignatia* and *pulsatilla*. The former in exhausted states of the nervous system, and the latter in uterine inertia or fatigue. For this condition, where in former days it was customary to give a drachm of *ergot*, he now gave five drops of the mother tincture of *pulsatilla*. For after-pains he administered *gelsem.* ϕ , two or three drops after each severe pain, and found it of much benefit. If this did not relieve, and the pains were referred mostly to the back and thighs, *actea* was given instead. In febrile conditions following labour, if originating in the uterus, *verat. v.* ϕ was the first medicine he thought of; if in the mammae, *aconite* or *belladonna*, or both. In inflammatory conditions, *aconite*, *merc. cor.*, *coloc.*, *bry.*, or *nux vom.* (in a high dilution) were called for according to different indications. Injections of hot water with antiseptics were always of service. He believed the internal use of *arsenic* to be homœopathic to septic conditions.

Dr. MOIR thoroughly agreed with Dr. Day that there was great room for developing this department in connection with the hospital. We must keep up the special departments. The development of this work would be much better carried out by specialists. One reason why he objected to do midwifery

work was that he was constantly seeing infectious cases. A specialist could keep himself clear of them.

Dr. NEATBY said *calc.* and *salicia* were of great value in preventing premature births. *Arnica*, *secale*, *ignatia* and *gelsem* were very successful in relieving after-pains. In the vomiting of pregnancy he mentioned *cocculus*, in addition to those mentioned by Dr. Goldsbrough. *Collinsonia* had given him great satisfaction in relieving constipation. *Puls.* and *op.* had given him no results in promoting labour pains. He was desirous of seeing a maternity department added to the hospital.

Dr. HUGHES thought it was a mistake for homœopaths to refuse obstetric work. He was glad to see the younger men were taking it. He was struck with the way in which Dr. Brown pushed aside the possibility of *pulsatilla* rectifying mal-presentations. It was possible for nature to rectify a mal-presentation, and, if so, it was possible for us to assist nature by medicines. If the evidence was satisfactory, that was no reason to deny it. He confirmed Dr. Goldsbrough's remarks about the medicines he had mentioned. In delayed labour he never needed to give *secale* in material doses. One medicine that had not been mentioned in this connection was *caulophyllum*. This is called for when the pains are irregular. *Pulsatilla* is best when the pains are weak from the first.

Dr. BURFORD said he could scarcely understand Dr. Brown's objection to having maternity beds in the hospital. It was true, as Dr. Brown said, that there was much common ground in obstetrics between the two schools. But if we are cast out from fellowship from the ordinary obstetric societies, where are we to look for fellowship if not to homœopathy and its special societies and institutions? He endorsed Dr. Goldsbrough's remarks on the vomiting of pregnancy, but he had obtained the most satisfaction from medicines chosen with respect to the totality of the patient's symptoms. Dr. Madden had spoken of the advisability of substituting Porro's operation for craniotomy. This he did not endorse, abdominal section being a very serious operation indeed. The question of the action of *pulsatilla* in rectifying mal-position is not so much a case of private opinion, as Dr. Dyce Brown had said, as of observation.

Dr. GALLEY BLACKLEY said he had found *arnica* given for a month or six weeks before labour of great advantage. *Apo-morphia* in the vomiting of pregnancy had given good results. This bit of practice we owe to Dr. Dyce Brown, who was the first to apply it. Dr. Blackley himself having been the first prover of the drug. With regard to establishing a maternity department, he could not think that feasible with the present

institution. In the new hospital he hoped to see a separate obstetrical wing.

Dr. BLAKE (in the chair) said in China maternity was very fatal. It was not true that the women of uncivilised nations suffered less than those of civilised. The diminution of mortality was due largely to the spread of antiseptics. The substitution of vaseline for lard had done much good. Dr. Blake put on a binder before delivery, and tightened it after. He ordered a hot rectal douche immediately he entered the house. He advised obstétricians to use a warm antiseptic vaginal douche before labour in all cases by way of preventing ophthalmia in the child. He approved of fomenting the perinæum before delivery. It not only tended to prevent laceration, but it also occupied the nurse. He had found homœopathy of enormous value in many of the side issues that crop up in every case. *Tabacum* relieved the vomiting of pregnancy, especially when associated with salivation. The heartburn of pregnancy was relieved by equal parts of *carbo veg.* 1x and *sodæ bicarb.* crude; dose, one teaspoonful.

Dr. DAX (in reply) thanked the members for the way in which his paper was received. He said he thought Dr. Dyce Brown's remarks were not consistent in condemning a separate obstetrical department which he (Dr. Dyce Brown) acknowledged to be in a large degree surgical, while at the same time approving of the appointment of a surgeon.

LONDON HOMŒOPATHIC HOSPITAL.—DISEASES OF THE NERVOUS SYSTEM.

Under the care of Dr. J. GALLEY BLACKLEY.

*Chorea, Hysterical Hemi-anæsthesia.**

HETTY R——, aged 21, single, servant, was admitted into Vaughan Morgan Ward on October 4th, 1888, after attending for a month as an out-patient for rigidity and loss of sensation of right leg and foot.

Family History.—Father died suddenly, cause unknown. Mother died of heart disease. One brother died in a fit; three other brothers living and well.

Personal History.—When fourteen years old she had chorea, which was confined at first to the face and then became general, interfering very much with her walking powers. This lasted altogether for three years. She remained well for 12 months, and then began to be troubled

* From notes taken by Mr. W. L. Matthias, late Res. Med. Off.

with "fits," which have continued up to the present time, occurring once in every eight months. During the last three months, however, she has had no less than eight of these, which she describes as beginning with headache and loss of sight; she then falls down, and frequently, though not invariably, becomes unconscious and bites her tongue.

Present illness began on August 27th last, when she was seized at 3 p.m. with severe headache and vomiting, followed by a fit, with complete loss of consciousness. On coming to herself, found herself in bed, with the right arm and leg stiff, and complete loss of sensation down right half of the body. Has not had a fit since. When seen in the out-patient room, on September 3rd, she complained of stiffness of the right knee and ankle, and loss of sensation in the foot and leg for three inches above the ankle. Was treated by Faradisation and rubbing, and was given *ignatia* internally; under these remedies the leg became less rigid, but the anæsthesia spread gradually upwards. On the occasion of her last visit as an out-patient she was suffering with choreic (convulsive) movements of the right shoulder and arm.

On admission, the patient is seen to be a pale, but otherwise healthy-looking and well-nourished girl. Thoracic and abdominal viscera appear perfectly normal, and tongue is clean. The skin of the right side of the body, and of the right arm and leg, is totally insensible to all ordinary stimuli; a needle may be pushed through a fold of skin without the patient taking any apparent notice of it. Convulsive movements of the right arm are constantly present during the day, but absent when asleep. The right knee and ankle are rigid; the ankle is kept in the flexed position. *Reflexes* are as follows:—

Plantar	...	...	...	Exaggerated.
Ankle clonus	...	...	...	Well marked.
Patellar	...	...	...	Very brisk.
Patellar clonus	...	...	...	Easily obtained.

The muscles of the leg are not wasted. There is slight ptosis of the right eyelid, and she says her sight is not so good on that side. No deafness. *R. Argent. nit.* 5 gtt. ii. ter die.

Oct. 8th.—Choreic movements not quite so violent.

Anæsthesia the same. Some tenderness on pressure in the right ovarian region.

Oct. 10th.—Was ordered massage in addition to internal medication.

Oct. 12th.—Choreic movements have ceased, but return when the patient is looked at for awhile. Cannot continue to hold up her right hand when it is raised for her.

Oct. 13th.—Reflexes on right side all exaggerated. No choreic movements.

Oct. 19th.—Patient was subjected to mild Faradisation of the affected side. All the voluntary muscles contracted strongly, and cutaneous sensibility returned to the outer side of the leg, so that she could feel the prick of a pin.

Oct. 22nd.—Cutaneous sensibility remains good over a small area over the right fibula. Continue Faradisation and massage.

By the 25th she could feel the point of a pin over the previously anæsthetic area, and could feel when rubbed, and on the following day could feel the slightest touch, although still unable to say whether the object was sharp or blunt, and whether a prick or a blow was given.

Oct. 29th.—Anæsthesia has quite disappeared over the right side, *but has suddenly become absolute on the opposite side of the body.* "Metallo-thérapie" produces temporary sensibility on the anæsthetic side, but cannot feel the uninterrupted induced current.

Oct. 30th.—Total anæsthesia of left half of the body, except to Faradisation, which she feels slightly. Ankle clonus obtained in both ankles; patellar clonus well marked on right side.

At the time of her discharge the patient still walked very stiffly. The knee jerks were still somewhat exaggerated, and she was still unable to feel the current so well on the left as on the right side.

Remarks.—The case of Hetty R.— affords a fair sample of unilateral anæsthesia of hysterical origin. The age, appearance, and history of the patient, the presence of tenderness on slight pressure over the right ovary, and the completeness of the anæsthesia over the affected side, all served to distinguish it pretty clearly from anæsthesia having a central origin. The treatment of such cases is usually eminently unsatisfactory, and this

case is no exception to the general rule, for after slow disappearance of the leading symptoms on the right side they suddenly appeared with all their former intensity on the opposite side. In the next case I have I shall certainly try the effect of "treatment by suggestion."

*Right Hemi-chorea.**

Ada T——, aged 14, school girl, was admitted into Vaughan-Morgan Ward on March 22nd, 1888, after having been an out-patient under Dr. Day for the previous six weeks, during which she had been treated by *ignat.* and *arsenic*, and massage.

Family history revealed nothing more than the fact that the mother suffered from fits, but the precise nature of these is doubtful.

History.—Three months ago the mother noticed that the child dropped things when holding them in her right hand, also that the right side of the body was constantly twitching whilst the patient was awake. Had never had a previous attack; no history of rheumatism or of a fright.

On admission the right arm and leg were seen to be constantly twitching (she was found to be perfectly still when asleep). Examination of the heart revealed a soft systolic bruit at the apex. Temperature morning and evening was normal. Appetite good; bowels regular; slept a good deal, and complained much of drowsiness. Has slight ptosis on right side. A liberal diet was ordered, but the patient was given a placebo in the shape of pilules of *sacch. lact.*

A month after admission had an attack of follicular tonsillitis, for which the house surgeon ordered *merc. biniod.* This was discontinued after three days, and with this exception no medicine was given. All the symptoms gradually subsided, and on May 30th she was discharged as quite well. The grip of the right hand was firm and quite equal to the left, and all twitching had ceased.

