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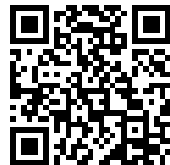
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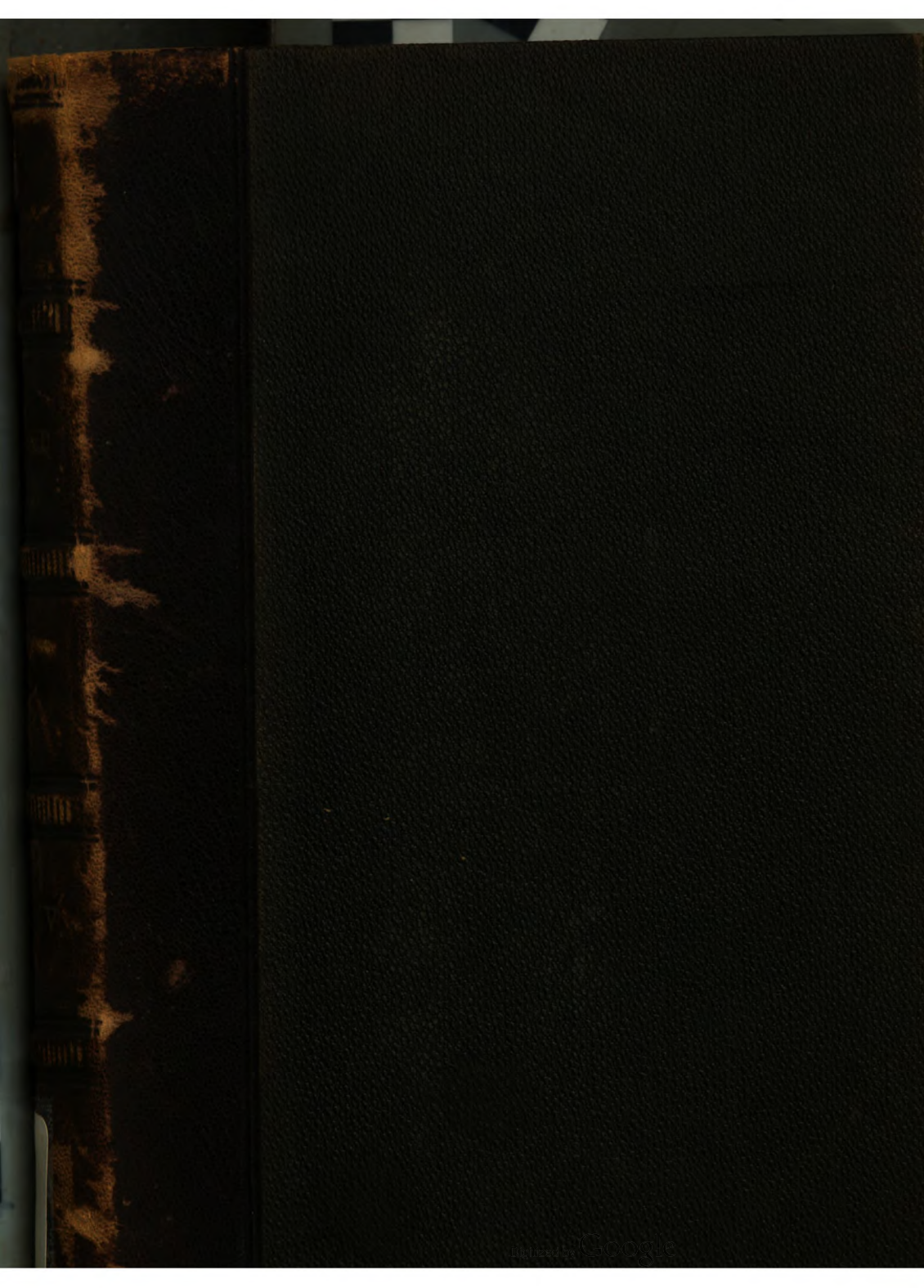
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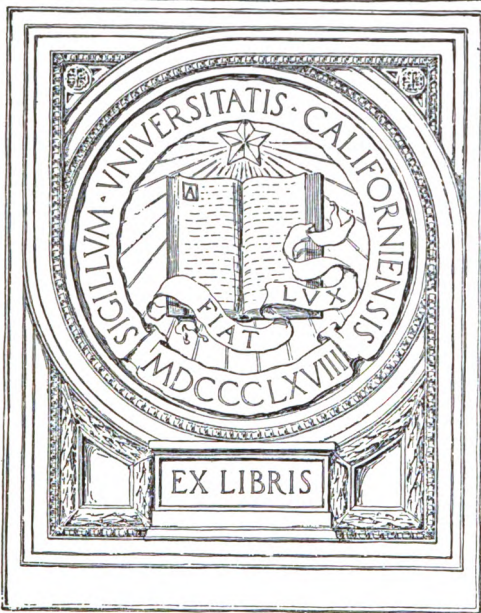
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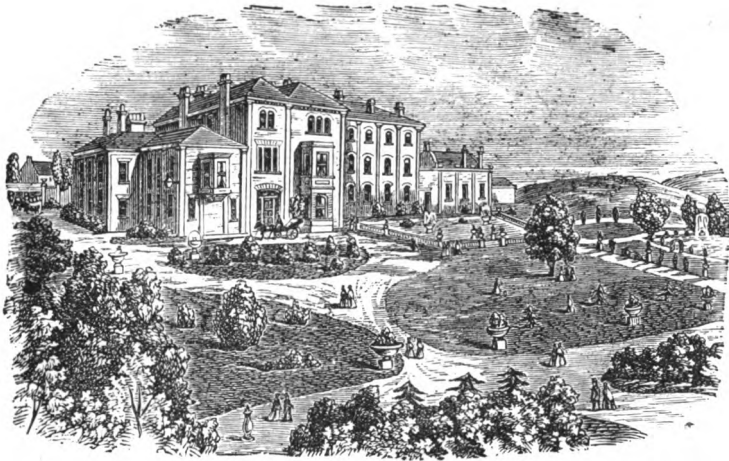
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THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1879.

ADDRESS TO OUR READERS.

THE snow has fallen, the winter wind has begun to blow, fogs have brooded over our great city, the wild bird's song is mute, and chill winter is here. But yet ere long the snow will melt, the wind will have a softer breath, the fogs will lift their dark wings and flee away, and the wild bird's song will once again make sweet music in bush and tree.

Let us not think of our time as a "winter of discontent," but rather let us look forward to the spring-time of hope and future advancement.

The cause of Homœopathy, which we hold so dear at heart, we trust has passed its winter trial, and now we may with a fair courage look for bright days and sunny prospects.

Let us think how matters stood with us forty to fifty years ago. There were but a few pioneers of our good cause in the land. There were no hospitals, and only a few dispensaries, to bear witness of the work that could be done by reason of the law of similars. Now we have good hospitals, supported by some of the best and the wealthiest of our countrymen, and we have dispensaries sown broadcast all over the land. We have societies for the discussion of medical ideas, we have journals to make those ideas public, and we have a kindly and indulgent audience in the reading world. Forty years ago, when the word Homœopathy was used in society, it excited a smile, half of pity, half of contempt; now it is a household word, and lexicographers would consider a dictionary imperfect without it.

Forty years ago the orthodox school of medicine condemned the law of similars without hesitation and without inquiry ;

now the more thoughtful members of orthodox physic shake their heads wisely, and suspend their judgment as to its merits or demerits. Some are even rash enough to make occasional use of the said law, but this generally under protest, or under cover of some theory more difficult of explanation.

This being so, is it not well to look forward to even better and brighter times? Is it for nothing that we have passed through scorn and contumely? that we have conquered ignorance and prejudice? and that we still live ready and strong to carry the sacred fire from hand to hand, and never let it perish for want of energy or lack of support?

With this strong enthusiasm glowing in our hearts; is it not right that we should look for help all round—help from our colleagues, our fellow-workers; help from the public, our friendly supporters? If all of us would but put our shoulders vigorously to the wheel, the wheel would go smoothly and swiftly round; we must therefore ask all to whom the memory of Hahnemann is dear, to help us in our work. A clinical case from a medical brother, a friendly letter of help and advice from a lay brother, stray notes of travel, choice notes of medical history, interesting notes of health matters, valuable notes of therapeutics, instructive notes of the *materia medica*,—we will take them all with gratitude, and use them all as occasion requires. Any contribution, however slight, is sure to be serviceable, so long as it tells of some fact or offers some suggestion for medical treatment. If all our friends and former contributors would only remember that by helping our Journal they are helping the cause of Homœopathy, they would never be weary of sending material, and the Editor would never be weary of thanking them for the same. Every contribution is like a friendly shake of the hand, so let manuscripts fall thick and fast into our letter-box—

“Thick as autumnal leaves that strow the brooks
In Vallombrosa”—

and we shall listen to this kindly rain with content. The

Editor has yet to be born who can be seriously injured by a shower of well-written manuscripts; for our part, we are quite ready to accept the shock, and will never claim a farthing damages from the Accidental Insurance Company. With Lear we will exclaim—

“ Pour on, I will endure.”

In the meanwhile, we must not bring these few words to a close without thanking all those contributors who have stood so bravely by our little craft, and helped us with all these varied notes of travel, of therapeutics, of hygiene, and of *materia medica*. We thank them with full heart and open hands; and as our little craft floats on many waters, far away from the white cliffs of our native land, all these kind helpers will have the satisfaction of knowing that their help has gone out into all lands, and their words have been listened to far, far across the sea.

THE EDITOR.

BLOOD POISONING IN RELATION TO OTITIS.

WE must now turn to the consideration of some complications of otitis that as yet we have not touched upon. Among the most important of these is, as you might expect from the construction of the middle ear and its mastoid cells, *pyæmia*. And then you must remember that the Eustachian tube does not leave the middle ear from the most dependent portion of its floor, but rather from the anterior wall of the tympanal cavity, midway between floor and roof. Hence this arrangement allows of a welling up of purulent secretion or of other fluid in the cavity of the middle ear. The consequence of this, as you may naturally suppose, is that, some of the discharge lingering behind, there will be induced a proneness to purulent infection, the more so from the close proximity between the mastoid cells and the lateral sinus, small veins passing from the one to the other. As well also from the proximity between the jugular vein and the lower wall of the middle ear there is apt to be set up a phlebitis, followed, it may be, by lobular abscesses in the lungs, liver, etc., or, perhaps, a gangrenous condition of the

lung (*Gull*), or a general pyæmic state, with disorganisation of the joints and an albuminuric condition of the urine.

The symptoms leading to the supposition of pyæmia will be, amongst others, the occurrence of headache, shivering, often amounting to severe rigors, followed by heat and perspiration, with increase of temperature, these symptoms in every way resembling those of a severe paroxysm of intermittent fever. Such symptoms existing along with a discharge from the ear, tenderness round the auricle, and a swollen and red state of the lymphatics along the side of the neck, will leave you without any doubt as to what you have got to contend with.

It is in old-standing cases of otorrhœa you are particularly likely to be deceived, for at times the symptoms will be very alarming, the patient even becoming unconscious and delirious, shivering and spasms being present, and yet these may disappear, but only to again return. This partial recovery from septic poisoning in aural disease accounts, I suppose, for the frequent existence, as revealed in the *post-mortem* room, of secondary deposits in the lungs and upon the pleura, as well as in the mesenteric glands of these patients.

Our principal concern in reference to this matter must be the proper homœopathic treatment for threatened pyæmia. In the first place, it is above all things necessary to see that the meatus and middle ear are kept free of discharge. For this purpose nothing is better than the syringing with tepid water, impregnated with a few drops of Condyl's fluid, or still better with Sulphur soap, while the air-douche is, at the same time, freely used; after which we may apply a lotion of *Calendula*, or of *Hydrastis*, and *Glycerine*, somewhat diluted with water; I prefer to use a plain infusion of *Calendula* to the tincture; this is cleansing, and is besides an aid, by virtue of its healing properties, to recovery. In old standing cases of otorrhœa I believe *Hydrastis* to exert a much better effect than *Calendula*.

If, however, the symptoms of pyæmia are at all urgent, you will obtain much better effects from *Arnica* than from either of them. *Arnica* seems to exert an almost specific effect upon septic poisoning. In illustration of this I must direct your attention to a clinical lecture published by me in the July number of this year (1877) of the *British Journal of Homœopathy*. This is the report, slightly altered:—"The patient was a lady who suffered five weeks after labour with an abscess of the left breast, accompanied with great weak-

ness. I opened this breast at a time when there was just a threatening of similar mischief in the right—to wit, hardness and tenderness; and it discharged healthy purulent matter very freely. Soon after the right breast took on action it also became swollen and red, pitted on pressure, and put on all the appearance of being the seat of a gathering. I opened it without any result, no matter came. I then waited three days, and now things had become so decisive in favour of again operating, that I no longer hesitated, but plunged a lancet freely into the most dependent part, and, as expected, pus, mixed, however, with blood, came, though stiffly, away. This was at six o'clock p.m. Towards night the breast got painful, and by the middle of the night was swollen to a tremendous size, the opening I had made had closed up completely, the angry bright redness of the surrounding skin had changed to a malignant purple hue, and the patient had become fearfully exhausted and shivered. Matters were getting more urgent every moment, and I have little doubt what the result would have been had not the person attending, one of those experienced domestic lady lay practitioners, of whom we meet with many in Homœopathy, applied an *Arnica* lotion; this at once relieved the pain, caused the swelling to lessen, the purplish redness to disappear, and the abscess to discharge healthy pus very soon after."

This to be sure was not an ear case, but there was present the same morbid process as we find to obtain in aural disease where purulent infection threatens, and on this account is interesting to us in such connection. In reference to this case, I made, in the lecture from which it is taken, the remark that "we frequently meet with conditions of system where there seems to be an amount of vitality insufficient to effect a separation between purulent fluid and the healthy blood. The effete materials, instead, therefore, of being thrown off in the form of collections of healthy purulent matter, mingle with the stream and disarrange the equilibrium of the functions throughout the entire body. This is practically what in everyday experience we observe. The beauty of the action of *Arnica* was seen in its enabling the capillaries to accomplish what unaided they would have been incapable of effecting."

In these pyæmic states *Arnica* finds in *Arsenicum* a compeer of established fame. Speaking of these remedies, and in connection with the allopathic idea that the formation of pus in a wound is necessary to the production of a cicatrix,

the discursive but reliable Glauvogl, now unhappily no more, tells us that "from them" (*i.e.*, homœopathic drug provings) "we know that *Arnica* and *Arsenic* chiefly, very decidedly delay, or utterly prevent the formation of pus, and that for this very reason cicatrisation and cure *are especially hastened*."

"Even in smaller injuries, in cuts of small extent, this effect of *Arnica* may be perceived without the aid of any magnifying glass. One sees clearly how the serum of the wound becomes thickened, how the edges of the wound approach each other, and finally agglutinate, and that *without the formation of pus*. This can only happen by the withdrawal of a certain quantity of water from the serum. This phenomenon, and the observation of an increase in the watery contents of the urine after the internal use of *Arnica*, without increased drinking, and, indeed, without any other quantitative or qualitative change of the other constituents of the urine, lead to the conclusion that the fundamental action of *Arnica* consists in the withdrawal of water from the organic tissues in general."

Some of these statements of Glauvogl's may be questioned; they are, however, interesting to us, as well as the conclusion to which he comes. "Hence," says he, "where it is possible I always give a few doses of *Arnica* a day or two before and after every bloody operation, whether occurring in the domain of surgery, ophthalmology, or obstetrics, or before and after every delivery, even where it is quite normal, and since I have pursued this course I have never met with a case of childbed fever." Glauvogl, therefore, as you can see, regards *Arnica* as a prophylactic against pyæmia. We would in no wise thus limit its action, but would use it as well where symptoms of pyæmia had already established themselves.

The indications for *Arsenicum* will be a highly irritative state of the system, the lymphatics are inflamed, the part itself is very painful, its veins are tender, swellings occur at a distance from it, the body temperature runs up rapidly, the patient looks distressed, shivers, vomits, and changes suddenly from a state of collapse to one of violent perspiration.

A case illustrative of the condition that calls for *Arsenicum* was published in the *Lancet* of February 2nd, 1861, by Mr. Prescott Hewitt. "A young lady, eighteen years of age, had a discharge from the ear, as a consequence of measles. About four weeks after the occurrence of the discharge she

was seized with severe chills, which were followed by much fever, a furred tongue, and typhoid symptoms, with suppression of the discharge. When Mr. Hewitt saw the patient the chills continued, the skin had assumed an earthen hue, and the fever was intense. The intellect was clear, but there was pain extending down the side of the neck, along the course of the jugular vein, and the head was inclined to that side. There was swelling at the base of the neck. In eight days pus appeared in one of the sterno-clavicular articulations. In a few days one knee became involved, and symptoms of pneumonia appeared, which soon subsided. In about seventeen days from the beginning of the phlebitis, swelling and pain occurred over one of the hip-joints, a deep abscess formed, but it was opened early, and the joint did not become involved."

This would have been well met by *Arsenicum*, and I warn you most strongly, should you ever get such a train of symptoms to prescribe for, not to use the lower potencies of *Arsenic*. Give it in very small doses indeed; a small dose of a high potency given every third or fourth hour, will be quite sufficient to conduct the case to recovery; and even then you must keep a sharp look-out for aggravation. The patient's condition is an irritable one in the highest degree, and in making an impression upon it, it would be very easy to overshoot the mark.—*Clinical Lectures upon Diseases of the Ear*, by R. T. Cooper, A.B., M.D. Trin. Coll., Dublin.

CONTINENTAL NOTES.

By Dr. TUTHILL MASSY, of Redhill, Surrey.

SAN REMO continues to improve in reputation since my first visit last March two years. Many new buildings have been erected, and the soft clay pathways are covered with artificial stonework, which allows the visitors to walk in cleanliness and comfort from their hotels to the town. My trip from England was by Gibraltar to Genoa, and on by the Western Riviera to St. Remo, which, next to Mentone, is one of the warmest towns on the north coast of the Mediterranean, along the celebrated Corniche road, protected by the mountain range extending back and rising up to Mont Cenis in the High Alps, whereas the Apennines shelter Pisa, Rome, and Naples. One clear day since my arrival the Corsican mountains were visible from 7 o'clock a.m. to 4 o'clock p.m.

During my three months at the Hotel de Londres, from the 8th November up to the 8th February of this year (1878), we had not a single land or sea fog. We had a few cloudy days, and eight or ten rainy days; one stormy mistral and one frosty day and night followed. Invalids complain of the northerly winds which come over the Maritime Alps, and sweep over the hills and olive-covered slopes to the coast-line. I had an opportunity of examining the geological strata during the sinking of some reservoirs for a new hotel. The digging went through 12 feet of clay before reaching the sea-sand, which, after a few feet more, brought up a light, fine, silvery sand resembling some cuttings at Redhill in Surrey.

For the tropical vegetation of this neighbourhood I must refer my readers to the description given by Dr. Ruffini, of Taggia, in his romance of "Dr. Antonio." I visited the Palm Groves of Bordighera, so well described by him, to see the process of bleaching for the Roman market on or before Palm Sunday. The stately trees, upwards of 1,000 years old, have all their outer branches folded up and *hooped* together, so as to exclude the light and make them perfectly white before plaiting them into tempting shapes for the churches. The orange and lemon trees scattered around add much to the beauty of the scenery, but, like all other temptations, bring sorrow to some, for the rows of decayed teeth which I witnessed among the young men and women are attributed to the acid of the lemon, for the fruit is eaten just as we eat our pears or apples in England. The lady-advocates of "*woman's rights*" should come here for a lesson, and learn to appreciate their full liberty and power as real "*Home Rulers*," for here in this country the woman is made to do all the hard work, while her master stands or walks by her (heavily laden as she is) with his hands in his pockets and his constant pipe or cigarette puffing away. I have seen women bringing loads of hay on their heads large enough for the back of a mule—removing grand pianos, poised picturesquely on the heads of three or four, as the weight may demand—equalling the strength of the little donkeys which bring down the olives¹ for the mills—bearing on their heads barrels of oil or

¹ To cook an olive to perfection: Put an olive into a lark; put a lark into a quail; put a quail into a plover; put a plover into a partridge; put a partridge into a pheasant; put a pheasant into a turkey. First partially roast; then carefully stew until all is done to the olive. Throw away the turkey, the pheasant, the partridge, the plover, the quail, and the lark; then eat the olive!

wine with equal cheerfulness; but, to crown the indignity, I witnessed a mason-builder loading a young woman's head by piling large stones one above the other, with which she ascended a scaffolding to the third or fourth story. This certainly is not "woman's rights," but "woman's wrongs."

Another vital point which should more immediately concern my mission than the above, and in which I have been engaged nearly all my life, is advocating "*Medical Reform.*" For many years I said and wrote, "*it must come,*" however opposed by the *interest*, or, I will say, *ignorance* of the Faculty. It is sad to witness the drugging of the delicate and consumptive, who go abroad for *sunshine* and not for sickening mixtures, which disturb the digestive organs and leave the patient perfectly incapable of enjoying life. I really thought that medical men were more enlightened by this time, and had learned to think over their prescriptions—how far each drug can produce its special curative action in disease when so combined with others. We must never forget our duty to the valuable lives which are entrusted to our care and keeping.

I must speak of the diet provided at the hotels. Every day complaints reached my ears about the inferior *bread*, which I suppose is contracted for, on the same principle as that by which the road is kept a mass of rolling shingles. At our hotel the visitors signed "a round robin," which was followed by an improvement in the supply of food. The evenings and mornings are in general very cold, and the proprietors are very stingy with firewood for the hearth and stoves; the object confessed to me was simply to make me and others burn more wood in our own rooms and at our own expense. Few leave home with the expectation of dying abroad, but death overtakes some, and then it becomes an expensive item on account of the exorbitant demands for the entire furniture of the room, and in one case for that of the house where a death occurred. As a rule, for the comfort of the sick there is no place like home. Exceptional cases will occur among the wealthy, who can command all the essentials, and may be led by their fancy to wander where they will.

A princess died at St. Remo of phthisis; a large account was sent in for the house furniture, which was paid, but the prince surprised the proprietors by taking off what they were pleased to call *contagious furniture*. "The Leprous Hospital" is situated on the highest point above the old town, and commands many fine views. It was originally a monastery or nunnery, containing a very beautiful chapel, with gorgeous

vestments for the officiating priests. The patients are permitted to enter for worship as often as they like. The male and female wards are kept clean, and the linen and bed-curtains are remarkably white; a sister showed me the linen-presses. The devotion of those gentlewomen to the leprous is truly praiseworthy. Seven cases of true leprosy were pointed out to me—each a sad sight—with fingers, and toes, and features more or less eaten away. The other skin diseases were various—scrofula, syphilis, lupus, and some sickening ulcerations. Dr. Myer Hume, from Zurich, recently examined their teeth and throats, in company with the attending physician and the American dentist who practises in the town. The teeth of the leprous were decayed, and the throats described as *indurated*. I ventured to suggest a *Turkish Bath* as the most curative bath in such cases. I remember having been shampooed, a year or two ago, in a Turkish bath, by an Algerine, who was all covered with dark spots, and I had reason to believe was so far cured of his leprosy that he only felt in a healthy element while in the bath. He made my joints crack, which no man did before; he twisted and turned me at such a rate, I feared he would really dance on my back and shoulders. The gentleman who was with me in the bath felt an equal astonishment, but afterwards, when I told him of the leprous marks, he was not so pleased with our Algerine.

NOTES OF CALIFORNIAN TRAVEL AND EXPERIENCE.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from vol. xiii., page 510.)

IV.—THE HEATHEN CHINESE.