Remarks.—In all ordinary cases of chorea in children, separation from their usual surroundings, whether sanitary or otherwise, is so potent a factor in the cure that I now adopt the plan of leaving the patient without medicine for the first few weeks at least, with the result

* From notes by D. Ogden Jones, M.D., late Res. Med. Off.

that four out of every five cases, even in previously debilitated children, get well with no other medicine than *sach. lact.*

Angina Faucium. Cerebro-spinal Meningitis. Death.

Arthur B——, aged 14, under-porter in the hospital, was sent to bed on March 21st, complaining of sore throat, which came on on the previous day. Before this he had been in perfect health; had never had scarlet fever or measles, and had not been exposed to either recently. Tonsils and pharynx were red and swollen. Temperature during afternoon rose to 102.6, and pulse to 140. During the night he perspired very profusely, and was very restless.

March 22nd.—Was admitted into Hahnemann Ward in the following condition:—Temp. 100.6, and pulse 102. The lips and tongue are dry and brown. Tonsils and uvula œdematous, dry and shiny. Pharynx congested, and covered with a dirty grayish secretion. The neck is stiff, the muscles being firm and hard, and the glands swollen. Active or passive movements of the head cause him great pain. On forearms and chest are numerous large florid maculæ, about the size of a threepenny piece; these spots are discrete, having patches of normal skin between, and disappear on pressure. Face is much flushed. A poultice was ordered to be applied externally to the neck and throat, and a gargle of permanganate of potash internally. *Bell.* 1x. and *merc. biniod.* 3x. were given every two hours in alternation. During afternoon and evening complained of very severe headache, coming on apparently in paroxysms; the ice-cap was applied, and gave considerable relief. The head during this time was drawn back. At 8 p.m. temperature was 101.2, and at midnight 103.4; pulse 96, full and bounding. Slept 2½ hours by snatches during the night; talked incessantly all night. Was very thirsty, and complained of earache.

March 23rd., 9 a.m.—Temp., 99.4. Headache came on again at 7 a.m. very severely, causing him to scream out. All nourishment given during the night was vomited up immediately, the food being returned in gulps, without any apparent nausea. Face is flushed; pupils contracted; neck not so stiff as yesterday.

Throat less congested; no deposit present; skin very dry and harsh; no rash to-day; urine 25 oj.; passed urine once involuntarily; tongue foul; bowels not open for three days; abdomen retracted; takes nourishment badly; slight jactitation of limbs occasionally; ice-cap to be continued. R̄ *Bry.* 1x. gtt.j, *stramon.* 1x. gtt.j omni horâ alt. Evening temp., 102.6; pulse 92, softer. Had no sleep; wandering delirium all night; complained of his head very much; grew quieter after 6 a.m.

March 24th.—Temp. 102; pulse 92, softer; pupils normal; tongue and skin slightly moist; neck stiff, and acutely painful, but head seems easier; bowels have acted spontaneously, a natural stool being passed; the abdomen is distended and tender on percussion; no spots visible. He complains of feeling very cold one minute, and very hot the next. Complains also of ear-ache in left ear. Takes nourishment fairly. Slept off and on all day, wandering as soon as he awoke. At 5 p.m. began muttering and shouting, but became quieter after being sponged with warm vinegar and water.

March 25th.—Temp., 101; pulse, 92. Upper lip and left angle of the mouth covered with herpes; lips dry. Body very hyperæsthetic; he complains very much of draughts, and of feeling cold. Takes plenty of food, which is retained. Does not complain of headache. Continue medicines and ice-cap. Between 2 and 4 p.m. became very noisy and talkative, and about 4 complained of pains in abdomen, chest and legs. Slept two hours during night, and was very noisy between 3 and 6 a.m.

March 26th.—Has difficulty in protruding the tongue and in opening his mouth; glands under chin enlarged; abdomen tympanic; body still hyperæsthetic; he complains, too, of the least noise; skin dry and harsh; urine passed very frequently; bladder not distended; urine normal. R̄ *Tr. agaric.* 1 gtt. tert. hor. E.T. 101. Furious delirium during the night; had to be held in bed; grew quieter towards morning, and slept for two hours.

March 27th.—Complains very much of being cold; body still very hyperæsthetic; pupils normal; face sometimes flushed, and at others quite pale and cold; jaws fixed; grinds his teeth occasionally. R̄ *Tr. strych.* 3x. gtt.j. omni horâ.

March 28th.—Was very noisy all day, but opened his mouth wider. Complained much of pains in shoulders, hips and chest, of a shooting character, which were relieved by the spinal bag filled with hot water. Was quite conscious; neck not so stiff; could turn it a little; continue *strych.* in alternation. In the early morning during sleep there was considerable jactitation, especially of the right side.

March 29th.—Pupils normally dilated; react strongly to light. Urine acid, 1012, deposits phosphates on boiling. Takes nourishment very well. Still using the hot water spinal bag and ice-cap.

March 30th.—Quite conscious; slept three hours and 40 minutes during the night. Wandered a little, and cried out with pain in his head at times. Bowels inclined to be loose this morning. Fan-like action of the *alæ nasi*, evident during inspiration. Breathing is very quick and nervous in character. Slept eight hours out of the 24. When roused to take nourishment he was drowsy, and only half conscious, with eyes staring vacantly. About 5 p.m. the head began to be drawn back, the muscles of the neck becoming rigid and painful.

March 31st.—Head still drawn back; tongue protruded with much difficulty; pupils contracted symmetrically; react strongly to light. Abdomen hyperæsthetic, and exhibiting the *tache cérébrale* exceedingly well. Lies with eyes partially open, and rolling about.

April 1st.—Only half conscious; wanders constantly, talking of his work, &c., &c. Pupils do not react properly, remaining slightly dilated, even when a strong light is placed before the eyes. The head is drawn back as far as possible; trapezius muscle on either side is soft and lax at its spinal border, but rigid at its outer edge.

April 2nd.—Head still drawn back; kept jumping and starting and shouting out with the pain in the neck. Does not take the nourishment well, and is beginning to lose flesh. Has slept very little during last 24 hours; to have ʒss. of bromide of potassium at night. To have the neck poulticed, and ice-bag discontinued.

April 5th.—Temp. 98.6; slept a good deal during the night in snatches. Threw off the bed clothes constantly; in the intervals there was sighing and hiccough, which

has continued. Abdomen tender to touch, and *tache cérébrale* very marked. Hyperæsthesia of whole body; pupils do not react, but there is some photophobia, and he is sensitive to noises. Takes nourishment well. Urine 1020, deposits phosphates on boiling.

April 8th.—Quite conscious; temp., 97.6; taking nourishment well. During p.m. lay with eyes open and staring; perspired very much about face and head.

April 9th.—Very lethargic and slightly deaf; respirations 24, pulse 132, has some hiccough. Urine alkaline depositing phosphates freely; passed involuntarily at times. Is becoming much emaciated. Seems to have great difficulty at times in swallowing, but takes a fair quantity of nourishment. During the night there was great difficulty in opening the mouth, the teeth being tightly clenched.

April 10th.—When seen at 9.15 a.m. he was very lethargic, but could be roused with difficulty, and answered questions rationally. After this, cyanosis of the face was noticed, and breathing became shallower and much slower; pulse was strong and heart's action tumultuous. Sinapisms to the feet, hypodermic injections of brandy and artificial respiration were tried without avail. He gradually sank and died at 10.30 a.m., the pupils, which had previously been contracted, dilating gradually as respiration ceased.

Unfortunately no post-mortem was permitted.

Remarks.—The occurrence of a low form of inflammation about the fauces and upper part of the pharynx as an early symptom in cases of simple cerebro-spinal meningitis, has not, so far as I am aware, been noted by previous observers, and the florid character of the rash and its short duration are also unusual features. Beyond this the case affords a tolerably accurate picture of simple idiopathic cerebro-spinal meningitis, running, as happens so frequently, a downward course in spite of what might be called *symptomatic* treatment by such remedies as *stramonium* and *agaricus*, and the use of such remedies as *bryonia* and *strychnine*, which have a wider sphere of action, and which were prescribed upon *pathological* rather than symptomatic grounds. The absence of a post-mortem examination was much to be regretted.

THE RADICAL CURE OF HERNIA BY INJECTION
OF THE CANAL.

By C. KNOX SHAW,

Surgeon to the London Homoeopathic Hospital, and to the Buchanan
Cottage Hospital, St. Leonards-on-Sea.

EVERY now and then the surgeon is asked to advise upon a case of hernia not amenable to the usual palliative treatment by a truss. Such cases arise from difficulty in keeping the hernia properly reduced by the truss, or from the exigencies of the patient's occupation demanding additional security against strangulation. Several operations have been devised for this purpose, the general principle being to open up and suture the neck of the sac or the walls of the canal. The differences between them are in the method of treatment of the sac, some surgeons ligaturing and removing the sac altogether; others utilising the sac as a plug to assist in obliterating the canal. There are also different methods of suturing the canal, and variety in the materials used for that purpose.

However, the object to be obtained, whatever method may be used, is to secure the permanent closure of the patent canal by which the hernia formerly descended. By any of these modes of operating, undertaken by the ablest surgeons, and carried out in the most skilful manner, there is a certain risk to life. The prudent surgeon will, therefore, carefully consider any method which gives a fair prospect of success, with a minimum of risk. Dr. Heaton, of Boston, has advocated a mode of radical cure by injection of the canal; and this operation has been brought before the notice of English surgeons, principally by Mr. C. B. Keetly, of the West London Hospital. This operation seems to fulfil the necessary indications—success and reasonable safety. In children especially, where the prolonged use of a truss has failed to effect a cure, it appears to stand *facile princeps*; and even in severer cases of long standing in adults, should the operation not quite close the canal, it will be so much reduced in size as to allow a truss to be more comfortably worn. It has long been discussed whether the success of the operation depended on the treatment of the sac, or the ring or the canal; but the injection treatment would show that to ensure success it is sufficient to thoroughly close the canal by setting up an inflammatory thickening in and around the parts.

The procedure to be adopted will be described in the report of the subjoined case.

George W., *æt* 7, was admitted into the Buchanan Cottage Hospital, September 29th, 1888. He is the subject of a left congenital scrotal hernia, which has existed some years. The hernia is of a large size, and has failed to be kept reduced, though several trusses have been applied. The hernia comes down upon the slightest exertion, and causes him much pain. The rupture is easily reducible; the canal is large, and the external ring very patent. The testicle is normally situated.

Oct. 18th.—A solution was prepared by dissolving 3 grs. of the solid extract, in 20 minims of the liquid extract of white oak bark. The whole of this was drawn up into a hypodermic syringe. The patient being placed thoroughly under the influence of chloroform, the hernia was reduced, and the index finger of the left hand was carefully introduced into the external abdominal ring by invaginating the scrotum. The skin and the needle having been rendered aseptic, the needle of the loaded syringe was passed into the canal so as to strike, as near as possible, that part between the external and internal rings. The injection was made drop by drop, moving the point of the syringe slightly at the same time in order to reach as much of the canal as possible, special care being taken not to let any of the fluid escape into the subcutaneous tissue whilst the syringe was withdrawn. A pad of cotton wool was then placed over the inguinal region and kept in position by a spica of strapping.