THE most peculiar, characteristic, yet incongruous element in the "motley crowd" of San Francisco, described in our last, is the Chinaman. Blending with the various shades of white, black, whitey-brown, and red men, the *yellow* Mongolian, with his snub-nose, expressionless face hairless or closely-shaven, long black pigtail, peculiar dress, and noiseless steps, makes the first impression of real *novelty* on the European stranger in the scene. Their dress is not exactly of the traditional willow-plate pattern—that is, not all petticoats; a *blouse* of richer or poorer material, according to

the wealth of the wearer, dark-blue pants, wooden shoes covered with a tough coarse leather, with sharp-pointed *retroussé* tips, a short stiff "biretta" cap crowning the head, the pigtail from which is nowadays generally carefully coiled up and pinned, to avoid the rude assaults of the "Hoodlum" (San Franciscan street ruffian), clothe the modern Chinaman. Commencing their mission with the year of gold discoveries 1848, and being largely imported to construct the Central Pacific Railroad in 1864-9, the Chinese have increased until in 1875 they were estimated at 30,000 in San Francisco City, and 100,000 in the whole of California. Their rapid immigration has caused the gravest perplexity to American and especially Californian politicians. Though heavy taxpayers, some of them, they are denied the franchise, and regarded by law as aliens; and lately strenuous efforts have been made in both the State Legislature and in Congress to prevent any further increase from without (the increase from within being wholly insignificant), by prohibitive taxation, etc. But the unprejudiced representatives from the Eastern States, whose shoes are not yet pinched by "Chinese cheap labour," have defeated all such unconstitutional attempts to infringe the American Constitution or the Burlingame Treaty. Here comes in, not for the first time, perhaps, the disadvantage or danger of the too-widely embracing meshes of this much-vaunted democracy. If the Irishman, German, Swede, or African, whether able to read or write or not, can in a few months be practically a voter and a citizen, how can the ballot be refused to the intelligent, industrious, law-abiding Chinaman? More especially now, when China is one of the favoured nations under a special treaty, and with a permanent Embassy of high rank duly installed at the nation's capital. Yet a bitter hostility is displayed by most classes of the Pacific States to him: by the artisans and labourers, because he will work for one dollar instead of three to four dollars per day, and undersell them at all handicrafts; by the tradesmen, because he spends nothing at their stores, but imports everything from China; and by the bankers and money-lenders, because he hoards up and carries away every cent he can save, instead of investing it in land, houses, etc. But the capitalists and contractors are fond of him as a cheap, efficient, docile, easily-fed labour-machine; and they alone are responsible for the trouble caused in the labour-market by the coolie-influx. There is not the slightest doubt that California, without the Chinese, would

by this time be as undeveloped as British Columbia, and perhaps as isolated from any railway system. What the United States and Australia roughly repel, Peru and Chili eagerly welcome. The steady and praiseworthy efforts of Christian churches (notably Congregational) in San Francisco, to educate and Christianise the heathen in their midst, would have very much larger success were it not for the unchristian brutality which meets them on the streets. Yet over 1,750 Chinese (adults and children) are taught in Sunday and mission schools; and 300 have been received into Protestant churches. All honour to the men who have wrought such success!

As a domestic servant, or as a washerman, the Chinaman, commonly called "John" for short, is a great acquisition, and no lady traveller from the Eastern States or from Europe returns home without wishing she could retain one. Alert, obedient, imitative, never forgetting, punctual, silent, rarely impertinent, ready to sleep anywhere, eat anything, and work all day and all night, he offers a favourable contrast to the Irish "lady-help," or the slow and untidy Swede. On the other hand, we must confess that Sing, Sung, Mow, Sow, Sam, Hy, etc. (common names among them) are not always honest, often smoke opium at night, and are sleepy all next day, do much damage among crockery and glass, admit burglars when terrified or bribed, leave without notice, or promise to return and do not, never forgive the smallest insult; and when dismissed leave defamatory remarks written in corners in Chinese for the next compatriot to read. They are sharp enough to ask for a rise of wages as soon as they have become useful, every week, until at last the limit of the mistress's means is reached; then she has to begin again with another raw recruit. Well-taught domestic Chinese get from five to eight dols. a week—that is, from £1 to £1 12s., besides board and lodging. Their scant knowledge of English is an advantage, as it prevents them being eavesdroppers and going about gossiping. They are under strict control of the Six Companies who pay their passage from China and back (their bones, if dead) after some years, and exact a large proportion of their wages, caring for them if ill, and burying them with full funeral rites (yellow paper *ad libitum*, joss-sticks, fowls, rice, etc., before the tomb) if they die in California. The six companies engaged able counsel and fought the forensic battle most creditably in a recent senatorial investigation (1875)

on the whole Chinese question. All the newspapers were dead against the Chinese, but the facts and arguments came out in their favour. One or two Christian ministers who dared to give evidence telling in their favour, received *threatening letters*; and in one night during the Anti-Chinese riots of July, 1877, thirty Chinese laundries were sacked and burnt down. Not a dollar of indemnity has been granted to the Chinese since, but when Americans were insulted and injured in China some years ago, 800,000 dollars were paid by the Chinese Government to the United States, and the actual offenders were executed. They do not intermarry with the whites, and they always expect to return to China with a pile of heavy trade dollars, to end their days as traders in comfortable style. One thousand dollars is considered opulence out there. Their native vices (opium-smoking and gambling), amusements (theatre running one play for ten days to a month), worship (joss-house and idols), and food and shops all flourish in the Chinese quarter of "Frisco," exactly as in Shanghai or Hong-Kong. The theatre is one of the sights of the city. Of course, everything is pantomime to the white visitor, the actors performing amid the most discordant ear-piercing din of a strictly barbarous orchestra, the scenery being portrayed on large moveable screens. Men play the women's parts, and mimic battles are fought with much animation. Women, of whom few are present, sit by themselves; the men wear their hats and smoke all the time. The celebrated poem by Bret Harte, his first great "hit," the "Heathen Chinee," gives many truthful points of his character, but all to his disadvantage. My aim has been to give his good and useful traits also. No better or cheaper labour can be found for the agricultural development of a new country; but they ought to be *Christianised* if they are to settle down as residents there, and are to become an integral part of the community.

ABERNETHY once said to a rich but dirty patient who consulted him about an eruption: "Let your servant bring you three or four pails of water, and put it into a washtub; take off your clothes, get into it, and rub yourself well with soap and a rough towel, you'll recover." "This advice seems very much like telling me to wash myself," said the patient. "Well," said Abernethy, "it may be open to such a construction."

THE SUPERIORITY OF HOMŒOPATHIC TREATMENT IN CERTAIN FORMS OF CHRONIC DISEASE.

By Dr. A. C. CLIFTON, M.R.C.S., Northampton.

It has often been remarked, that the true test of any system of medical treatment must be sought for in acute diseases, such for instance as cholera, dysentery, erysipelas, inflammations of the brain, lungs, pleuræ, liver, etc. To this test, statistics have been repeatedly furnished by members of our school, to show the greater efficiency of homœopathic medical treatment over allopathic, and the superiority in every way of the former has been abundantly proved. When, however, this proof is brought before the notice of allopathic practitioners, and urged as a reason for an examination of the subject, the answer generally given takes something of this form:—"We are willing to admit that, as a rule, your patients get well as quickly as ours, but then you have to prove that your *medicines*, or in fact any *medicines*, have much beneficial effect; the recovery of the patient is due to good hygienic measures, a well-regulated diet, and nursing; and we, as medical men, are so much alike in our adoption of these means, that it is impossible to say where art begins, or nature suspends its action; in bronchitis, pneumonia, pleurisy, and other inflammatory conditions, we both order poultices, give rest as far as possible to the parts affected by means of strapping or bandages, we regulate the diet, attend to the temperature of the sick-room, etc., and these are really the curative measures, and not your absurdly small doses of drugs. As to curing *more quickly* than we do, well—that is moonshine; only let your patients be deprived of the advantages enjoyed by persons in good circumstances, and you would soon see that homœopathic treatment is futile." This is the kind of answer I have heard repeatedly from medical men, and although it is mere idle talk, easily refuted by the experience of homœopathic practitioners connected with dispensaries, and who attend the poor at their own homes,—still, when a nonprofessional man meets with this answer, he will sometimes be unable to reply to it.

Whilst, however, there is no doubt in my mind of the superiority of homœopathic treatment in *acute* disease, I am of opinion that the result of such treatment in *chronic* disease is more convincing to the medical sceptic. My reasons for this are threefold, first, that although allopathic practitioners are to a great extent doubtful of the value of drugs as medi-

cal agents, they are still more so in some special forms of chronic disease, such for instance as tumours, diseases of bones, of joints, etc. Secondly, that cases of this nature often come under our care after much and prolonged orthodox medical treatment. Thirdly, that these cases have frequently had the advantages of rest, diet, etc., in allopathic hospitals. If, therefore, we can show curative results by drugs in these cases, and after previous allopathic treatment, and without the favourable accessories of hospitals, still stronger evidence is adduced in favour of Homœopathy in chronic forms of disease.

That great scepticism exists amongst members of the profession as to the value of drugs in disease, especially in some chronic forms of it, scarcely requires proof. Only let a patient present himself to a consulting surgeon, and be suffering from a malignant or nonmalignant tumour, and very seldom indeed are drugs prescribed for the reduction or removal of such tumour, nor any specific drug-treatment adopted for the correction of the tendency to such growths, but an operation for removal is advised. It is quite true that general alteratives or tonics may be given, but nothing more; or if the case is one of strumous disease of a joint, rest is ordered to the part, good living, cod-liver oil, and the everlastingly repeated quinine and iron or "our lovely iodide of potash," and if, in spite of such measures, the disease goes on to disorganisation of the joint, "conservative surgery," so called, comes into play, and excision is performed. Or, again, if the case is one of elongated uvula, escharotics or astringents may be applied, the liver may be touched up, and if these means fail to cure, the scissors come into use, and the uvula is snipped off. Is the case one of enlarged tonsils, the guillotine is promptly used, and the offending organs are partially removed, nothing being known by our orthodox colleagues of *Baryta Carbonica*, *Baryta Iod.*, or *Calcium Iod.* as curative agents in such a case. Is the patient suffering from a polypus of the nose—well, "twist it off," what more easy and quick? And so the war goes on, knife *versus* physic.

At the same time let it be said that the surgeon alone is not to blame for this. All that patients as a rule desire is a removal of the foreign growth, and he who will do this most quickly is to them the best man. These impatient and thoughtless sufferers take no account of the years, perhaps, in which those morbid conditions have been developing, and see no connection between them and any general unhealthy state,

and are therefore unwilling to submit to a course of medical treatment involving months for the removal of such states; hence the surgeon is induced to some extent to resort to operative measures—measures, indeed, which, alas! are too often followed by a recurrence of the evil.

The question may very properly be asked, Are surgical operations never needful for the removal of tumours, of diseased bone, or in disorganised joints? I believe there are cases where such an operation is requisite, but these cases are rare, and as the homœopathic healing art becomes more developed, and the *specific* action of drugs more ascertained, the scalpel will much oftener rest in its case, and with great advantage to the patient.

If the previous remarks respecting the allopathic treatment of certain chronic diseases be true, it may not be without interest to your readers that the result of the homœopathic treatment of such cases should be brought before their notice; but in doing so, let it be understood that, although the personal pronoun is often used by the writer, it is not with the slightest idea that there is anything superior in the treatment to that of other men's practice, for I feel certain that there are very many professional men who could furnish as good results, or even better, if they only cared to do so, and if it were not considered *infra dig.* to give their experience in a popular medical journal. This feeling may be proper within certain bounds, but these limitations may be, and I believe are, too scrupulously observed, considering the opposition to Homœopathy which is manifested by the orthodox members of the profession. Under such circumstances, the public ought to be informed on such matters; hence it will be my purpose in this and future papers to show the superiority of homœopathic over allopathic medical treatment in chronic disease, taking care in so doing that no slight cases are given which might get well by Nature's help alone, and only reporting those of a pronounced and definite character.

Before proceeding further, I would remark that the first case of disease I saw treated homœopathically was one of "hip-joint disease," occurring in a young lady of this town, some twenty-eight or twenty-nine years ago. At that time I knew nothing of our system; the father of the patient desired homœopathic treatment; Dr. Pearce, of London, came down and saw her with me; this visit was repeated at intervals of two or three weeks for about two months. I am unable at this lapse of time to give any

particulars of the case, more than that the patient was confined to her bed, could not bear any movement of the joint, which threatened to go on to disorganisation of the part affected, and appeared likely to require operative measures. Under Dr. Pearce's treatment the patient made a good recovery without any operation. The result of this case was that many other nonprofessional persons sought treatment by the same means, and so the train was laid for the further development of Homœopathy here. I may add that this was the first patient treated by our system in Northampton; that she is still living with a sound joint, and in the enjoyment of good health.

In proof of the theory advanced of "the superiority of homœopathic treatment in certain forms of chronic disease," eight cases of what are called "strumous disease of the joints" will be submitted to your notice. Many more have been treated than are here recorded, but they were less serious in character, and have therefore been omitted.

No. 1. *Strumous disease of the right shoulder and elbow joints.*—A. J., æt. 20, of consumptive parentage, has been under the local medical practitioner for two years, but arm gradually getting worse, and general health failing; has consulted a London surgeon of repute, his opinion being that "although there is diseased bone connected with the shoulder, it is capable of improvement without operation; that the elbow joint is so disorganised, the only means of saving the limb is by excision of that joint; and, considering the failing health of the patient, the sooner operative measures are adopted the better." Under such circumstances the patient sought homœopathic treatment. On examination of the limb, I found the whole of the upper arm much swollen; matter was being discharged from two openings near the shoulder, and from three places at the elbow. The slightest movement of the parts caused intense pain. In addition to this the general health was low, wasting of flesh was going on, there was disease of the apex of the right lung, cough with expectoration, frequent diarrhœa, and cold, clammy hands and feet. The prognosis given was a doubtful one. I considered much would depend on the ability to restore the general condition of health. The patient had taken tonics and cod-liver oil, with as good diet as the appetite would allow, therefore on this score there was not much to suggest that was new. The additional means of

help appeared to lie in well-chosen *drugs as remedies for the case*—nothing being done to the limb but water-dressing, and support by means of splints. From that time to the present (over four years) she has been under homœopathic treatment, and still the arm is not well. Her present state is as follows. The shoulder-joint appears well, there is no pain in it on movement, though not quite perfect in its motions; there is still one opening connected with the shaft of bone, which discharges a little matter. The elbow-joint is limited in its movement to a slight extent, but in other respects is well; the general health of the patient is good; she has gained in weight and strength materially; she has lost her cough, and there are no symptoms of lung mischief: in fact she considers herself well, with the exception of the one place, which is still discharging matter.

It may be said that this case is no great proof of the superiority of Homœopathy, considering that it has been under treatment so long. Perhaps not; but let it be borne in mind that for two years previously it had been under allopathic treatment, was getting worse, and the best advice given was excision of the elbow-joint, the result of which (at the best) would have been a shortening of the arm, more impairment of the movement of the joint than now exists, and her life somewhat imperilled by the operation; whilst the present, even uncured condition, has been brought about without any alteration in the general management of the limb, but solely by the administration of drugs chosen according to the law of similars, as far as that could be ascertained. To give a list of all drugs administered, together with their indications, extending over so long a period of time, would occupy more space in your journal than you would spare, and would only weary your readers to wade through. Suffice it to mention a few of the principal medicines, such as *Calcarea Carbonica*, *Calcarea Phosphorica*, *Calcarea Iodata*, *Hepar Sulphuris*, *Mexereum*, *Silicea*, *Sulphur*, *Symphytum*, *Mercurius*, *Phosphorus*, *Iodine*, *Salicylate of Soda*. The *Calcareas* and the *Silicea* were found, however, to be the most potent remedies for restoring the patient to health, and bringing about the improved condition of the arm.

(To be continued.)

NOTES ON SOME CASES OF HERPES ZOSTER.

DURING the last few months my attention has been drawn to the disease known to us as Herpes Zoster, or Shingles; in that time I have had under treatment three cases of this disease, one, at any rate, of these being in some respects rather unusual.

The first case was that of a girl, C. D., æt. 7, who was visited as a dispensary patient on the 16th of June, 1877. She had a small patch of herpes along the interspace between the eighth and ninth ribs on the right side. The eruption had been present for four days, and in some places the skin had been rubbed or scratched off the vesicles in small patches, leaving a raw surface discharging a small quantity of sero-purulent matter. The child was of scrofulous habit and slightly hydrocephalic. The pain in the side was very much increased by motion, was not at all severe in the night, but much increased during the day, with itching and burning. These symptoms led me to *Silicea*; a pilule of the 12th dil. was therefore given three times a day. She was again visited on the 19th of June, when it was found that the raw surface had dried up, all discharge having ceased on the second day of taking the medicine, the whole seat of the eruption being covered by a thin scab, the itching and burning much alleviated. Continue *Silicea*. Visited again on the 21st; the pains were quite gone, and some parts of the scab had fallen off. Continue *Silicea*. The child was brought to the dispensary about a week after, when very slight traces of the eruption were left, and the child was quite well.

The next case is that of a young girl, F. M., æt. 13. This girl had a few weeks previously been under the care of Dr. Hawkes, with whom I then saw her, for a collection of fluid in the abdomen (most probably ascitic), which disappeared in a very short time under the use of *Apocynum*. On August 8th, 1877, she came under my care with an eruption of Herpes Zoster on the left side, over the intercostal space between the fifth and sixth ribs, extending in front to a point about midway between the sternum and a line drawn perpendicularly downwards from the middle of the axilla, and behind (which was rather remarkable) crossing over the spine for about an inch towards the right side. Trousseau says this never occurs. Here, however, it certainly did occur. The vesicles were very numerous, large, and in some parts slightly confluent; the inflammation very intense, and

spreading over a considerable area of the surrounding skin. The eruption had appeared two days previously, and had got rapidly worse. A pilule of *Rhus Tox.* 1 was ordered to be given every three hours; the girl to be taken home, put to bed, and all pressure to be kept off the side. She was visited on August 10th, and found no better, but complaining bitterly of burning and shooting pains in the side. The inflammation was spreading in every direction. *Mesereon* 3 was given every three hours, and she was again visited on August 12th, when, to my surprise and delight, the inflammation had almost entirely disappeared, the vesicles were dry, and in many places peeling off, leaving healthy skin below, and I learnt that all pain had disappeared after the third dose of medicine. She was next seen on August 17th, when she was up and dressed, feeling quite well, the side showing very slight trace of the previous mischief. Since that time she has been to the dispensary for trifling ailments, but has not had the slightest sign of the intercostal neuralgia common in these cases.

The third case is that of a boy, W. R., æt. 5. He was first visited on September 20th, 1877, and found suffering from gastric disturbance, vomiting, diarrhœa, etc., for which *Arsen. Alb.* was given. At the next visit, on the 22nd, my attention was drawn by the mother to the state of the child's right side. I found an eruption of herpes over the seventh and eighth ribs, the vesicles being large and the skin much inflamed. The mother said she had first noticed this state of things on the preceding day, but I do not think she really knew when it had first appeared. From the state of the eruption the conclusion was that it had existed much longer than twenty-four hours. The child was evidently in great pain, but was too young to describe the character, etc., of the pains. *Mesereon* 3, one pilule every three hours, was ordered. At the next visit, on the 24th, the child was much better, and seemed very comfortable and free from pain, except when the side was pressed upon; the vesicles had disappeared, and the seat of the eruption was covered by a thin blackish scab. Continue *Mesereon*. At the next visit, on the 28th, this scab had peeled off in several places, the skin underneath looking healthy, though slightly red, no fair amount of pressure giving pain, and the patient appeared quite well. Continue *Mesereon* twice a day for a few days. The child was discharged cured, the mother having instructions to let me know if any further symptoms were developed, but

nothing more was heard of the case. I should have said that the gastric symptoms were all cured by the *Arsenicum*. It is quite possible that there was some connection between the gastric disturbance and the appearance of the rash in this case.

With regard to the disease itself, it consists of an eruption of groups of vesicles corresponding in their location to the distribution of certain cutaneous nerves, usually preceded by more or less general feverishness, and also by local pain of a stinging or burning character. This usually subsides on the appearance of the eruption, but recurs with greater severity after the falling off of the crusts. In some cases the pain continues with more or less severity during the whole course of the eruption. The vesicles are small at first and transparent, but afterwards increase in size, become confluent and yellow from the formation of pus, or even red from the effusion of blood. The pustules then dry up and form a crust, which gradually falls off. Different names have been given to the varieties of Herpes according to its seat, as Zoster, Pectoralis, Abdominalis, Femoralis, etc.

With regard to the etiology and anatomy, it is thought by some writers that irritation of the spinal ganglia may give rise to the eruption; in other cases the cause may be an inflammation of the peripheral terminations of the cutaneous nerves. Wounds are also said to have been a cause. The pain is said by Bœrensprung to be caused only by the cutaneous inflammation. This, however, is very doubtful. In some cases the pain is doubtless due to inflammation of the lymphatic vessels. The above authority is of opinion that the cause of Herpes Zoster lies in the nerves themselves, inflammation being transmitted by them to the skin. The cerebro-spinal nerves, in addition to their sensory and motor fibres, possess a third set derived from the sympathetic; these may be called trophic fibres. From every ganglion these fibres pass along the nerves connected with that ganglion, and each ganglion seems to have its own area or organ, which it supplies with these trophic fibres. Each posterior spinal nerve has a ganglion on its root, and thus the cause of the external appearances may be explained to a certain extent. The neuralgic pain is accounted for by the transmission of the irritation and reflex action of the ganglion along the posterior root. Herpes Zoster, therefore, probably depends upon a morbid state of the ganglionic system, or, rather, upon an irritation either of a spinal ganglion or of

the Casserian ganglion; though, however, the peripheral irritation of a nerve possessing ganglionic fibres may produce a limited eruption of vesicles, and even the possibility of a simple reflected affection of the ganglia must be acknowledged.

The disease occurs at all ages, most frequently between the ages of twelve and twenty, and is rare in young children. It more frequently occurs in males than in females according to most authorities, although the writer has come across more cases occurring in females than in males. The season of the year seems to have some influence upon its occurrence, but what that influence is, might be very difficult to say. It is also said to be produced by sudden changes of temperature; and in females, irregularity, or sudden disturbance of the menstrual functions, is doubtless a cause.

It almost always occurs on one side only, though Bærensprung, Hebra, and Thomas record cases where the eruption was present on both sides; when it occurs on the limbs it is disposed longitudinally and not round the limb.

The vesicular and papular formation is similar to that in eczema. In the pustular formation a few points may be noticed. 1st. A marked increase of cell elements in the papilla, this increase extending also through the mucous layer and into the subcutaneous cellular tissue. 2nd. A distention with blood of the vessels of the papilla. 3rd. An extension, from the papilla into the corium, of proliferating spindle-shaped cells which form a sort of mesh, within the interspaces of which suppuration takes place by the transformation of the epithelial elements of the deeper mucous layer into pus-cells. 4th. A cell proliferation also takes place in and around the neurilemma of the nerve-trunks, similar to that which takes place in neuroma and carcinoma. Haight also describes a liquefied condition of the medullary sheath, and displacement of the axis-cylinder of the nerves.

In order to get a fair contrast of methods of treatment, let us glance for a moment at the boasted "common-sense" treatment of our allopathic brethren—painting with collodion, opium, belladonna, subcutaneous injections of morphia, etc. One author recommends *emplastrum diabolani* (whatever that may be) mixed with opium in some form, to be applied until the artificial eczema which is generally produced necessitates the removal of the application. Another orders vesicants for the relief of the neuralgic pain. Holmes, in his "Principles and Practice of Surgery," speaks thus: "The eruption

requires no treatment beyond a purge and a soothing application. The neuralgia which it leaves behind may require prolonged and careful management." He, however, gives no directions as to how the "prolonged and careful management" is to be conducted, and one would scarcely consider the plaster mentioned above, which produces an artificial eczema, as a soothing application. Aitken recommends *Tinct. Aconiti*, or *Tinct. Opi* to be applied, or the part painted with collodion.

But in all this there is no attempt at the direct cure of the disease, or the prevention of the subsequent neuralgia; it is merely a palliative, and in one or two of the above examples, a worse than do-nothing treatment. The writer can remember several cases under allopathic treatment, and they were almost invariably very tedious, and followed by intense neuralgia.

Now can we do anything better than this in Homœopathy? Have we got one or more medicines which will lessen the inflammation, prevent the suppurative stage, or cut it short when actually present, and either diminish or entirely prevent the subsequent neuralgia? We may give a very decided affirmative answer to these questions.

Hartmann gives the following list of medicines for this disease: *Acid. Nitricum*, *Arsenicum*, *Causticum*, *Euphorbium*, *Graphites*, *Mercurius*, *Rhus Tox.*, and *Sulphur*.

Nitric Acid, however, seems more applicable to the rash of scarlatina or urticaria.

Arsenicum has among its symptoms herpetic eruptions in various parts of the body, characterised by severe burning pains and itching, worse at night.

Causticum has the itching in different parts of the body, with vesicular and pustular eruption, especially about the face and neck.

Of *Euphorbium*, Allen says, "It is irritating to the skin, especially in irritable subjects, producing large vesicles filled with yellowish serum. This eruption is accompanied by more or less diffused redness of the skin of the affected parts." This symptom seems to correspond very accurately to the herpetic eruption. This remedy has also the burning itching.

Graphites has violent itching and burning, with eruptions of a vesicular and pustular character in various parts of the body. The left side is said to be specially indicated.

Mercurius has the itching pimples and watery vesicles burning when touched; itching pustular eruption on abdo-

men and thighs, also on the scapulæ. It is said to relieve the burning and prevent the appearance of new crops of vesicles.

Rhus has the following symptoms: burning itching here and there; small burning vesicles with redness of skin; burning itching eruptions about the scrotum, prepuce, eyelids and eyes, arms and loins, with swelling of the parts, and small yellowish vesicles which run into each other and become moist: black pustules with inflammation, and itching. It has also the fever and restlessness.