About an hour after the operation the boy complained of very acute pain, which lasted four hours, when he dosed. At 9 p.m. he again complained of pain, and was ordered hot dry fomentations to the abdomen, and *tr. aconite* every two hours. His temperature was 98.8°.

Oct. 19th.—The patient had a good night; he has some tenderness on the left side of the scrotum; he is only taking milk and beef tea.

Oct. 20th.—He has passed a very comfortable day and night; the left side of the scrotum is painful to the touch, and on examination the scrotal sac is found to be distinctly thickened. The fluid must have evidently run down into the sac and set up some inflammation there.

Oct. 22nd.—Sleeps well; has no pain; there is less tenderness over the scrotum; but the scrotal sac is still much thickened. The bowels, not having been relieved since the operation, were opened by an enema this morning. The temperature has not risen above 99° since the operation.

Oct. 25th.—There was a loose action of the bowels yesterday; otherwise the patient has done uninterruptedly well. He is to have ordinary diet.

Oct. 29th.—The bandage and strapping were removed for the first time. The scrotal sac is still thickened, but to a less degree than formerly; and extending from the sac along the inguinal canal there is a hard, rounded cord; there is no tenderness. The strapping was re-applied.

Nov. 3rd.—To-day patient is suffering from diarrhoea, the stools being slimy, light-coloured, and streaked with blood. Ordered *merc. cor.* 3x. every two hours. Temp. 102.2°.

Nov. 5th.—Diarrhoea quite stopped. A new truss has been applied, and the patient is to get up.

Nov. 19th.—The boy is up and about all day, and goes out of doors. The tunica vaginalis is still thick; there is no attempt of the hernia to return.

Dec. 1st.—The patient was discharged from the hospital to-day, with marked induration along the inguinal canal. He is still to wear his truss.

July 7th, 1889.—The boy has been wearing the truss since the last note, and during that time the hernia has never come down. The hard sac and indurated canal are still to be felt. He is to leave off his truss altogether.

Nov. 6th, 1889.—The boy was examined to-day; the cure is complete; there has been no descent of the hernia. There is still marked thickening along the inguinal canal.

There is an interesting abstract of a paper by Dr. Weir, of New York, on this subject in the Annual of the Universal Medical Sciences, 1888; and the question is fully discussed in the last edition of Helmuth's Surgery; but it has not at present obtained recognition to any extent in this country. Jacobson, in his "Operations of Surgery," mentions, but does not describe, the operation, and says, "that by injection has found no

favour amongst English surgeons." Still, American statistics show it to be fairly successful. Helmuth says that half his cases are cured. The cases found most amenable to this operation are small herniæ (inguinal) of comparatively short duration, and where the canal is still oblique. In the case just reported the boy suffered considerable pain subsequent to the injection; but this may be avoided by adding to the fluid half a grain of morphia.

There seems no reason why the injection should not be repeated if it is found necessary. Latterly Helmuth has made two injections, one five days after the other.

Other substances, such as alcohol, have been used, but oak bark is that most generally employed.

The above case may certainly be claimed as a perfect success. It has not been reported before, in order that time might be given to test the permanence of the cure.

A CASE OF HYPERPYREXIA.

H. E. DEANE, Army Medical Staff.

IN June, 1885, at Aden, I had a young soldier under my care suffering from heat-fever, of the usual remittent type. For the first three or four days his case presented nothing unusual, his temperature ranging from 101° F. in the morning to 103° F. in the evening, the chief complaint being of headache. During the evening exacerbations the headache increased, and his face would be flushed and conjunctivæ suffused, and his pulse full and bounding. His organs were all apparently healthy, and there was no malarial influence in the case obvious. One evening the man complained rather more than usual of his head, which was throbbing, face flushed and eyes suffused, though perhaps not more than usual. Temperature about 103° F. or a little more. Skin not very dry. The condition of his pulse, however, sounded a warning note; it was rather more rapid than usual, but not much, and somewhat compressible, and perhaps I instinctively suspected danger rather than inferred it. However, the condition of the pulse led me to suspect the onset of hyperpyrexia, and I ordered his temperature to be taken every half-hour and any rise to be reported, meantime directing boiling water to be in readiness, also sheets and

cold water. In about an hour and a half his temperature was reported to me as 110° F., the man being perfectly conscious but rather listless. In less than three minutes the man was under treatment, and no bath being available and ice being limited, I packed him in sheets wrung out of water (as cool as it would be at Aden in June), placed ice in the axillæ and on his chest and abdomen, covering all with a blanket, the sheets requiring frequent changing owing to their soon getting quite hot. I gave him m. ii. of *tincture of aconite* every quarter-of-an-hour, and bathed his head with layers of thick flannel wrung out of boiling hot water. He had three or four doses of *aconite*, and in a few minutes after commencing the hot applications to his head the pain almost entirely ceased, and they gave him a most marked feeling of comfort and relief. His temperature fell gradually to about 105° F., never rising again to a dangerous height; he perspired freely, and he was afterwards treated with *gelsemium* and *veratrum viride*, and was ultimately in about a fortnight discharged to duty perfectly free of headache.

I may mention here that a few weeks afterwards the man reported sick, telling me his helmet made his head ache in the sun, and he could not manage his duties, and he was sent home early the next trooping season for change of air.

In reporting this case my object is to emphasise the application of heat to the head in cases of headaches in fevers, and, indeed, in other circumstances too. The headaches of heat-fever are perhaps as severe as any ordinarily met with, and I entirely discard ice or cold bandages, and so great has been the relief that soldiers have asked me to go on bathing their heads. The relief has been almost immediate, and I have found that the headaches have often not returned, at all events with the same severity, as is generally the case with ice, the relief from which is anything but immediate as a rule. Whatever the cause of hyperpyrexia, in this case I attribute the man's recovery, in a great measure, to the hot applications to his head, they perhaps having had more influence in stimulating the inhibited heat centre than the cold to the general surface.

It may interest your readers to know that it is no uncommon thing at Aden for fatal hyperpyrexia to

supervene upon what looks like an ordinary case of heat-fever in a man who has been in hospital under treatment some days, under very favourable conditions, and lying under a punkah day and night, and these cases almost invariably occur after sunset—between that and shortly after midnight.

Lastly, honour to whom honour—I received the idea of heat to headaches in the course of a conversation with the late Dr. Markwick, before I went to the tropics, and more than five years' experience has well borne out the suggestion, and I would like to see "heat to the head in fevers" placarded on every medical officer in Her Majesty's Service.

Canterbury, Nov. 3, 1889.

NOTES ON CLEMATIS.

By T. E. PURDOM, M.D., C.M.

CASE I.

MR. S. Suffering from chronic fistula, with opening into urethra. *Silic.* 6x. There has been considerable improvement and some closing of fistula.

Oct. 19th, 1889. Has had for some days dysuria and decided difficulty in passing water. Symptoms of stricture. *Clematis* ϕ with the *silic.* 6x.

26th. Stricture symptoms all gone. Some subsequent reports ran thus, "That medicine has done me a lot of good, I am much better in every way."

CASE II.

Mr. R., coachman. Chronic stricture. Has frequently to pass catheter himself. Small abscess at present (July 7th, 1889) in perinæum. *Silic.* 6x, *clematis* ϕ ii.

July 23rd. Much relieved. Abscess gone. Catheter not needed at all. Nothing ever touched his trouble like this. Repeat *clematis*.

Aug. 7th. Quite well. No need of catheter.

CASE III.

May 6th. Mr. H. Suffering from chronic urethral stricture and chronic cystitis in consequence. Surgeons

have been unable to pass catheters at all sometimes. For dysuria *chimaphyll.* ϕ gtt. 5, *cantharis* 3x. gtt. 4.

May 17. In *statu quo.* *Clematis* ϕ gtt. 5, *cantharis* 2x. ii.

June 1st. Symptoms relieved considerably. R̄ *clematis* ϕ 5, *sulphur* ϕ 5. Medicines could not be expected to do much in this case, but *clematis* ϕ certainly helped him, and also *chimaphylla* and *cantharis* at other times.

SOME NOTES ON DROSERA.

BY DR. MORRISSON.

RAUE'S *Special Pathology and Diagnostics* contains an excellent chapter on pulmonary consumption. But the therapeutic hints are notable for the omission of a most important remedy, and that is *drosera*—an exceedingly useful medicine for the spasmodic, straining cough which is such a common cause of distress, with or without spitting of blood. Under the head of whooping cough the indications given are:—"Worse after midnight; attended by gagging and frequent vomiting of the ingesta; feeling of constriction in the chest and hypochondria, so that the patient tries to support these parts by the hands; worse from tobacco smoke and drinking; bloody urine." One of the most important indications, "bleeding at the nose or mouth," (Hering), is not mentioned at all. Why do these discrepancies occur? It appears to me that the actual reason of this is the want of order on the question of dose. Why are we not told in every repertory the relative effects of different potencies? Why are we given merely bare indications, with seldom any suggestions as to the potencies suited to particular states and conditions! Even if the dilutions and quantities producing special effects were stated, the information would be useful. Practitioners could then work out, for each drug, whether the correspondence of low potencies to certain disease-symptoms should be met by the administration of low potencies, whether the effects of minute doses indicate high potencies, and whether the mean of these powers can be found essentially in the medium dilutions. There would still be certain classes of remedies to be accounted for, in potentized drugs, such as *aurum*, *silicia*, and the *nosodes*, all of which belong to the category of high potency remedies only.

What have these remarks to do with *drosera*? Just this, that many practitioners are pottering with the medium and high potencies, when they could obtain much better results from the matrix tincture. The question of dose is secondary only, if it is secondary, to that of the selection of the remedy. We have opposed to us not only the disciples of old physic, but also an increasing band of dosimetric practitioners. Both parties are aiming at greater accuracy in prescribing, more reliable preparations, and easier forms of administration. In all these, thanks largely to the homœopathic initiative, they have become increasingly successful; and in view of this the general public are willing to condone their lessened polypharmacy. It behoves us, therefore, to develop the resources of homœopathic practice, neither slavishly adopting the high potency mania of the extremists, nor the crude tincture views of the materialists, but advancing all along the line. For several years I used *drosera* only in the medium and high potencies, and the results were not satisfactory. Several medical friends said their experience was similar. One of these subsequently had a child seriously ill with virulent whooping cough. *Drosera* seemed clearly indicated, at the crisis stage, but the dilutions failed to relieve. It was given in five drop doses of the matrix tincture, with immediate benefit, and the child recovered. Since then I have frequently used the strong tincture, in three to five drop doses, at the crisis stage of whooping cough, and invariably with satisfactory results.

Referring again to its employment in consumption, I wish particularly to draw attention to its use in the hæmorrhagic tendency. I have frequently seen it lessen the spasmodic cough and arrest the spitting of blood. In Dr. Farrington's *Clinical Materia Medica*, *mephitis* is recommended for the asthma of consumptives "when *drosera* fails;" (p. 27): *drosera* is likewise indicated in the spasmodic cough of consumptives, "coming on in the evening, perhaps again after midnight," (p. 250); and at p. 673 *drosera* is placed among other remedies for aiding expectoration when the sputum slips back into the pharynx. But just as hæmorrhage from the lungs, especially of bright blood, whether coming through the nose or mouth, is a marked indication for its use in whooping cough, so a spitting of bright blood, with a

spasmodic cough, is an indication for its use in consumption. I should advise its use in three to ten drop doses of the matrix tincture, either with an equal quantity of glycerine, in a dessert spoonful of water, or in about half a teaspoonful of *syrupus pruni virginianæ*, in frequently repeated doses, till the hæmorrhage is arrested. The usual precaution of absolute rest and very light foods should be insisted upon.

If we add to the *drosera* treatment for spasmodic cough, *bryonia*, matrix tincture to 3x for bronchial and pleuritic symptoms, *arsenate of strychnine*, granules or 3x trituration, for depression of temperature and primary abdominal mischief, *lycopodium*, 12 to 30, for the later effects of pneumonia, *sulphide of calcium*, granules or 3x trituration, for constitutional and germicide effects, *chamomilla*, matrix tincture, for colliquative perspirations, *phosphorus*, 3x to 30, for congestive and acute pneumonic symptoms, and *quassine*, granules, for anorexia with furred tongue, and constriction of the intercostal muscles, we shall have a septett from which to select remedies that may save many a patient from the consumptive's grave. Such results are worth a large amount of careful study, and just as the genuine cures of old physic, such as those by *antipyrin* and the rapid improvements sometimes effected by dosimetric granules, will be found to be illustrations of the homœopathicity of the drug to the disease, so the relief obtained from a proper use of the matrix tincture of *drosera* will show that it possesses a true remedial action.

26, Harley Street, Cavendish Square, W.

November, 1889.

REVIEWS.

The Treatment of Lateral Curvature of the Spine, with Appendix on the Treatment of Flat Foot. By BERNARD ROTH, F.R.C.S.
London: H. K. Lewis, 186, Gower Street. 1889.

"It will be found," writes Mr. Bernard Roth, "that the only rational and really successful treatment of lateral curvature, and one which is far more rapid than any other yet offered to the profession, is that which I have the honour to advocate—that is, re-education of the muscular sense of the best possible position, and methodical exercises of the muscles to enable the patient to maintain this improved position with-

out effort, or, to put it more shortly, 'treatment by posture and exercise'—(p. 11.)

In the preface, he informs the reader that "this monograph is mainly based on the article, 'Lateral Curvature of the Spine,'" in Mr. Heath's *Dictionary of Practical Surgery*, and papers contributed to the *British Medical Journal* and the Clinical Society. Possibly so. But anyone who is familiar with the contributions to the study of this subject made at intervals during the last 40 years in the *British Journal of Homœopathy*, in this *Review*, and in his published works by Dr. Roth, formerly of Wimpole Street, will, after perusing it, come to the conclusion that both the principles and details of "the only rational and successful treatment of lateral curvature" advocated in "this monograph," and in the papers its author mentions, are "mainly based" upon Dr. Roth's teaching.

In *An Essay on the Prevention and Rational Treatment of Lateral Spinal Curvature*, by Mathias Roth, M.D., the second edition of which was published by Bailliere, Tindal and Cox in 1887, the principles of treatment described on pp. 116-121, will be found to be as similar as they well can be to those detailed by Mr. Bernard Roth on p. 15 of his monograph. Dr. Roth, referring to the principles and details of the treatment described by him (*loc. cit.*) says in his preface, "My treatment of lateral curvature is *original*, and quite different from any other previously practised; many years of careful observations in a large number of cases have enabled me to fix on the leading points." We believe that this claim has never been disputed.

Not only are the principles and chief details of treatment advocated by Mr. Bernard Roth, those first given to the profession by Dr. Roth, but some of a minor character also. Thus, "many years ago," writes Dr. Roth, "I began, and was the *first* to make use of the looking-glass, in order to enable the patient to convince himself that his sensations of being in a wrong position when placed in a good one, are in contradiction to what he sees." (p. 120.) Mr. Bernard Roth at p. 16 of his book says, when describing the means to be used for demonstrating a patient's position to him—"a hand looking-glass as well as an ordinary wall-mirror are very useful, so that the patient may see, and be convinced of his improved position."

Again, we notice that the writing chair, the use of which is advocated by Mr. Bernard Roth to prevent one of the causes of spinal curvature, and designated by him as "the Glendinning Adjustable Modern School Desk," is that, the design of which was drawn by and given to the North of England

School Furnishing Company by Dr. Roth, and published in their catalogue as "Dr. Roth's chair"! The illustration Mr. Bernard Roth gives of it is apparently from the same block as that used on page 119 of Dr. Roth's book. Mr. Glendinning, whose name Mr. Bernard Roth has substituted for that of the inventor, is the manager of the company.

Once more, the illustration Mr. Bernard Roth gives of a girl practising at the piano in a wrong position is the same as that used on page 118 of Dr. Roth's work.

Notwithstanding all this, Dr. Roth's name is never once mentioned in the course of the 56 pages of which this monograph consists! It is true that Mr. Bernard Roth nowhere directly claims personal originality for "the only rational and really successful treatment of lateral curvature," which, he adds, "I have the honour to advocate," but the complete suppression of the name of the original observer—even in so comparatively small a matter as the design of a chair—together with a very liberal use of the first person singular throughout his book, are only too well calculated to induce the present generation of medical men to give Mr. Bernard Roth a higher degree of credit than is his due. His position in short is that of an advocate of views long since taught and published by Dr. Roth, who has now retired from practice and left the country. That he has advocated them clearly and illustrated their value by excellently described cases is true enough. At the same time the work by Dr. Roth, the title of which we have quoted, is one the study of which will enable a medical man to understand much more thoroughly, and to carry out in practice much more easily, "the only rational and really successful treatment of lateral curvature" than that now before us.

What can have induced Mr. Bernard Roth thus apparently to endeavour to extinguish, as it were, all recollection of Dr. Roth's forty years' work, we, of course, are unable to say. We cannot, however, forget the fact that while chiefly confining himself to the treatment of spinal curvatures, and to what is termed "the movement cure" therein, Dr. Roth was thoroughly convinced of the truth of, and earnestly advocated homœopathy. Doubtless this had its influence in preventing a large number of medical men, during the first two decades of his residence in England, from taking any interest in, or notice of, his method of treatment; and though during the last two he had in a great measure lived it down, and was frequently consulted by medical men of every shade of therapeutic thought regarding spinal cases, yet it probably remained sufficiently pronounced to the end to induce Mr. Bernard Roth to leave homœopathy "severely alone;" while a dread of

exposing himself to the consequences of *odium medicum* may have led to his keeping the name of Dr. Roth, as that of one too well known as a homœopathist, out of his book! This may have been the reason; but is it an excuse? Honour should at all times and under all circumstances be given to him to whom honour is due; and we envy not the feelings of anyone who yields to the temptation to refrain from doing so.

Medical Heresy; A Plea for Liberty of Opinion in Medicine. By
A SCEPTIC. London: E. Gould and Son, 59, Moorgate
Street.

This excellent and interesting pamphlet is written by our *confrère*, Mr. Gerard Smith, though why he entitles himself "a Sceptic" we are at a loss to understand, unless it be to induce sceptical readers to look into the pamphlet, and so to find, as he goes on, that the "Sceptic" is not only a staunch believer, but that the pamphlet is written solely for the purpose of pointing out the only true "missing link" between drug action and disease action, namely, the homœopathic law. Mr. Smith's pamphlet is intended to be popular. He says, "These few lines are addressed to the public in the hope that the sick members may be induced to insist upon a more reasonable account from their doctors of the principles which lead them to choose drugs as remedies for disease; it is emphatically the right of every patient to know why the doctor selects one drug more than another, and to demand his reasons for his action. And, specially, is it the patient's right to demand that his doctor shall employ every means to relieve his sufferings, and if he find that his doctor is neglecting one out of several methods of choosing medicines, the patient must insist that this one method also shall be used and its benefits conferred upon his disordered body."

Mr. Gerard Smith quotes from leading authorities, showing how backward and unsatisfactory medicine in the old school is. He then shows how empirical and round-about is this prevalent old-school treatment, and points out how out of proportion in smallness of bulk are the therapeutical results to the mass of "pharmacological" investigations undertaken by such men as Dr. Lauder Brunton. He next shows that the connecting link between these sets of facts is either unknown or ignored, and demonstrates admirably that there is one connecting link which explains all difficulties, and brings to light uses of medicines, which, without this link, are next to useless. This is the law of similars. He pleads for perfect liberty of opinion and practice, and the right of the doctor to do the best

for his patient, and the converse right of the patient to insist that the doctor does what is best for him. He dislikes the names "homœopath" and "allopath," but points out that it is the allopath who, by his trades-union boycotting of the homœopath, drives him into a defensive position, and calls him a sectarian for having special homœopathic hospitals, societies, and journals. He finally shows how the rising Ringerian school is steadily adopting our remedies, and he prophesies fresh "discoveries," till they come to practice homœopathy out and out. At present they ignore, or are ignorant of the principle according to which their stolen pieces of practice are explicable, but the recognition of this principle, and the consequent removal of this stolen practice from the domain of mere empiricism, is bound to come sooner or later.

The real basis of enlightened practice and of union of the two schools must be that of perfect liberty of opinion, and, we may add, perfect liberty to express one's opinions, without the fear of boycotting.

We commend this pamphlet to the public who are addressed in it, and trust that the "Sceptic" may by this title induce many real sceptics to peruse this *brochure* and profit by its perusal.

CLINICAL AND THERAPEUTIC NOTES.

Spurious Croup.—On page 178 of this *Review* are some notes and remarks on Bœnninghausen's treatment of croup by powders of *aconite*, *hepar* and *spongia*. In connection with this paper the following case may be of interest, although it claims less for the medicines than is claimed by the author of the treatment.