Sulphur has, perhaps, less decided symptoms than any of the above; it has only burning itching eruption; *hepatic* spots on the chest and back, itching in the evening. (Is this *hepatic* a misprint? Possibly *herpetic* may be intended; or it may mean liver-coloured.)

To this list we may add three or four other medicines, viz., *Mezereon*, *Croton Tiglium*, *Silicea*, and perhaps *Pulsatilla*, *Aconite*, and *Dolichos Pruriens*. Under *Mezereon* we find, "Eruption of red spots on the chest, with violent burning and inclination to scratch; the burning remains for several days after the disappearance of the spots. Violently itching rash on the nape of the neck, back, and thighs, always worse and gnawing after scratching, and sticking as from needles." "Obstinate itching over the whole body. Itching and burning in the evening." This medicine seems to select the right side more especially. It has been found as a result of clinical experience that neuralgia seldom or never follows in cases cured by this remedy.

The eruption brought out by the external use of *Croton Tiglium* shows a very close resemblance to that of herpes, commencing with rubefaction of the skin, followed by formation of vesicles, conversion of the vesicles into pustules, and ending in desiccation and falling off of the scab. In its provings we find, "Scarlet redness of the skin, with rash-like vesicles. Redness of the skin and pustular eruption. Pustules and almost general inflammation of the abdominal integuments. Burning on the chest." These symptoms present a very fair picture of herpes.

Silicea has, "Great irritability and painful sensitiveness of the skin when touched; itching of the back, scapulæ, and thighs; itching and biting of the whole body; eruption over the whole body resembling varicella, accompanied, preceded, and followed by violent itching."

Pulsatilla has been recommended when gastric disturbance,

evening aggravation, and a mild, yielding, tearful disposition are present.

Hempel speaks favourably of *Aconite* in allaying the inflammatory symptoms.

Dolichos Pruriens has been recommended by Dr. Ker. In Hering's Condensed Materia Medica it has the following symptom: "Dry, tettery eruption on the arms and limbs, resembling zona."

Apis has also been used with good effect in some cases.

Of all these, *Croton*, *Mezereon*, *Rhus*, *Euphorbium*, and *Arsenicum* are the most markedly homœopathic to the eruption and its concomitants.

With regard to the subsequent neuralgia, *Mezereon* is doubtless the leading medicine, though good results have been obtained with *Rhus*, *Pulsatilla*, and *Arsenicum*. Trousseau himself recommends *Liq. Arsenicalis* in small doses very strongly. What is this but Homœopathy unacknowledged? We should not have to search very far for similar instances of appropriation at the present day. *Cimicifuga* has also been found useful, likewise *Dolichos*, *Ranunculus Scleratus*, *Rhododendron*, *Ledum*, and *Spigelia*; the latter seems to be chiefly connected with neuralgia of the trifacial nerve.

During the last month the writer has had two cases under treatment, both of which were readily cured in a few days, the one with *Mezereon*, the other with *Mezereon* followed by *Silicea*. No sequelæ have occurred.

A. B. B.

THE use of goats as wet-nurses is thus spoken of in "Montaigne's Essays," Cotton's Translation, 1711:—"It is ordinary, all about where I live, to see the country-women, when they want suck of their own, to call goats to their assistance. And I have, at this hour, two footmen that never sucked woman's milk more than eight days after they were born. These goats are immediately taught to come to suckle the little children, well knowing their voices when they cry, and come running to them; when, if any other than they are acquainted with be presented to them, they refuse to let it suck; and the child, to any other goat, will do the same. I saw one the other day, from whom they had taken away the goat that used to nourish it (by reason the father had only borrowed it of a neighbour), that would not touch any other they could bring, and doubtless died of hunger."

ABDOMINAL PHTHISIS.

By WILLIAM HITCHMAN, M.D.

TUBERCULAR inflammation of the peritoneum, as is well known to practitioners of every school of medicine, comes on very insidiously. In fact, the mesenteric glands and the folds of the mesentery may be fatally obstructed with tubercular deposit, and hard nodular tumours may be felt through the abdominal walls ere consumption of the bowels attracts the notice of parent, nurse, or child. Diarrhœa, alternating with constipation, has been affectionately treated from time to time, yet emaciation and swelling of the belly proceed unchecked by the skill of a domestic physician to such an extent, that when the patient is scientifically examined, *secundum artem*, there is a distinct sense of fluctuation, tension of the parietes, dulness on percussion, due to pressure of accumulating fluids, dry skin, scanty urine, torpid bowels, and not improbably injection of the eyes, thirst, enlargement of the superficial veins, suffusion of the countenance, and difficulty of breathing—in a word, *dropsy*. It is hardly necessary to distinguish strumous peritonitis from tabes mesenterica, since in actual practice they are often combined, and therefore the distinction is unimportant for the Homœopathist. Moreover, tubercular meningitis, or hydrocephalus, in its early stages, closely resembles abdominal phtthisis. The patient is restless and fretful, with very irritable stomach, the breath is offensive, tongue dry, perhaps aphthous, with intestinal evacuations of greenish mucus and undigested food. Indeed, if the brain be not implicated, symptoms of pulmonary consumption may supervene before the child is worn out or exhausted from the primary abdominal disease. Tubercle consists of albumen, fibrin, gelatine, salts of soda and lime, together with water, and fatty matter, a morbid state of the human constitution which may be inherited or acquired with equal fatality. It almost always acts as a foreign body, and sets up inflammation in the surrounding tissues; nevertheless, if it be deposited slowly it may cause neither pain nor inconvenience, and remain quiescent withal for a very considerable period. Under the microscope the appearance of these molecules is not unlike the matter of plastic exudation, consisting for the most part of granules, blended with nucleated cells; the tubercular deposit, whether in the chest, abdomen, head, larynx, absorbent glands, or elsewhere, and whether called yellow or miliary, varying only

in respect of a few minute spherules, irregular flakes, and oil-globules. The symptoms of abdominal phtthisis may be summarised briefly as follows: enlargement of the belly, emaciation, sweating, diarrhoea alternating with constipation, gastro-intestinal irritation, hectic flush, deep-seated pain, vomiting, tympanites, chronic peritonitis being sometimes a sequel of the acute inflammation; and in other cases, as I have previously stated, the disease begins in a very obscure and insidious manner, and is attended in scrofulous subjects by a deposit of granules, or tubercles, external to the membrane.

I would characterise the occasional pains of abdominal phtthisis by the definite term, *deep-seated tightness*, as if the integuments glided over the distended, thickened peritoneum, and its invariable accompaniment is increased and protracted feverishness. It was this pathognomonic symptom that led me to the selection of *Belladonna* as forming the key to the Temple of Therapeutics, in respect to the law of similars, involving in its physiological provings, simply everywhere, from Hahnemann and Hering to Belluomini and Black, constriction of the abdomen, as if the part affected were *tightly seized* with the nails, or clutched with talons, giving rise to peritonitis, etc. But is it always true that hunger and thirst are the best indices, physiologically, of the condition of the stomach in particular, and the wants of the body generally? Although the coagulability of chyle, for example, increases with its progress through the absorbent system, this milk-like fluid—generated in the intestines by the action of pancreatic and hepatic secretions on chyme, which has passed the pylorus—does *not* coagulate in the lacteal vessels. Nay, even after chyle has traversed the mesenteric glands it has rarely the property of coagulating in a spontaneous manner. Now who can wonder that peritonitis is really chronic from the commencement (if one may be allowed to use a solecism) in those very cachectic subjects of scrofula, tabes mesenterica, phtthisis, and hydrocephalus, in whose feeble organisations the aqueous part of the blood is uniformly increased, in proportion to the solids, while the red corpuscles are especially diminished? Tuberculous matter is deposited in a fluid state from the capillaries just as the lymph itself is; the morbid product then coagulating and forming a foreign body. In truth, abdominal phtthisis is often not a sequel of acute inflammation of the peritoneum at all, but accompanied in the poor weakly children of rich parents (*quoad* the precious

metals), as I have said, with scrofulous granules *external* to the membrane. Hence the pertinency of the above interrogatory as to hunger and thirst, or fluids and solids, in the physiology of digestion and assimilation. In France, Germany, Belgium, and other foreign countries, as well as in Great Britain and Ireland, I have seen thousands of these hungry and thirsty juveniles, both in hospital and private practice, whose cravings have never been satisfied with port wine, beef-tea, gravy soup, cod-liver oil, iron, quinine, or "tonics" innumerable, with frictions of iodine, soap, or opiate liniments, externally, and a frequent ringing of changes the most orthodox, in form of *hydrargyrum cum creta*, Dover's powder, leechings, blisterings, fomentations, poultices, and bandages besmeared with ointment, especially *Mercury*, or other poisons, that benefit undertakers probably far more than other industrious citizens. Medical advice and professional cookery notwithstanding, the actual strumous degeneration of the mesenteric glands proceeds, till at last the death of each sufferer is duly registered in the official nomenclature, "abdominal phthisis" (*certified*). Recently I attended the only son of the mayor of a large adjacent city. He had just attained his ninth year, and was perhaps somewhat hereditarily predisposed to tubercular peritonitis, if one may judge from a comparison of historic facts. Other children had previously died, according to Allopathy; and so far as I could learn, the peritoneum of one patient was found studded with miliary tubercles, while in another example the coils of intestines were said to have been firmly glued together with scrofulous lymph (after a severe eruption, called "vaccination"), the liver and spleen being especially covered with copious effusion, as well as very thick cheesy membranes. In consultation with other medical practitioners, during the present year, I have witnessed examples of chronic tubercular inflammation, in which masses of scrofulous matter have softened, ulcerated, and then perforated the intestinal coats, resulting either in fistulous openings or faecal abscess, with the abdominal parietes completely bored through—in short, an artificial *anus*. Reverting to the child of a neighbouring chief magistrate, I may briefly state that no benefit had resulted from iodine paint, iodide of potassium, mercurial ointment, and a generous diet. He had constant internal pain, as though seized with "the claws of an eagle" (to quote his apt intelligent metaphor), remittent fever, obstinate diarrhoea, progressive emaciation; was very anæmic, with

immense abdominal enlargement, and effusion of fluid, the fluctuation being pronounced. Although living like an alderman, his aspect positively betokened an existence of severe hardship and scanty food. My remedies were few and simple. I prescribed Nestle's milk powder, a sitz-bath, graduated from hot to cold, thrice daily, friction to the spinal nerves by means of human electricity or animal magnetism, and one grain of the first trituration (centesimal) of *Belladonna*, prepared not from the leaf, however, but its pulverised *root*, night and morning. Seeing that natural electricity circulates in the nervous fibres of the organic body, and in peculiar states of the system gives out electric sparks, rich in healing magnetism, I suggest this method of treatment to the admirers of my god-child, the *Homœopathic World*, with that just confidence which springs from adequate experimental observation. The *root* of *Belladonna* I hold to be not only homœopathic to many cases of abdominal phtthisis, but it possesses the wonderful capacity of restoring the normal action of the capillary vessels and sympathetic nerves, physiologically. Hence its sphere of therapeutic influence may be co-extensive with the disease itself. May we all prove ourselves servants of Nature—students of philosophy, lovers of science—with hearts and minds ever open to the reception of that true wisdom which can alone make us free!

COMPARATIVE RATE OF INCREASE OF POPULATION IN DIFFERENT EUROPEAN COUNTRIES.—In a paper read by Mr. Frederick Martin at the Society of Arts some while ago, the subject of the rate of increase of population in England, France, Prussia, Austria, Italy, Spain, Denmark, the Netherlands, and Sweden, was discussed. First in order the lecturer placed England. Whilst her birth-rate was not so high as that of some other States, her death-rate was among the lowest. Next came Sweden and Denmark, both with a moderate birth-rate, but a very low death-rate, that of Denmark being the lowest of any of the nine countries. Then came Prussia, which had an exceedingly high birth-rate, but also a very high death-rate, which was, however, diminishing. The Netherlands stood fifth on the list, with a birth-rate nearly equal to that of England, but a much higher mortality. Thus it will be noted that the five nations in the van of vitality are of Teutonic blood. In Austria, Spain, and Italy, the deaths in number almost equalled the births; whilst in France, the last on the list, the population rate, according to Mr. Martin, showed only a very slight increase.

THE CARE OF OUR EYES.

WEAK sight is nothing more nor less than a disorder of the accommodative apparatus; or, we may say, a disorder of the two muscles of accommodation and convergence. In health, these two muscles work together in perfect harmony. If either one becomes affected, this harmony is disturbed, and weak or painful sight may follow; but the immediate occasion, usually, of weak sight is an overworked, fatigued, sensitive condition of these muscles. It is plain, then, that as in distant vision this muscular apparatus is not used, and as in near work it must of necessity be brought into service, if sight is weak or painful, and we wish to improve and cure it, we must carefully regulate the way in which we use our eyes, with a view to relief of this overused and weakened adjusting power.