A delicate young lady, who suffers from Raynaud's disease and the accompanying debility and feebleness of circulation, is extremely sensitive to atmospheric changes. She "took a chill," which was followed by cough, wheezing, and difficulty of breathing. When first seen, in the afternoon, the patient was feverish, had an acute cutting pain in the right mammary region, worse on deep inspiration or coughing, and there were rhonchi, sonorous and sibilant, in the chest. Added to this was a condition of larynx which caused obstruction to breathing, though not to any great extent. Crowing inspirations, with an ineffectual but harsh cough, were the symptoms. *Belladonna* and *bryonia* failed to relieve this condition, and by 10 p.m. the patient was worse, except that the pain in the chest was less. The temperature had reached 102° F., and the breathing was much worse. Inspiration was still crowing,

and very difficult, it being quite a struggle sometimes to get breath. It was obvious, however, that the condition, though partly one of laryngitis, was chiefly due to spasm of the glottis. It was noticeable that from time to time an inspiration was taken much deeper than the rest, and unaccompanied by the crowing sound. The patient was extremely restless.

Five powders were made by dropping one drop of the 80th dilution of the drug on a few grains of sugar of milk. They were—No. 1, *aconite*; Nos. 2 and 4, *hepar*; and Nos. 3 and 5, *spongia*. The first powder was taken about 10.30 p.m., and the second at 11 o'clock. Almost immediately after the second the patient fell into a quiet sleep, which continued until 8.30 next morning, waking only once about 4 o'clock, when she took the third powder. She awoke refreshed, free from laryngeal spasm, but aphonic and with a loose cough. *Hepar* was continued at longer intervals, and was followed by *phosphorus*. No return of the croupy condition occurred, and the patient did well.

E. A. NEATBY.

* * * *

Hyper-sensitiveness to Mercury.—2nd November, 1889. George M., 40, came with an ecthymatous eruption on loins, right leg, and hands. *M. sol.* 3x. grj. *bis die* was prescribed.

18th.—He sent to say that the medicine had made his mouth sore, his teeth loose, and had caused swelling and inflammation around two small scratches on hands. The face also swelled. He had taken 10 doses (*i.e.*, gr. $\frac{1}{10}$ in all. The symptoms rapidly subsided under *hepar* 3x., which caused no unpleasant results. The ecthyma entirely disappeared.

MEETINGS.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting was held in the Hahnemann Hospital on November 7th, Dr. J. D. Hayward, the President, occupying the chair.

Dr. Hawkes exhibited the kidneys, lungs and part of the brain of a child, nine years of age, who was brought to the hospital on the evening of the 2nd November, in convulsions. At first it was thought that the stomach had been overloaded, and an emetic gave relief. Albumen was, however, discovered in the urine. On the evening of the 6th November convulsions again supervened, the temperature reached 108.6° F., and death ensued early on the morning of the 7th. The *post mortem* examination revealed some large caseating tubercular masses in the lungs and enlargement and congestion of the right kidney, but no chronic disease. The left kidney was

very small in size, and much higher up than normal, but apparently healthy. The brain was congested, the dura mater being easily separated, and a small abscess was discovered in the left side of the cerebellum.

A case was also mentioned in which lateral sclerosis had followed an accident at the docks. The patient had been pronounced incurable. *Lathyrus sativus* was prescribed in the first decimal dilution and continued for some time, and the patient, previously very ataxic, can now do the work of a farm labourer.

Dr. Hayward read a paper on *The Repertory of the Future*, which will be shortly published. He maintained that on the whole the *British Repertory* must be pronounced as hitherto the best sample for the repertory of the future.

A discussion followed the reading of the paper.

NOTABILIA.

MERCURIUS CORROSIVUS IN DYSENTERY.

The Lancet of the 2nd ult contains another illustration of the way in which practical—albeit only empirical—homœopathy is gradually permeating all ranks of the medical profession in different parts of the world. On this occasion, Mr. Chowdhovry, assistant surgeon in the Indian Army, and medical officer in charge of the Burdwan Hospital, confirms the view originally promulgated by Hahnemann, as the result of his study of the pathogenetic action of *corrosive sublimate*, and his recognition of the rule of similars in the clinical application of this study, that this salt is one of the most reliable remedies in dysentery. Referring to the treatment of chronic dysentery, as he met with it in the Burdwan Hospital, he says, "Every remedy seemed to be equally useless. Thousands of cases of this fell disease have been treated in the Burdwan Charitable Hospital within the last five or six years, and to my knowledge a very large number of them died, notwithstanding every kind of recognised treatment." He then tried *perchloride of mercury*, and found that under its use "some of the most hopeless cases of the chronic type were cured within a comparatively shorter time than what could have been expected under any other treatment. I have treated," he adds, "many cases in this way, and I may say, with almost uniform success." He then gives the details of three cases. One patient had been ill three months. He left the hospital cured in four days. In another, who had been on a pilgrimage to Juggernaut, and had been ill for seven or eight days, passing twenty stools of blood and mucus *per diem*, the colour of the stools was changed in two or three days, and he left the hospital cured within three weeks of his admission. A

third, a Hindu woman, had been suffering from dysentery for nearly a month, and was discharged cured on the sixth day after her admission.

The dose Mr. Chowdovry gave was 5 minims of the *liquor hydrargyri perchloridi*—a preparation which is nearly of the same mercurial strength as the ordinary third decimal dilution of our *mercurius corrosivus*.

Why did Mr. Chowdovry give this medicine, one which so notoriously produces dysentery of such great virulence? He did so, first, because he regarded *mercury* as a stimulant of the secretion of bile. This notion we thought had been effectually exploded by Professor Hughes Bennett's experiments many years ago! Physiologically *mercury* suppresses the secretion of bile. Therapeutically it stimulates it when morbidly suppressed or depressed; but this it could not do did not the rule of similars hold good. Secondly, he gave it because he had lately "read of its wonderful efficacy in hill diarrhœa." That is to say, his prescription was purely empirical.

How did it come to pass that corrosive sublimate came to be prescribed at all outside the school of Hahnemann in a disease to which it is homœopathic? Writers from Hahnemann to Hughes had advocated its use as a medicine essentially homœopathic to dysentery, and had confirmed its clinical value by numberless illustrations. Dr. Ringer endorsed this observation, without any reference to homœopathy, the real source of the original suggestion, and forthwith Indian and other practitioners adopted it, and this without an idea of how the value of the drug in this particular form of disease had been ascertained, without being able to assign one single valid reason for employing it all! Such is "rational medicine!" Such is the practical outcome of the policy of the medical Press, viz.: to keep the profession in the dark on the subject of homœopathy!

Here is a rule of drug selection, which has led to the discovery of a medicine capable of curing "some of the most hopeless cases" of a disease previously very fatal—and this rule is disregarded, poohpoohed!! and declared to be a "mischievous fallacy," beneath the notice of the profession! How many thousands of deaths from dysentery alone might have been prevented, had the Medical Society of London, when the subject of homœopathy was brought under their notice by Mr. Kingdon and Dr. Uwins, in 1836, arranged for a clinical investigation of its merits, instead of passing a resolution never to allow the question to be broached in the Society again? How vast is the premature mortality for which ignorance and prejudice are responsible!

RHUS TOXICODENDRON AND UNCONSCIOUS HOMŒOPATHY.

It is more honourable to be a fool than a knave—in other words it is better to be ignorant than dishonest. Plagiarism is one form (if a mild form) of dishonesty. For this reason we credit the author of an article in *The Therapeutic Gazette* (October), entitled "Clinical Observations on *Rhus Tox.*," with *unconscious* homœopathy.

The article in question has several interesting points about it. It relates a number of cases of striking cure of rheumatic pain and stiffness by *Rhus*. The cases were contributed by a number of observers, and apparently surprised both them and the author of the paper. They would have surprised no one if they had appeared in these pages instead of in *The Therapeutic Gazette*—*i. e.*, the cures made would not, although the reports of the cases might have done so, for they illustrate how incomplete a report can be made. In cases where subjective sensations are the most conspicuous (and sometimes the only obvious) features of the disease, a description of these symptoms is withheld. A patient is said to suffer from a severe pain "most certainly in the great sciatic nerve"—as if he had only one—and of its character and conditions we are told nothing.

The author learnt his valuable method of treatment *from a patient*, and the patient also instructed the doctor as to the requisite dose. Homœopathy is so little known in America (!) that we suppose we must excuse the ignorance of both doctor and patient that they were prescribing on homœopathic principles, and in a (so-called) homœopathic dose. The dose which proved so serviceable was from one to five drops of the 1st decimal dilution (1 in 10).

But this remedy (like most others possibly) requires, we are told, to be given "in suitable cases." We are left in *unblissful* ignorance as to what constitutes suitability however. The observers were equally in the dark, for they usually prescribed the drug either as a "specific" (!) or as a last resource.

This is how our remedies are "taken in and done for"; how homœopathy is mangled, and this how and why homœopathy is brought into discredit. Perhaps the learned author will pardon us if we add to his surprise by informing him that it is possible to determine beforehand what constitutes "suitability" for *Rhus*, and by stating that he and his pupils may learn how to discover this from Hughes' *Pharmacodynamics*, or from any other good text book of homœopathy.

Returning to the question of dose, we notice how the in-bred (if not innate) prejudice in favour of large doses leads men to state, without the slightest ground, that they believe an increase of the quantity of the remedy is needed. One, wiser than the rest, however, thinks that the dose (five drops of the 1x. tinct. thrice daily) may have been too much. Four doses took away all the pain, but 16 doses were given and the patient suffered from numbness and slight paralysis thereafter. Perhaps the *Rhus* had something to do with the production of this condition. It would not be the first time. From these cases we also may learn how low in the scale of dilution it is possible to go and yet get good results.

The report of the cases we have pointed out to be incomplete; we must add that, coming from members of the school which prides itself upon scientific accuracy, we are surprised (?) to find that when investigating a new remedy they should mix up tonics and sedatives with their specific treatment.

In his concluding remarks the author points out the usefulness of the drug in piles, constipation, varicose veins, and cystitis. He also opines that, even in very small doses, it may have some very decided effect upon metabolism. To find out this, however, he considers to be the work of the physiologist rather than the clinician. Perhaps it is, but until his physiologist has had time to find out let him consult the homoeopathic literature of the subject. Of course he has not done so already, or he would tell his readers so, and not accept the priority which one gentleman attributes to him. ("You seem to have originated this treatment.") And yet we are told that he "began an investigation as regards the history of this drug;" and further, that he has frequently met with most happy effect from the administration of doses, the size of which "would make those now recommended appear immense." The author's investigations appear to have led him in the right track. Will he continue these investigations and inform his friends and the readers of the *Gazette* of the result? We throw not.

HÆMORRHOIDS CURED BY PHOSPHORUS.