Persons having a tendency to weakness of sight, or those experiencing unusual fatigue of the eyes in reading, or similar occupation requiring close vision, should carefully observe the following rules:

1. Cease to use the eyes for the time being, and look away from the work, when sight becomes in the least painful, blurred, or indistinct. After perfect rest for a moment, or longer, work may be resumed, to be discontinued as before when the eyes feel again fatigued.

2. See that the light is sufficient, and that it falls properly upon your work. Never sit facing it. It is best that the light should fall upon the work from above and behind. Failing this, it may fall from the side. Never use the eyes at twilight. Any artificial light for the evening is good if it is brilliant enough and steady. A flickering gas-light is injurious. The argand gas-burner with a chimney does not flicker, is brilliant, and may therefore be recommended. A study-lamp, or any lamp with a chimney, burning oil or kerosene, if it affords a sufficiently brilliant light, may also be agreeable for the eyes. When artificial light is at all painful, it is safer to read or write only during the day.

3. Never read in the horse or steam cars. It requires too great an exertion of the accommodative power to keep the eyes accurately focused and fixed on the letters. Business men are in the habit of reading the evening papers on their way out of the city, and the morning papers on their way in. This dangerous practice is rather a frequent cause of weakness of sight. There are those who can follow it with impunity year after year, but there are more who cannot.

4. Never read when lying down ; it is too fatiguing for the accommodative power. Many a tedious case of weak sight has been traced to the pernicious habit of reading in bed after retiring for the night.

5. Do not read much during convalescence from illness. Before the muscular system generally has quite recovered its healthy tone we ought not to expect the muscles of accommodation to bear the continuous use to which they are subjected in reading or writing. We cannot be sure that the delicate muscles of the eye are in a condition to be used until the muscles of the leg and the arm have regained their strength and firmness.

6. The general health should be maintained by a good diet, sufficient sleep, air, exercise, amusement, and a proper restriction of the hours of hard work. One ought not to expect strong eyes in a body weakened by bad habits or an injudicious amount of labour. Bright gas-light in crowded rooms, and the impurity of the air in such places, are especially to be avoided. Medical advice should be sought in regard to any nervous debility, disorder of the organs of digestion, or any functional disturbances of a general nature, whether they appear to have a direct connection with the weakness of sight or not.

Take plenty of sleep. Sleep is a sovereign balm for those whose suffer from weak sight. Retire early and avoid the painful evening lights. Ten hours' sleep for delicate eyes is better than eight.

If the weak sight does not improve satisfactorily under the observance of the rules given, it will be necessary to resort to the use of convex glasses. It is better in this case to consult a competent oculist. He will furnish you a recipe, which may be taken to a good optician, who will sell you the glasses prescribed. The eye-glasses are to be used exactly as directed by the oculist. For the benefit of such as are unable to get proper advice, it may be well to say that the convex glasses will probably require to be of about 48-inch focus, and that they are to be worn only in reading, sewing, and such occupations as require the accommodative apparatus of the eyes to be brought into use. The moment the eye tires, the glasses must be removed ; to be replaced again, after a rest of the eyes, when work is resumed.

To accustom the eyes to the help of glasses may require some days or weeks, and considerable patience. After beginning with them, it is best not to omit their use in

reading or sewing, even temporarily, but to work or read always by their help; limiting the amount of reading at first, and then increasing it day by day, or week by week, until the sight becomes strong.

NEAR-SIGHT IN CHILDREN.

At school the children fail to see the figures on the black-board across the room, and in study they hold the book nearer than others. Such eyes are not able to read the type below at a distance of twenty-four inches. One with correctly-formed eyes can do this without unusual effort.

Extract from Professor Huxley.

“The educational abomination of desolation of the present day is the stimulation of young people to work at high pressure by incessant competitive examinations. Some wise man (who probably was not an early riser) has said of early risers in general, that they are conceited all the forenoon and stupid all the afternoon. Now, whether this is true of early risers in the common acceptation of the word or not, I will not pretend to say; but it is too often true of the unhappy children who are forced to rise too early in their classes. They are conceited all the forenoon of life, and stupid all its afternoon. The vigour and freshness which should have been stored up for the purposes of the hard struggle for existence in practical life have been washed out of them by precocious mental debauchery,—by book-gluttony and lesson-bibbing. Their faculties are worn out by the strain put upon their callow brains, and they are demoralised by worthless childish triumphs before the real work of life begins. I have no compassion for sloth, but youth has more need for intellectual rest than age; and the cheerfulness, the tenacity of purpose, the power of work which make many a successful man what he is, must often be placed to the credit, not of his hours of industry, but to that of his hours of idleness, in boyhood. Even the hardest worker of us all, if he has to deal with anything above mere details, will do well, now and again, to let his brain lie fallow for a space. The next crop of thought will certainly be all the fuller in the ear, and the weeds fewer.”

But there are other symptoms of near-sight, of a general nature. One of the most common is a frontal headache, or headache over the eyes. This is a very usual symptom of near-sight in school-children, and it is frequently accom-

panied by a sense of languor and fatigue, and of an indisposition for active bodily exertion. In fact, the progressive, acquired near-sight almost invariably comes in the weakly, ill-nourished, studious, precocious child. And this general weakness and ill-health favours the rise and progress of the disease at the back of the eye to be considered later.

It will be remembered that in this defect the eyeball is too long; that the refractive or focusing power of the eye, therefore, brings the rays of light to a point before they reach the retina. A tendency to near-sight, or even a deficient light without the tendency, forces the child to hold the book rather near, and this requires the turning inward or convergence of the eyes so that both may be brought to bear upon the same point of vision. Now, a studious boy or girl of ten or fifteen years, besides the five or six hours' work in school, studies also more or less at home, while the leisure hours are spent over novels or books of travel. In short, the eyes are not only used nearly continuously in regarding near objects, but their use for distance is almost wholly neglected. It is not surprising that, under such training, an organ should lose some portion of its functional power. It is to be remembered that in youth the tissues of the eye are soft, yielding, and undeveloped; that it is a growing organ, easily moulded; that its future, like other parts of the body, is to be very much what it is made by training, use, or abuse. When we regard near objects, there is the action of the accommodative power, the convergence, the movement of the pupil and the adjacent tissues, and a forward movement of the whole eyeball. All this is muscular exercise; and whether this exercise is kept up all through the day or not cannot be a matter of indifference to an immature and growing eye. It is supposed—and very reasonably, I think—that the muscular pressure upon the yielding eyeball, and especially the pressure in turning the eyes inward, promotes indirectly a bulging of the eye at the back, and so contributes to the progress of near-sight.

But whatever difference of opinion may exist as to the exact way in which near-sight is made to increase, there is no question as to the fact; and it is especially true that the acquired near-sight of youth is progressive, and sometimes rapidly so. School statistics, made ten years ago and verified again and again since, have shown that it progresses with the age of the pupil and the increased demand upon the eyes. That is, in the elementary schools there are fewer, and in

the higher schools more, near-sighted; and the grade of the defect is also more severe as we reach the high school and college.

This affection is, as I have remarked, not merely an optical defect, but is almost invariably a disease as well. The elongation of the eyeball in near-sight is at the back, and of course, as the outer or protective coat of the eye is stretched, the two inner tissues (the vascular and nervous coats) are unnaturally distended also. The inner tissues do not bear this distention well; they become thinned, congested, inflamed, degenerated, and finally are partially lost over a limited portion of the interior of the eye near the entrance of the optic nerve. When we look into such eyes with the ophthalmoscope, we see at this diseased part, not the retina and the middle or vascular coat as in the healthy eye, but the outer covering, the glistening white-of-the-eye shining through these attenuated tissues. In such cases, the white-of-the-eye is visible both inside and outside. The instrument that we use to look into an eye, called an ophthalmoscope, is merely a small mirror with which to throw light into the eye. It has a hole through its centre for the observer, so that he may look straight at the part of the interior of the eye that is lighted up. Simple as it is, and much as it had been needed, the ophthalmoscope was not invented until after the year 1850.

It seems almost needless to say that an affection at the back of the eye, capable of destroying its tissues, may, if neglected, lead to blindness. Every oculist is sought now and then for advice in regard to an eye blind from neglected myopia. Vision from this cause is, however, not often lost before adult age,—usually between the age of thirty and forty-five, perhaps. Fortunately, the destruction of the tissues, under abuse of the eyes in progressive myopia, does not advance with equal rapidity in both eyes; so that if sight be lost in one, the sufferer is quite sure to adopt every means for its preservation in the other. It is clear, therefore, that a myopic eye is not, as is frequently supposed, a strong eye, but on the contrary, a weak one; or at least liable to become, if abused, a weak one. It is true that inherited myopic eyes are sometimes strong, but the greater number are nevertheless weak and diseased. *Acquired* myopia almost invariably threatens the integrity of the eye and its functions. The pain in the head and eyes spoken of is not necessarily due to disease, but may come chiefly from a muscular fatigue owing

to the strain upon the muscles of convergence and accommodation, or from a want of proper co-ordination between them.

There is no doubt that deficient and improperly admitted light in schoolrooms is one cause of the rapid progress of this optical defect. To sit facing a light during study, for instance, is extremely injurious to the best eyes. On looking up, the eye becomes saturated with light, and then, on turning to the printed page, an extra accommodative effort must be made to overcome the dazzling and clear up the vision. The light should enter from above and at the side, so as to strike the page of the book, and not the eyes; and it should be, if possible, a direct rather than a reflected light.

A deficient illumination is injurious because it requires the book to be brought near the eye, and this, as we have seen, tends to pressure on the eyeball from the muscle of convergence and the other external muscles that control its movements; and so tends to promote the posterior bulging that we have already noticed.

School furniture is also often ill adapted for the scholar, even if properly placed as regards light. The bench is too high for the desk, so that the pupil must bend over his work; thus promoting congestion to the head, and contributing to the congested condition at the back of the eyes; or the seat is too far away from the desk, and the head is thereby brought too near the book, so that the growth of near-sight is directly encouraged.

All these schoolroom imperfections might, of course, be of comparatively inferior moment, if it were not for the fact that children are obliged to spend six hours a day in school for nearly the whole year round. If the high-pressure system of education shall be succeeded in course of time by a system more rational, moderate, and healthful, the interior arrangements of the schoolhouses will not be so serious a matter. Any middle-aged person can look back to the days when near sight and weak sight among boys and girls were quite rare. It was not then the fashion to teach children everything—including drawing, music, and all the languages except English. Nor was it then supposed that a sufficient amount of bodily exercise would neutralise the effect of an excessive amount of brain-work. Two and two then made four; and the brilliant notion that an exhaustion in one direction could be made good by an exhaustion in another direction was not then in vogue.

The first and best thing to do is to take them from school, stop their reading and all use of the eyes for near objects as far as practicable, and see that they use their eyes for distance. Encourage them to climb the hills and look miles and miles away. I remember a boy of twelve in whose case the above advice was fully carried out, and in less than one month his power of vision for distant objects had doubled. On leaving school, he saw across the room no smaller letters than those the size of the largest at page 28; but in less than one month he could see at the same distance the smaller ones numbered 20. The quick improvement in the sight for distant objects brought about by the method above described is surprising.

After a time—perhaps from three or six months to a year—the improvement in vision for distance will cease; and then, if the general health warrants it, proper glasses should be selected by an oculist, and the studies, under his direction, may be resumed. But always and continually in this affection care must be taken that children do not become too studious and sedentary; that they be encouraged to play out of doors, and above all to use their eyes daily in regarding distant objects. When there is much disease at the back of the eye, it is advisable, of course, to keep them under proper medical supervision; and always, in the case of children, a nearsighted eye should be examined by a competent ophthalmoscopist to determine whether active disease be present or not.—From *“How to Take Care of our Eyes,”* by Henry C. Angell, M.D.

AN HISTORICAL CASE OF IMPALEMENT.—In the ethnological collection preserved in the Cabinet of Comparative Anatomy at the Jardin des Plantes, Paris, may be seen the skeleton of an adult male, presented by the celebrated military surgeon, Baron Larrey. It is all that remains of Solyman-êl-Hlabeg, a young Syrian, who assassinated General Kleber in Egypt. For this offence he was condemned to be impaled after that his hand had been burnt to the bone. On a label attached to the skeleton it is further stated that the stake, “after lacerating the viscera of the abdomen, their nerves and vessels, had fractured the os sacrum, two of the lumbar vertebræ, and was finally implanted in the vertebral canal.” It seems more than probable that Larrey not only witnessed the punishment, but also made a careful examination of the assassin after death.