DR. FULTON, of Montreal, reports the case of a lady who consulted him on October 22nd, 1888. Her condition was as follows:—Had suffered from piles for 12 years; always took aperients. Says rectum is full of the piles, and can only evacuate bowels if contents are semi-fluid; excreta size of infant's stool. After stool has dreadful pains for 2—3 hours. On October 29th one dose of *phosphorus* 8m was given, followed by *sacch. lact.* November 18th; Pain all gone; feeling hopeful and cheerful. 29th: Stools nearly natural; colour returned

to face. On March 19th : One more dose of *phosphorus* 8m. May 25th : Reports having had pimple near the rectum, that discharged a long time. One dose of *silica* was administered. On July 26th, 1889, the patient reported that she was quite cured of hæmorrhoids and "fistula."

Dr. Fulton emphasises the following as rectum symptoms of phosphorus :—

Erosive pain in the rectum during the rather loose stool.

Blood with the stool.

Soreness of the rectum *after stool*.

Tenesmus *after stool*.

Frightful tenesmus of the rectum some time after stool.

Violent burning at the anus and rectum after a soft stool, and great weakness.

Tearing in the rectum.

Prickings in the rectum between the evacuations.

Stickings at the anus.

Gnawing and itching of the anus.

Hæmorrhage from the anus or rectum.

A case of hæmorrhoids cured by nitric acid 200 had the following symptoms :—Bloody and slimy stools, but always bright red blood after stools, in quantity of a dessert-spoonful to half a teacupful. When the stool was hard much pain in passing it ; burning in anus after stool.

Medical Advance, October, 1889.

KALI BROMATUM IN THE COLIC OF INFANTS.

DR. HALE writes, in the *Medical Advance* :—" When I was preparing a monograph on *bromide of potassium*, I found an observation of Ringer, which read as follows :—' I have found it of singular efficacy in a colic of infants with the following symptoms :—The walls of the belly are retracted and hard, while the intestines can be seen at one spot contracted into a hard lump of the size of a small orange, and the contraction can be seen, through the abdominal wall, to travel from one part of the intestine to another ; these attacks are frequent and excruciating, and are unconnected with diarrhoea or constipation, but are often associated with an aphthous condition of the mouth : the dose is not given.' " *Bromide of potassium* has symptoms of colic and flatulence, and has a periodic colic in the umbilical region, leaving a tenderness on pressure. In some cases of infantile colic which did not yield to *chamomilla*, *colocynth*, *senna*, or anything else, the *bromide*, in doses of a grain or two of the 1x trituration on the tongue every hour or oftener, Dr. Hale found to yield prompt relief. One patient had the following curious symptom : Pain and difficulty—choking—on swallowing liquids, but not on

swallowing solids. In one case the remedy was given in the second dilution, which suggests a probable homoeopathic relationship.

POISONING BY *WHITE PRECIPITATE*.

THE following case (reported by our confrère Dr. Sandberg) of *white precipitate* poisoning is worth recording, as the circumstances made it possible to state the exact dose swallowed, and the precise course taken from the first, by the symptoms resulting therefrom.

Mrs. N., aged 48, in fairly good health, had been complaining of neuralgic pains about the shoulder, and had been ordered *sal-ammoniac* in 20 grain doses. Owing to an error on the part of a dispenser in a large dispensing establishment, powders were supplied containing 20 grains of *white precipitate* instead of *sal-ammoniac*. She took one of these powders suspended in water on the morning of December 1st, 1887. A few minutes after swallowing the dose she felt a burning pain in the throat and stomach, and a feeling of nausea. In about 20 minutes she began to vomit. She continued to vomit all day, and suffered constant burning pain in the throat and chest. Eight hours after taking the powder purging set in, accompanied with violent abdominal pains and much straining. Dr. Sandberg was called to see her first about 7 p.m. He concluded, from the symptoms and from the appearance of the remaining powders, that a metallic irritant, probably *white precipitate*, had been taken. Subsequent analysis by Dr. Stevenson proved this to be the case. As vomiting had been going on for 10 hours emetics or stomach-pump were not used, but endeavours made to allay the irritant symptoms. Vomiting and purging continued, more or less, for 48 hours, the stools after a time consisting chiefly of blood and mucus. At the end of 36 hours from the taking of the power, the mouth began to feel sore, and the saliva to flow freely. At the end of 48 hours, the gums became very swollen and covered with a grey fur, and ulcers began to form on the inside of the lips and cheeks. The symptoms of mercurial stomatitis rapidly increased, and reached their height on the fourth day, by which time the lips, cheeks and tongue were very swollen, and there was extensive brawny swelling over the parotid and sub-maxillary regions. Numerous ulcers had formed on the inside of the lips and cheeks, and under the tongue. Saliva ran freely from the mouth, and the breath was excessively fetid. About the eighth day the mouth symptoms began to subside, but the ulcers were not all healed till the beginning of the fourth week. Neuralgic pain in the teeth and jaws

troubled her much during this period. A marked trace of *albumin* was found in the urine on the third day, and did not quite disappear for six weeks. During the latter part of the first week her condition appeared very critical, owing to pain, sleeplessness, and inability to take food.

The main treatment was the use of mouth washes of Condy's fluid and *chlorate of potash*, the internal administration of *chlorate of potash*, and subsequently of *iodide of potassium*, and careful feeding.—*British Medical Journal*.

A SULPHONAL SYMPTOM.

DR. WM. BOERICKE, in the *California Homœopath*, writes: "A very uniform condition produced is a *sense of great exhaustion*, which may follow a quiet night and rather exhilarating awakening." In one case in which the drug was given in doses of 15 grains, "five minutes after taking it the patient experienced a sensation similar to having a spider's web drawn over the body, beginning at the feet and slowly going to the head, accompanied by drowsiness. Sleep would follow in the course of an hour and continue about five hours, followed by an hour's waking and again several hours' sleep. The peculiarity of the awakening in the morning was the exhilarated state—patient was hopeful, felt perfectly well and happy, and enjoyed breakfast. The eyes were blood-shot and restless. The condition was invariably one of ecstasy, compared to her usual state, and this was soon followed by a sensation of *profound weakness*—a gone, faint feeling and despondency."

This alternation of states, the rosy-hued awaking and consciousness of health and well-being, and subsequent depression and weakness, such as she had never experienced before, was very marked and only attributable to *sulphonal*, as this series of symptoms passed away on stopping the drug and returned on taking it again.

THE ACTION OF STROPHANTHUS.

[At the request of a correspondent we publish the following summary of the action of *strophanthus*. Our correspondent proposes to experiment upon himself with a view to eliciting further information as to the effects of the drug on the healthy human subject, as well as to confirm our present knowledge and develop the finer symptoms, which crude experiments and experiments on animals overlook. Will any of our readers join our correspondent in this good work?—Eps. M. H. R.]

Strophanthus acts chiefly on the heart; it produces first slowing of its action, with increased blood pressure, followed by an acceleration; later, marked irregularity, with more persistent slowing, ending with arrest of the heart's action in systole.

The breathing is first quickened, then slowed, and finally arrested. Diminished secretion of urine, and congestion of kidneys has been caused. The following symptoms are taken from Allen's handbook:—Face flushed, lips scarlet, eyes brilliant, temperature high, skin dry, pupils dilating and contracting alternately every few seconds, pulse 140, arteries distended, left ventricle contracting with unusual vigour, aortic valves closing with a loud and distinct "tap," a slight mitral regurgitant murmur, loquacity, no micturition for 10 hours, purging and vomiting.

HÆMATURIA IN HORSES.

THIS disease, feared by the country people as well as by the veterinarians, is one where allopathy stands almost helpless, while homœopathy, on the contrary, makes some brilliant cures; and, in five cases treated by this means the past winter, it has shown itself to be efficacious.

The following is a short résumé of the symptoms characterising this disease, making it easy to diagnose.

Horses, after long standing in a warm stable, with good food and care of the skin, become weakened, and when they are put to work, especially in cold, raw weather, they are liable to fall sick suddenly; the horses become stiff, especially in the hind parts; they sway from one side to another, fall to the ground and cannot rise; they break out into a sweat, the extremities, ears and feet become cold, they groan, making now and then endeavours to get on the feet again, but they can only raise themselves upon the forefeet, the hindparts seeming to be paralysed, and are dragged upon the ground. The animal stretches out its feet, and when the veterinarian arrives he finds it with extended feet, and in a violent fever. Often a swelling of the sacral region and the thighs and, less rarely, of the shoulders, makes its appearance. This swelling is hard and feels like a band, giving the horse a peculiar appearance. The peasant says "the horse has become fat." The pulse is small, frequent; the temperature elevated; the appetite is diminished, but it re-appears when the fever gives way. The urine is not passed at all, or only with great straining, is black, like coffee, red as blood, or, in slight cases, like brown beer, smells very strongly, and is scalding; upon standing in a glass it becomes turbid, adheres to the glass, and it contains urinary casts. The catheter has often to be employed to evacuate the bladder, on account of retention of urine.

One of the cases treated was a very grave one. The horse remained lying three days; raised itself the fourth, and upon the fifth day it stood upon its legs. The others were not

so severely attacked; all were much swollen, were extremely stiff, and the urine was very turbid and black like coffee.

The treatment was the same in all classes. *Aconite* every hour, three times daily, *cantharis* 8x, ten drops, and, on the second or third day, when the fever ceases, *arsenic* 3x. External treatment consisted of moist and warm compresses upon the loins, good covering, luke-warm water and easily digestible food. All the animals recovered in from twenty-four hours to five days.—S. Larsen (Denmark), in *Zeitschr. für Hom. Thierheilkde.* 5, 1889.

ELECTRIC SHOCK.