BLOOD-SPITTING IN HYSTERIA.

DR. FRANCO relates the following case. A young lady of 20, engaged to be married, suffered from hysterical fits, and in shorter or longer intervals from hemoptoe. The most celebrated physicians of Naples prescribed the usual remedies without any benefit, and therefore advised the breaking off of the engagement. Franco could only find in the right apex slight rattling murmurs, but all other manifestations of tuberculosis were wanting, and therefore advised marriage as the best, the only remedy necessary for a cure. As heredity was impossible in this case, and as there never were any febrile symptoms during the hemoptoe, and during every interval physical examination proved an entire absence of any chest-disease, and as other hysterical symptoms were present, he considered the hemoptoe a mere vaso-motory disturbance, and urged matrimony. His advice was followed, a child was born afterwards, and the young mother enjoys now the very best of health. In another case, a regular blue-stocking of a woman was attacked with hysteric hemoptoe, and here also physical examination revealed a total absence of any tuberculous infiltration. She also married, and that was the last of her hemoptoe. There cannot be the least doubt that hysterical hemoptoe can be explained from neuro-paralytic hyperæmia and rupture of the capillaries. As in woman love plays the chief part of her life, the physicians ought to be careful not to destroy a life's happiness by a wrong diagnosis, by a mischievous prognosis, and by faulty treatment.—*Nuovo Giornale Internazionale.*

ERYTHEMA NODOSUM AND ITS RELATIONS TO TUBERCULOSIS.

ERYTHEMA nodosum usually begins with a prodromal stage, lasting from several days to a week with general malaise and fever. The eruption sets in with small red nodules, growing rapidly in size, sharply circumscribed, and feeling elastic to the touch. These painful and hot nodes soon take on a livid colour, and thus, by its similarity to a contusion, some call it "dermatitis contusiformis." Though there may be fluctuation, it never forms an abscess, and after an incision only a small quantity of bloody serum escapes. Gradually they change their colour, just like extravasated blood, become absorbed, and leave a pigmented, desquamating spot. This retrogression takes about 8 to 10 days, so that

the whole eruption lasts about three weeks. In numbers there may be only 5 or 6, or 20 to 50 nodes. They are usually found on the side of the extensors of the extremities, especially on the anterior surface of the legs, and are accompanied by a remittent fever with a temperature of 38° to 40°, which gradually passes away; the intensity of the fever does not always correspond with the number of nodes. In some cases articular pains were observed, so that the disease could be taken for articular rheumatism. Lewin observed in several cases endocarditis with valvular deformities; bronchial catarrh may also be seen as a complication.

An anæmic girl, æt. 16, suffered from erythema nodosum with bronchial catarrh; after recovery she was attacked six weeks later with meningitis basilaris, from which she died. The post-mortem showed tubercular meningitis, miliary tuberculosis of the pleuræ, lungs, liver, spleen and kidneys, and caseification of several bronchial glands. Uffelman observed 17 cases in anæmic, ill-nourished girls, and in most of these cases tuberculosis was hereditary. Hence erythema nodosum must not be considered a trivial eruption, especially in persons with a tubercular disposition, as it may bring the latent disposition to a focus.—*Arch. d. Heilkunde.*

A NEW PALATE TICKLER.

In a late issue of the *Morning Post* we find the following quaint notice:—"The *Saturday Review* once declared that the greatest benefactor of the human species would be he who could enable men to drink an unlimited quantity of wine without getting drunk. Such a man has been found. Dr. Bell invented the telephone, but its wonders pale before the telegastograph. This is an electrical machine by which the palate can be tickled and pleased by any flavour, and for any length of time, without fear of indigestion or inebriety. By putting fish, or soup, or wine, into a receptacle connected with a powerful battery, the taste of the daintiest viands can be conveyed along a telegraph wire for miles, and to an unlimited number of *bons-vivants*. They have only to put the wire in their mouths, and they seem to be eating and drinking. They may get drunk or overfed, but the moment the contact is broken the evil effects pass off, and nothing remains but 'a delightful exhilaration.' The inventor, however, keeps the *modus operandi* a perfect secret, and wishes to perfect his discovery before he discloses it to the world."

HOMŒOPATHIC PRACTICE.

"If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others."—DR. SAMUEL FENWICK.

CASES FROM PRACTICE.

By J. MURRAY MOORE, M.D., Taunton.

1. *Eczema*.—A servant-girl, of robust frame, and very excitable nervous system, was living at Torquay, where she used hard water, both to drink and for washing, of which she had a great deal to do. An itching eruption came out on her right wrist and on the nose in May, 1878, and grew worse after her coming to Taunton. She first consulted me Sept. 7th, 1878, and I had to treat her nervous symptoms, which were the most urgent, first. She was quite sleepless at night. *Gelseminum* ϕ , five drops at bed-time, soon restored her sleep. Then *Graphites* 3 was given for the eczema for four weeks. The water was very hard; one tumblerful producing, with the oxalate of ammonia, a complete casing of the oxalate of lime over the bottom of the glass. I have no doubt that this kept up the local and general irritation. Therefore she was enjoined to use as little as possible, the water cold for washing, and to drink nothing but *boiled* water; also the fatty elements of her diet were increased. From September 28th to October 14th she took *Rhus Radicans* 1, with benefit as to the appearance of the eczema, but not as to the itching. On the 14th October *Sulphur* 1 was given, and a complete cure was effected, the skin resuming its healthy appearance by the 4th November.

2. A lady, æt. 63, complained to me in May, 1878, of an unsightly wart, growing from the inner corner of the right eye; it had attained the height of one-third of an inch, and bled freely on any attempt to detach it. *Thuja* 3 internally, and the application of *Thuja* ϕ locally, caused it to wither at the base and drop off without hæmorrhage in three weeks. It had existed there for more than two years.

3. I wish to corroborate Dr. Ussher's timely commendation of the *Hepar Sulph.* 6x trituration of Messrs. Keene and Ashwell in the August *Homœopathic World*, p. 355. I have used it in several appropriate cases with the best results. I trust our colleagues will often let us know through the *Review* or the *World* of *particular preparations*, especially *triturations*, which they have found strikingly more efficacious than the ordinary ones of the same number.

Obituary.

FREDERICK FOSTER QUIN, M.D.

Born 1800. Died November 30th, 1878.

HALF A CENTURY of medical life is a noteworthy matter, but to have worked for fifty years as medical pioneer of a new truth, is a matter for just pride and congratulation.

Frederick Foster Quin began his work as a medical pioneer in 1827, and had the honour of being the first to introduce the practice of Homœopathy into England. This is a tolerably short sentence, and may be quickly dismissed by the followers of orthodox medicine; but to the followers of Hahnemann and to thoughtful minds it signifies the dawn of a new medical era. Before 1827 our forefathers were content to be bled, purged and blistered, *secundum artem*, and fondly believed that this somewhat rough practice of physic was the one most suitable for their constitutions. To take strong physic was almost a sign of manliness, and to deny a surgeon the pleasure of opening one's veins was a sign of cowardice; and as for blisters and setons, well, they were mere play-things, and to be accepted with a pleasant smile. However, a young and talented Irishman was destined to alter a few of these old-fashioned ideas on the subject of orthodox mal-practice. Dr. Quin had been travelling in Germany; he had seen Hahnemann and followed his practice; he had seen the cholera, and treated it according to Hahnemann's precepts; he himself had been attacked by cholera, and had been treated according to the Hahnemannian principles. He had practised Homœopathy in Naples, and now in 1827 arrives in London in the suite of Prince Leopold of Saxe-Cobourg, as his private physician. He takes up his quarters in the West End of London. He works quietly, but his cures attract attention; they have brought him an illustrious *clientèle*; but they have also brought him a letter from the College of Physicians. Not a complimentary letter, let it be understood, thanking him for the originality of his treatment, and begging to be informed of his method of cure, but a threatening letter, a letter of commination and denunciation—a medical bull from the Vatican in Pall Mall.

The letter ran as follows: "We, the Censors of the Royal College of Physicians, having received information that you are practising physic within the City of London and seven

miles of the same, do hereby admonish you to desist from so doing, until you have been duly examined and licensed thereto under the common seal of the said College, otherwise it will be the duty of the said College to proceed against you for the recovery of the penalties thereby incurred." One cannot read this ridiculous bombast without a smile of pity for the College of Physicians, to have allowed themselves to be guilty of such ignorant folly as to write in this fashion to a duly qualified practitioner. Their pride, however, received a slight fall.

Dr. Quin did not answer that dreadful letter with the promptness the College looked for, and another was despatched. This Dr. Quin did answer, in a simple gentlemanly way, explaining to the College of Physicians that he had not left unanswered their communication out of any disrespect, but simply because he did not conceive that a document of the nature sent to him required an answer. He acknowledged the receipt of this letter, and had the honour to be their obedient servant, Frederick Foster Quin. After this the College of Physicians held their peace and left Frederick Foster Quin to pursue the even tenour of his way undisturbed. Our pioneer of Homœopathy was duly qualified, and what more could the College expect or wish for? A faith in orthodox medicine, and this he did not possess. Dr. Quin's practice steadily increased, and his social qualities procured for him entrance to some of the best houses in London. For his medical skill was held dear in the sick-room, whilst his Irish humour lent a charm to every dinner-table he honoured with his presence. A witty well-educated guest is an honour to any dinner-table, however distinguished may be the host. Quick in detecting the nature of disease, happy in the application of a remedy, and ever ready with a pleasant word for the patient or a *bon mot* for his host, is it marvellous that Dr. Quin, as the pioneer of a new medical truth, gathered round him when comparatively a young man some of the most illustrious families in England as his patients? As a French and German scholar he also had a good reputation, and was so well versed in French that he wrote a small work in that language relating to his treatment of cholera with homœopathic medicines.

As a curiosity of medical history, we are told that Dr. Quin was chosen to attend the first Napoleon at St. Helena in place of Mr. Barry O'Meara; but the appointment was made too late, and the First Consul of France died on the 5th of

May, 1821, without our colleague's kindly help, having breathed his last under the care of Autommarchi, the bone-setter. We quote from the *Daily Telegraph* the following interesting paragraph of this Autommarchi:—"It was to him that, not long before his own decease, the conqueror at Lodi and Austerlitz exclaimed, after commenting upon the prodigious energy, activity, and ambition which had characterised his youth, 'And now all the kingdoms of the earth would not tempt me to exchange them for this arm-chair.'"

As physician in ordinary to the Duchess of Cambridge, Dr. Quin had great opportunities for helping our cause, and it is due to his ability that the London Homœopathic Hospital in Great Ormond Street has kept her name heading the list of its patrons. Our deceased colleague has done good work for us by practically keeping the merits of Homœopathy before his patients, and as so many of these patients bore great and distinguished names, they lent a strong hand of support to our cause in the days of its youth.

Our colleague has not died in harness like many of our good men and true, whom death has overtaken in the midst of their work, for his health had been failing for months and years; but he had by the earlier efforts of his life earned for himself an honourable leisure, a dignified repose.

As lovers of literary work, we could have wished to have seen more of his writings, and so learned more of his medical experience. We should have found much to instruct us in the records of his clinical cases, much to interest us in his history of the early days of Homœopathy and his intercourse with Hahnemann; but he has chosen to be silent where his speech would have been as silver. His opportunities for giving us the most interesting and the most useful annals of medical history were great. Our regret is proportionately great that the opportunities were neglected. If some of the pleasant hours spent by Dr. Quin at his club had been devoted to the literary record of his own experience, our colleague would not have been one whit the poorer, and Homœopathy would have been richer tenfold.

But the days darken, the sunlight weakens, the brain grows weary, the heart is still. Let us not utter regrets over what might have been, but rather be thankful for what has been, and as we leave the grave of our departed friend, let us only think of the tangible good he has done, and not of the possible good he might have done.

"Let him rest in peace."

REPORTS OF INSTITUTIONS.

BRITISH HOMŒOPATHIC SOCIETY.

The fourth ordinary meeting of this Society will take place on Thursday, the 2nd of January, 1879.

Notice of motion by Dr. Bayes :

1. "That this Society, as a very slight tribute to the memory of its venerated founder, Dr. Quin, recommend that his portrait be hung in the board-room of the Hospital, where he so long presided over the meetings of the Society ; and further, that his numerous and influential friends be appealed to, to found and endow a ward in the Hospital, to be named the 'Quin Ward,' in memorial of the great services he rendered to the science of Homœopathy in founding the London Homœopathic Hospital."