It is not very often that a man who accidentally places himself in the circuit of a powerful electric current survives to relate his sensations. Mr. William Sharpe, the manager of an electric light and motor company at Oakland, California, however, recently escaped owing to the combination of happy accidents, and his experiences will be read with interest.* He was engaged in measuring the resistance of the electric light circuits. All the terminals were secured to binding posts on a switch-board, on which the electric motor circuit was also connected. The latter was fed by two Weisse dynamos, coupled in series, the maximum voltage of each being 750 volts. At the time of the accident these were supplying about 40-horse power, representing a current of 20 amperes. Thinking that the contacts at the binding posts were not perfect, Mr. Sharpe looked round for something more suitable, and selected a switch-line that was hanging up. One end of this was, without his knowledge, connected to the end of a wire forming a loop running a 12-horse power motor, while the other end was fastened on a binding post in the switch-board. Being unaware that this motor was switched into the regular motor circuit, he proceeded to slack up the set screw, holding his wires together with a screw-driver. As the wires did not separate, he took hold of one in each hand and pulled them apart, thus placing himself in the circuit through which the whole force of the current had to pass. He at once realised that he had made a terrible mistake, and graphically describes his feelings:—"My hands were paralysed, and my arms were stiff as bars of iron, and the ends stood out in large bunches. My head was turned round in the direction of the current (towards the right shoulder, the current entering by the left hand and passing out through the right). My eyes bulged out with

* *Occidental Medical Times*, October, 1889.

burning pressure and glazed over. Then I lost my senses and fell to the floor." The fall happily pulled one of the wires out of his hand, and so broke the circuit. He at once recovered, so far that he began to attempt to re-couple the wires, but was stopped. He was, however, sufficiently collected to give directions for opening the circuit. The time of contact was not less than five nor more than eight seconds. There was no pain to speak of—not more than would have been felt from a strong galvanic battery. His hands and fingers were burned, but owing to the fact that they were moist and that he had a firm hold on the wires, the burns were slight. The shock to the nervous system was very severe, and two months later the effects were still evident. The voltage in the circuit, measured the day of the accident, and again the following day at the same hour, was 1,400 and 1,440 volts. Owing to the increased resistance of the interposed body, it is thought that the voltage of the dynamos was probably raised to their utmost—1,600 volts. It seems a marvel that he was not instantly killed. The explanation offered is that the current from the Weisse dynamos is practically continuous, and there is a complete absence of the *kick* or alternation that makes a "death current." In the Weisse dynamo there are 80 sections in the armature, in the Brush 8, and in the Thompson-Houston only 8. All these currents are interrupted, but in the Weisse these breaks follow each other so closely (say $80 \times 1,200$ a minute) that they are not felt in the current.—*British Medical Journal*.

DIET OF MEAT AND WATER ALONE.

DR. HERSCHELL (*Lancet*, vol. 2, 1889, p. 950), points out that though we have been taught to believe that man cannot exist for any length of time on a purely flesh diet, recent experience seems to negative this conclusion. There are now on exhibition, at the Westminster Aquarium, a family of savages from Terra del Fuego, who have lived all their lives on lean meat, fish, and water. This set of cases contradicts our common beliefs in several particulars. First, that in cold climates an unusually large supply of fat and starchy food is needed (they reject fat and starch, and yet snow is almost always on the ground); second, that to use a meat diet with impunity much exercise and water must be taken (this family takes little exercise and no excess of water); third, that excess of meat produces uric acid and gout (there is no gout known among these meat eaters). Either our received ideas are wrong, or, as Dr. Herschell says, "It is possible so to alter the metabolic

mechanism of the body by hereditary influence, as to enable the individual to exist in defiance of all the ordinary physiological laws of nature."

HYPERTROPHIC CIRRHOSIS IN A CHILD.

At a recent meeting of the Pathological Society, the notes of a case of hypertrophic cirrhosis of the liver in a child aged 4½ years was read. There was no hereditary taint. The child had icterus neonatorum at birth, slight rickets at a year old, bronchitis with jaundice, but without ascites, at 3½. After this attack the liver remained large. At the age of 4 the jaundice and bronchitis returned, and the child did not rally. Diarrhœa, exhaustion and coma terminated the case. At the autopsy, the liver was found to be enlarged, nodular, and slightly tough. Under the microscope the connective tissue was seen to be largely in excess, both between and penetrating the lobules.—*British Medical Journal*, November 9th, 1889.

A METHOD FOR CONTROLLING THE STRUGGLES OF DELIRIOUS PATIENTS.

DR. W. A. HAMAN, of Reading, Pa., relates, in the *Hahnemannian Monthly*, how he has easily succeeded in quietening, for the time being, the violence of *delirium tremens* patients. The method, easy and apparently effectual, simply consists in making a "sudden, firm, but momentary pressure" on the skin over the upper rings of the trachea or larynx. No violence is used, for, after the application of the pressure several times in one evening, no pain was felt by the patient the next day, still less was there any evidence of bruising of the tissues.

Dr. Haman appeals to some experiments of Brown-Séguard as an explanation of this important fact.

"These experiments demonstrate that mechanical irritation of the skin of the neck covering the larynx and trachea has the power of inhibiting the sensibility of the body; further, that mechanical irritation of the larynx and trachea proper, and probably of their superjacent skin, possesses the power of causing death by abolishing the activity of the cerebral cortex, inhibiting respiration and stopping the heart, through the medium of the pneumogastric nerves, in the same way as though the medulla itself were irritated." If this be the correct interpretation of the fact, the effect is manifestly a reflex one.

This method, if experience confirms its power, is certainly a valuable one in an extreme emergency, but it is one not without risk, and which should not be entrusted to unskilled hands. It would, we imagine, be very easy to make the

pressure a little too forcible or to prolong it unduly, with possible fatal results. If the result of the peripheral irritation described be constant, it will have, as Dr. Haman points out, very considerable medico-legal interest. Strangulation without marks (which "has always been a riddle"), would receive an explanation. The author opines that the notorious murders in the East End of London have been accomplished in this way; the immediate unconsciousness rendering the victim unable to scream or struggle.

ABUSE OF HOSPITAL OUT-PATIENT DEPARTMENTS.

READERS of the *British Medical Journal* are familiar with the interest that the British Medical Association has been taking in the solution of the difficult problems involved in remedying the ever-growing abuse of the out-patient departments of our medical charities. Medical men desirous of expressing their opinions on the subject have had the opportunity of making remarks on the proposals made at the Leeds meeting of the Association. These proposals are, briefly, as follows:—

- 1st. A man and wife exceeding the wage-limit of 25s. per week (or a single person exceeding 20s.) shall be ineligible for hospital relief, except in case of accident.
- 2nd. Wage earners making between 25s and 45s. per family or single persons between 20s. and 30s.) shall be eligible for attendance at a "Public Medical Service" (to be established).
- 3rd. This service to be worked on a provident system.
- 4th. A wage-limit to be adopted by sick societies, &c.; that the medical men of such societies shall not receive less than 6s. per head per annum, in addition to 8s. 6d. for examination of an application for membership of such society, 1s. for every certificate furnished, and 8d. for each prescription dispensed.

With some modifications, which it is easy to see are required, a plan of this kind should be workable. The benefit to the general practitioner that would ensue upon the universal adoption of the plan would be immediate and permanent. Some arrangement ought to be made whereby the medical men of the Institution contemplated could secure the opinion and advice of hospital physicians and surgeons when required, even if the cases formed exceptions to the above suggested rules and limits. In the case of homoeopathic hospitals in place of the "Public Medical Service," a number of dispensaries recognised by the hospitals, would require to be to some extent, affiliated with them. All who are interested in this question should read page 1,047 of the current volume of the *British Medical Journal*.

DON'TS FOR NURSES.

FROM a useful paper in *Cassell's Family Magazine* for November, entitled, "What not to do in a Sick Room," we have compiled the following *Don'ts* :—

Don't, when nursing, wear an inconvenient dress, *i.e.*, one with either a long train or large dress improver, but have something simple that does not rustle, and, if possible, of washing material. In nursing an infectious case this latter is indispensable.

Don't imagine that to take proper care of your own health by taking sufficient rest and regular food is selfishness.

Don't take your food in the sick room, or keep any, either for yourself or the patient in it.

Don't be afraid of fresh air. Keep an inch or two of window open at the top night and day.

Don't whisper in the sick room.

Don't walk about in a stealthy way, or on tip-toe. Wear soft-soled shoes.

Don't discuss the patient before his face.

Don't say, "You do look dreadful to-day!" or, "You are so pale; shouldn't you like something to revive you?"

Don't give any medicine without looking at the label on the bottle first of all.

Don't act upon your own judgment in defiance of the doctor's orders, except in very exceptional and extraordinary cases. Carry out orders and obey implicitly.

Don't be alone with a delirious patient. Never argue with one, but always agree with him.

Don't be fussy in your ways. Be calm, however trying the circumstances and painful the scenes you have to witness.

Don't have any noisy occupations in the sick room. Wear housemaid's gloves, and put the coals on with your hands.

Don't neglect the personal cleanliness of your patient.

Don't imagine that burning pastilles or scented paper dissipates an unpleasant odour, or purifies the air of a room. They merely cover the odour. Fire and fresh air purify.

LIST OF CONTRIBUTORS FOR 1890.

THE following gentlemen have expressed their intention of contributing to the pages of *The Monthly Homœopathic Review* during the forthcoming year, 1890 :—

J. Galley Blackley, M.B.

E. T. Blake, M.D.

J. Gibbs Blake, M.D.

S. H. Blake, M.R.C.S.

H. Blumberg, M.D., J.P.

D. Dyce Brown, M.A., M.D.
Geo. Burford, M.B., C.M.
J. Compton Burnett, M.D., F.R.G.S.
R. T. Cooper, M.A., M.D.
W. Simpson Craig, M.D.
J. Roberson Day, M.D.
G. F. Goldsbrough, M.D.
E. G. Gould, L.K.Q.C.P.I.
R. S. Gutteridge, M.D.
J. P. Harper, M.D.
A. E. Hawkes, M.D.
E. J. Hawkes, M.D.
T. H. Hayle, M.D.
C. W. Hayward, M.D.
J. D. Hayward, M.D.
R. Hughes, M.D.
E. M. Madden, M.D.
Byres Moir, M.B.
J. Cavendish Molson, L.R.C.P., Lond.
J. Murray Moore, M.D., C.M.
John Murray, L.R.C.P., L.R.C.S.
E. A. Neatby, M.D.
Frederic Neild, M.D., C.M.
T. D. Nicholson, M.D., C.M.
A. C. Pope, M.D.
T. E. Purdom, M.D., C.M.
A. G. Sandberg, M.D.
H. Shackleton, A.B., M.D.
C. Knox-Shaw, M.R.C.S.
Thos. Simpson, M.D.
C. G. Watson, L.K.Q.C.P.I.
Percy R. Wilde, M.D., C.M.
W. T. P. Wolston, M.D.
D. D'A. Wright, L.R.C.P.

A supplementary list of intending contributors for 1890 will, if necessary, be published in our January issue.

OBITUARY.

JOHN ROCHE, M.D.

WE regret to announce the very sudden death of that most estimable member of our profession, Dr. Roche, of Norwich.

JOHN ROCHE was born at Cork in 1815, and at the South Hospital of that city he served an apprenticeship of five years. Going to Dublin in 1834 he studied at the school of the Royal College of Surgeons, the City of Dublin Hospital, the House of Industry, and Wellesley Institute. He became a

licentiate of the College of Surgeons in 1836, and subsequently—in 1837—he graduated in medicine at the University of Glasgow.

In 1838 he married and commenced practice in Cork, where he lectured on midwifery at the Cork School of Medicine. Removing across St. George's Channel, he practised for a short time at Ruthin and then settled in Liverpool in 1841. Here the interest he had always taken in obstetric medicine led to his being one of the promoters of the Lying-in Hospital of that city, of which he was the first medical officer.

During the epidemic of cholera in 1848-9, which was severely felt in Liverpool, he was brought into contact with the results of homœopathic treatment of this disease by the medical officers of the dispensary—results which contrasted so favourably with his previous experience that, instead of "pooch-pooching" the method of drug selection which had led to them, as did the majority of his medical neighbours, he set to work to study it, and test it clinically in other directions. This investigation led to his adoption of homœopathy, and his open avowal of having done so, about 1850. In 1851 he joined the British Homœopathic Society, and it was during the same year that, together with his old friend, Dr. Moore, he was appointed to the staff of the Liverpool Homœopathic Dispensary. With this institution he remained in connection until the health of some of his family led to his leaving Liverpool in 1868. On his retiring from his post, the following resolutions were passed by the Committee and presented to him:—

" Liverpool Homœopathic Dispensary,
" October 7th, 1868.

" The Committee having this day received the resignation of Dr. Roche, one of the honorary physicians of this institution, are desirous of expressing the great regret they feel at the loss of his valuable services, and they beg to convey to him by this resolution the assurance of the high sense they entertain of his character, not only as a medical practitioner, but in every other relation of life.

" The Committee feel satisfied that the poor of this large town will have great reason to lament the loss of a kind and sympathising friend, a skilful practitioner, and an honest and upright man.

" On behalf of the Committee,
" JOHN YATE LEE, Chairman."

During the ensuing six years he practised in Ipswich, where, in addition to an ever-increasing private practice, he maintained a successful dispensary. Leaving this practice in the hands of his eldest son, Dr. William Roche, who had assisted

him for some time, he removed to Norwich in succession to the late Dr. Bayes. Here he was for some time in partnership with Dr. Flint, now of Scarboro', and in 1877 he was joined by his son, Dr. Edward B. Roche. In Norwich he has since successfully sustained the interests of homœopathy, and done valuable work for the poor of the city. That he has met with and lived down much bitter and ungenerous opposition, the meetings of those interested in the Norwich Hospital Sunday Fund in 1879 and 1880 abundantly prove. The speeches of several present on both occasions showed, too, how successful homœopathy, as practised by Dr. Roche and his son, had been, how great was the confidence they had inspired in the minds of the more thoughtful and unprejudiced of the Norwich citizens, and how much the work done by them at the Homœopathic Dispensary was appreciated by the poor.

During the last three years symptoms of cardiac disease manifested themselves all too clearly, and for several months past attacks of angina, increasing in severity, have accompanied the manifest cardiac failure. Nevertheless, he continued to interest himself in both his professional and religious work to the last. On the morning of Monday, the 4th of November, he visited two or three patients and several of the poor, in whom he felt a special interest. On the following morning he rose and breakfasted as usual, and conducted family worship. His carriage was ordered for his morning round, but, alas, he was never again to enter it. Walking along the hall, pain in the chest suddenly seized him, and, turning into his consulting room, he first supported himself by leaning on the edge of the table, and then seating himself in his chair, he passed quietly away.

Thus peacefully terminated a long life of active, conscientious and useful work. Sixty years have passed since Dr. Roche entered the Cork Hospital as an apprentice, and during the whole of that time he has quietly and unostentatiously devoted himself to doing good, securing in the doing of it the confidence and affection of a large number of people. How greatly he was beloved in Norwich was shown by the hundreds of friends who assembled at his funeral to express their deep sorrow at his death, and the warm esteem in which they held his memory.

CORRESPONDENCE.

CALCARFA CARB. IN TABES MESENTERICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I was pleased to see on pages 665 and 666 of your November number some remarks from my friend

Dr. R. T. Cooper eulogistic of *calc. carb.* 200 in certain cases of deafness.

I seldom use the 200th attenuations, but when I do, they generally "hit the nail on the head." One instance I met with in New Zealand some years ago gave me as much confidence in the *calc. carb.* 200 of Lehrmann as Dr. C. possesses. One morning a wizened little old-man-looking infant of eight months old was brought into my consulting rooms in Queen Street, Auckland, suffering, as I found, from an advanced stage of *tabes mesenterica*.

I need not detail the particular symptoms. The mother was half starved, and had lost a child some years before that time from the same disease. She placed but little hope of good upon homoeopathy or any other means of cure.

I prescribed *calc. carbonica* 3 trit., one grain four times a day; for I have usually found that if there is any chance at all in such cases *calc.* 3 will give it, or *calc.* 6, 12 or 80. In a week the infant was brought, but slightly better. "Cont. med." At the end of another week the little one re-appeared. "No better." I bethought me of the 200th of *calcareo*, and found that Mr. Pond had some globules left of Lehrmann's *calc. carb.* 200, which had been unused for several years. I ordered 6 or 8 of these to be given, dry on the tongue, three times a day. In five days the improvement was quite marked, and I rejoice to say *continued all the while the 200th globules lasted*. But the supply was very small, and in far-off stations of homoeopathy, like Auckland, little-used preparations cannot quickly be re-stocked. As soon as *calc. carb.* 3 was again given, the child's improvement seemed to be arrested. This fact was noted by the mother, Mr. Pond, and his assistant (besides myself). But eventually *calc. carb.* 6 finished up a complete and most satisfactory cure—one medicine being used all the time.

The therapeutic action of any 200th faithfully made, puzzles wiser heads than mine. I cannot help thinking, from various researches in electricity of various kinds (for therapeusis), that in the process of succussion (if liquid), or of trituration (if solid), a kind of resinous, vitreous, or purely individual and perhaps characteristic electricity is communicated to the molecules of alcohol or of sugar of milk (as the case may be), which acts upon the living tissues which are in a sufficiently morbid-sensitive or *hyperaesthetic* condition. This is a merely speculative suggestion, which may elicit some discussion in your columns. Like my friend Dr. Burnett, I use the high dilutions of certain remedies in suitable cases,

and firmly believe, from the cases of *natrum muriaticum* and of *calcareo carbonica*, that there is such a thing as dynamization.

I have the honour to be,

Yours faithfully,

J. MURRAY MOORE, M.D., M.R.C.S.

51, Canning Street, Liverpool.

November 8th, 1889.

A PROVING OF *CHELIDONIUM*.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Having met with this remarkable plant in June last when in full blossom, a perusal in his *Materia Medica* of Teste's own proving of the drug, and of Buchman's elaborate provings in the *British Journal of Homœopathy*, induced me to make a tincture, and to test Teste's statements on my own person; an additional impulse being the rather fabulous (?) statements made by a Hereford firm of chemists as to certain unique powers their "Celandine" was gifted with in causing corns to disappear. The actions I experienced in consequence of frequent—say, the hourly—use of 1 drop doses of the 3rd decimal alcoholic plus 10 per cent. of glycerine tincture, continued during three days were: On the whole surface of face an agreeable visible glow of heat, a transient cardiac pain, *sharp pain under sternum*, great anal flatulence every night when assuming the reclining position, on getting into bed a sharp spasm in chest, together with oppression of breathing and much cardiac anxiety (professional examination can detect no organic disease), awful dreams, thighs itched, neuralgic pain in neck and left ear, back, in kidney region, felt to be weak and painful, sacrum painful when in bed, a cold feeling in stomach after food. Fourth day, felt very queer. Pharyngeal angina, pustule like an incipient boil, on hip. Fifth day, much pain during previous night in sacrum and in rectum; blood passed at stool (never occurred before); spasm under sternum at night again. I now ceased taking the drug, and took no record of my sensations until fourteen days afterwards, when a sore throat, quite of the constrictive character, appeared, together with increased thoracic spasms; the sore throat continued of a severe nature for three days. I feared diphtheria. Teste says that *arsenicum* antidotes *chelidonium*. I did not find this to be correct. *Cyanide of mercury* 6x relieved the sore throat, and as towards the end of the proving *ipecacuanha* 1x gave prompt ease to the thoracic

spasms, I think that the pneumo-gastric nerve was the seat of this symptom, the severity of which led to my seeking for a stethoscopic exploration without delay. N.B.—A recollection of certain sensations felt during childhood and youth suggest to my mind that the pneumo-gastric tract is in me an impressionable one. I have reason to regard *chelidonium* as being a most valuable medicine, and one that should be studied, especially in its anti-psoric aspect.

AGRICOLA.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. E. A. NEATBY.

DR. WATSON.—It is the Editors' custom to supply proofs of their articles to contributors; they do not after this make any material alterations.

Letters, &c., received from Mr. KNOX-SHAW, Dr. SANDBERG and Dr. BURFORD (London); Dr. KER (Cheltenham); Dr. P. WILDE (Bath); Dr. GIBBS BLAKE (Birmingham); Dr. MURRAY MOORE, Dr. C. W. HAYWARD, Dr. J. D. HAYWARD, Dr. HAWKES, Dr. CAPPER (Liverpool); Dr. HAWKES (Ramsgate); Mr. DEANE (Canterbury); Mr. W. DEANE BUTCHER (Windsor); Dr. MORRISON (St. Leonards); Mr. S. H. BLAKE (Bradford); Mr. MEREDITH (Lydney).

BOOKS RECEIVED.

On Fistula and its Radical Cure by Medicines. By J. C. Burnett, M.D. London: James Epps & Co. 1889.—*Modern Methods for the Cure of Obesity.* By Dr. Jacques Mayer, translated by W. Deane Butcher, M.B.C.S. Windsor: E. Oxley & Son. 1889.—*The Unproven Iodides.* By Edwin M. Hale, M.D., Philadelphia. Sherman & Co. 1889.—*The Homoeopathic World.* London. November.—*The Hospital Gazette.* London. November.—*The Chemist and Druggist.* London. November.—*The Monthly Magazine of Pharmacy.* London. November.—*The Vaccin.* London. November.—*The North American Journal of Homoeopathy.* New York. October.—*The American Homoeopathist.* New York. November.—*The New York Medical Times.* November. *The N. E. Medical Gazette.* Boston. November.—*The Hahnemannian Monthly.* Philadelphia. November.—*The Homoeopathic Recorder.* Philadelphia. September.—*The Medical Era.* Chicago. November.—*The Clinique.* Chicago. October.—*The Medical Counsellor.* Ann Arbor. October.—*American Homoeopathic Journal of Obstetrics.*—*The California Homoeopath.* San Francisco. October.—*Bibliothèque Homoeopathique.* Paris. October.—*Bull. Gén. de Thérapeutique.* Paris. November.—*Allgemeine Hom. Zeitung.* Leipzig. November.—*Pop. Zeitschrift für Homoeopathie.* Leipzig. November.—*Revista Omiopatica.* Rome. October.—*Revista Argentina de Ciencias Médicas.* March, April and May.—*La Reforma Medica.* Mexico. 1889.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. E. A. NEATBY, 161, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 56, Moorgate Street, E.C.

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