2. "That a committee be formed to carry out this Memorial to the memory of the founder of the Society and Hospital."

Public business will commence at eight o'clock.

The debate on Dr. J. Wilde's paper on "The Use of Aperients by Homœopaths" will be resumed. After which a paper will be read by W. Deane Butcher, Esq., of Reading, entitled, "Pharmacodynamics."

A paper is promised for February by Dr. Galley-Blackley, of London, entitled, "A Few Interesting Cases of Skin Diseases."

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the month ending December 18th, 1878, gives the following statistics :—

Remaining in Hospital November 19th, 1878	35
Admitted between that date and December 18th	43
	—
	78
Discharged between November 19th and December 18th	40
	—
Remaining in Hospital December 18th, 1878	38

The number of new out-patients during the above time has been 498.

The total number of out-patients' attendances for the same period has been 1,529.

THERAPEUTIC NOTES.

Roasted Table
Salt in Inter-
mittent Fever.

Les Mondes quotes from a Marseilles medical journal a simple remedy for periodical fevers, which has been used very efficiently for many years by Dr. Brokes in his journeys in Hungary and America. The directions are to take a handful of powdered white salt, such as is used in kitchens, and roast it in a clean stove (new, if possible) with moderate heat till it becomes of a brown colour, like that of roasted coffee. The dose for an adult is a soup-spoonful dissolved in a glass of warm water, taken at once. It should be stated that when the fever makes its appearance at intervals of two, three, or four days, the remedy should be taken fasting, on the morning of the day following the fever. To overcome the thirst excited by the salt, just a small quantity of water should be taken through a straw. During the forty-eight hours which follow the taking of the salt, the appetite should be satisfied with chicken or beef broth only; it is especially necessary at the time to observe a severe diet, and to avoid taking cold. The author asserts that during the eighteen years that he has used this method of treatment, he has never been unsuccessful. The remedy is certainly harmless, and perhaps worthy of a trial.

Alcohol Dressings
in Wounds of the
Scalp.

Prof. Gosselin, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He did so because it was an example of the rapid healing of such wounds, which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrisation that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent sero-purulent secretion, in nowise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Prof. Gosselin's attention, in which wounds are healed by this intermediate

mechanism, which is neither immediate cicatrisation nor cicatrisation after granulation and suppuration. This mode of cicatrisation in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents and leads to the quickest cicatrisation. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—*Gaz. des Hôp.*

MISCELLANEOUS NOTE.

Insect Powder. Why the flowers of the composite plants *Pyrethrum carneum* and *P. roseum*, when pulverised to form the well-known "Persian Insect Powder," should prove so destructive to insects, while perfectly innocuous to other forms of animal life, has not hitherto been understood. Rother, who has investigated the chemical composition of *P. roseum*, ascribes its active powers to the presence of an acid, or, more properly, of a glycoside, which he terms Persicin. It is a brown non-crystallisable substance, having the odour of honey, and when boiled with hydrochloric acid is converted into sugar and Persiretin. With alkalis it forms a neutral amorphous salt, as well as an acid crystallisable one. Persiretin also behaves like an acid. The plant contains, in addition, an oily resin-like acid, Persicein. No alkaloid was found by Rother; Bellesone, however, obtained from the plant a crystallisable substance which exhibited exceedingly acid properties. Hager, who has examined the flowers of both *P. carneum* and *P. roseum*, attributes their insecticide effects to the presence of two substances, one of which, a body allied to trimethylamine, is combined with an acid in the flower. This powder, as well as the pollen, has a peculiarly powerful effect as an irritant. Hager finds that aqueous or alcoholic extracts of the powdered flowers contain little of these ingredients, and consequently to be of no value as insecticides.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

TAUNTON.—We are glad to hear that the good folks of Taunton have awakened to the fact that they have in Dr. Murray Moore a skilful practitioner and a courteous gentleman. We hope that they will not swerve in their allegiance, but give him every reason to feel that Taunton is his proper sphere for work, and his home.
Verbum sap!

JOHN (Ramsgate).—Consult the homœopathic practitioner in your neighbourhood. Dr. Harmar Smith, of Margate, will give you good advice.

E. F.—Full attention will be paid to popular medical subjects in our forthcoming series.

BOOKS AND JOURNALS
RECEIVED.

The Monthly Homœopathic Review, December.

Chemist and Druggist, Dec.

Revue Homœopathique Belge, December.

El Criterio Medico, Dec.

Archivos de la Medicina Homeopatica, Nos. 24 and 25.

The United States Medical Gazette, December.

L'Homœopathie Militante, December.

Dublin Journal of Medical Science, November.

Homœopathic Times, Nov.
Cincinnati Medical Advance, October, November.

American Homœopathic Observer, November.

The Germ Theories of Infectious Diseases. By John Drysdale, M.D. London: Baillière, Tindall, and Cox, 20, King William Street, Strand.

Hygienic Medical Handbook for Travellers in Italy. By C. Liberali, M.D. Rome, 1878.

Notes on Hastings and St. Leonards. By A. R. Croucher, M.D., J.P.

Registration of Prevailing Acute Diseases. By H. M. Paine, M.D., Albany, N.Y.

The Critical Period of Homœopathy. By H. M. Paine, M.D.

CORRESPONDENTS.

Drs. E. W. Berridge, A. C. Clifton, Drury, Murray Moore, Tuthill Massy, Stokes, Usher.

Messrs. A. E. Chambré, Browning, Gibbs, Heintz, Nankivell (York), E. Richards, Spindler, Stoneleigh, Thurston, Walter, Zichy; Capt. Maycock.

The Homœopathic World.

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Dangers in the Use of Tinned Fruits.

A Physiological Hint to Photographers.

Eucalyptus Globulus.

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HOMŒOPATHIC PRACTICE.

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THE
HOMŒOPATHIC WORLD.

FEBRUARY 1, 1879.

SUPERIORITY OF HOMŒOPATHIC TREATMENT
IN CERTAIN FORMS OF CHRONIC DISEASE.

By Dr. A. C. CLIFTON, M.R.C.S., Northampton.

(Continued from page 18.)

CASE II. *Strumous Disease of the Elbow-joint.*—A. J., female, æt. 16 years, has suffered in her arm for eleven months; has attended the hospital as out and in-patient for seven months; was discharged from there because her parents would not allow excision of the joint to be performed. When the patient was first seen by me the whole of the arm was much swollen; there was enlargement of the ends of the bones which belonged to the diseased joint, suppuration was going on, and matter discharging from two openings; diseased bone could be discovered down the sinuses; any motion of the arm or even of the fingers caused great pain; the patient's general health was much impaired; she suffered from night-sweats, loss of appetite, diarrhœa, and emaciation; for this condition she was treated homœopathically for nine months, at the end of which time she was cured, her general health being good, and the limb was sound with the exception of slight limitation of motion in the joint, the medicines administered being *Phosphoric Acid*, *Hepar Sulphuris*, *Calcarea Carbonica*, *Silicea*, and *Asafœtida*, the only local medical treatment being a lotion of *Rue* during the last month.

CASE III. *Disease of the Wrist-joint.*—T. H., male, æt. 42 years, received a severe blow from a piece of timber falling on his wrist four months ago; has been under club doctor since that time; there has been much more inflammation and swelling of the limb than at present exists; suppuration had also taken place, for which incisions had been made to allow the escape of matter; still the case was deemed serious, from the fact of diseased bone being discovered, the joint being too freely moveable and crepitation being felt; the man

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suffered pain in the joint continually, which was worse at night, on movement, or on any attempt to flex or extend the fingers. On coming under homœopathic treatment, the parts were supported by a leathern splint, and a lotion of *Silicea* applied; the same medicine was given internally and continued for seven weeks. During the last three weeks of treatment the part was daily rubbed very gently with olive oil and *Phytolacca*, at the end of which time the parts were restored to a healthy condition; the wrist, however, was weak, for which the patient was ordered cold-water douches followed by friction.

Case IV. *Strumous Disease of the Knee-joint*.—E. W., female, æt. 14 years, of consumptive parentage, hurt her knee sixteen months ago; this was followed by inflammation and swelling, for which she went to hospital and received great benefit. After being out of hospital six months, and being obliged to work hard as domestic drudge, her health gave way, she became weak and coughed much, her knee got worse, was very painful and swollen, for which condition she went into hospital again, and received as medical treatment the usual tonics, quinine and iron and cod-liver oil. The leg was put in a splint and treated according to the recognised principles of surgery. It continued, however, to get worse and worse, the joint was considered thoroughly disorganised, and excision recommended. The patient's health was such as to cause anxiety, there being night-sweats, loss of appetite, sickness, red tongue, quick pulse, intense thirst, and great emaciation. Her friends desired homœopathic treatment, and she was attended at her own home as a dispensary patient. The treatment consisted in keeping the knee quiet in a splint, with a flannel bandage, and *Arsenicum*, *Belladonna*, *Calcarea*, and *Phosphorus* were given as internal remedies. At the end of fourteen weeks the girl's health was comparatively good; but the knee had not diminished in size and was nearly as painful on movement. *Phytolacca* was then applied to it, and given internally for three weeks, without improvement. I considered the joint to be incurable, and advised operation; she was taken to another hospital. No hesitation was made about performing the operation at once, the surgeon only expressing surprise at seeing so large an amount of disease of the knee with so little constitutional derangement, he not having been told of the homœopathic treatment she had received. After the operation the case did well, the girl coming home with a shortened limb, but other-

wise in fair health; she continued, however, to attend at the Homœopathic Dispensary occasionally for several months, there being a tendency to night-sweats, perspiration on the feet especially, and irregularities connected with her age and development. She was cured of all these, and has remained well since that time.

Case V. *Disease of the Knee*.—M. S., male, æt. 52. Had a fall and injured his knee four years ago; this was followed by inflammation and swelling of the joint to a great extent. This has been subdued to some degree, the parts appearing better for two or three months at a time, and then, without any apparent cause, would get worse; but the patient has never been able to stand on the affected leg since the injury. He has been under two medical men at various times since the injury. Leeches and blisters have been applied; *Iodine* has been painted over the surface; plasters of *Belladonna* and *Mercury* have been used; and he has taken much "physic," but with no permanent benefit. He therefore determined on trying Homœopathy. On examination, there was found to be very little heat or redness, but much swelling. The circumference of the knee across the knee-cap was $16\frac{1}{2}$ inches, whilst the healthy knee only measured 14 inches. The ends of the bones entering into the joint were much enlarged and thickened, and the thickening extended into the shaft of the bones. There is crepitation, or a crackling noise produced on pressing on or moving the knee-cap, which also causes great pain. The pain in the joint and long bones is worse in stormy, wet weather, and at night. The whole leg feels as heavy to him as a log of wood, and he can neither stand nor walk upon it. He states that his general health is good. The medical treatment was commenced with *Arnica*, internally and locally; in three weeks followed by *Rhus*. At the end of six weeks there was less pain, but otherwise no improvement. *Ruta* was now tried, with no better result. The case was now examined into more carefully, and in a way it should have been at first, in order to ascertain what constitutional condition there was keeping up the disease in the knee. This was not done at first, because the patient insisted that his health was good. On a second examination, the following points were noted:—He had suffered from rheumatism frequently during his life (father was rheumatic, mother died of cancer); had often been troubled with his water, it being scanty, difficult, and painful to pass, and depositing a reddish or yellow sediment; bowels

often constipated; flatulence, especially in the abdomen; skin dry; hands often chapped in winter; feet cold. *Phytolacca* was now chosen as the remedy; it was applied locally in the form of ointment (the powder mixed with lard), and sometimes in the form of lotion (the tincture from the berries only of the plant, mixed with water). The first decimal dilution of the tincture from the entire plant was given internally three times a day. This treatment was continued for four months, the joint all the time improving; at the end of that time he could stand and walk with a stick; the circumference of the joint was reduced to 15 inches, and the bones below the knee were smaller; his bowels now were constipated, and he had chapped hands. *Graphites* was given for three weeks with benefit, this being followed by *Lycopodium* and this again by *Phytolacca*. At the end of eight months the knee was quite well, with the exception of a little stiffness and weakness, and his general health was good. A visit to the seaside for a fortnight completed the cure.

Case VI. *Strumous Disease of the Ankle-joint*.—R. S., female, æt. 9 years. The child has suffered from the present disease for eighteen months. The parents cannot tell if she ever received any injury to the ankle or foot, but previous to any appearance of disease in that part she had complained of pain in the leg, and walked lame, which was attributed to weakness from growing fast. As the ankle and foot became swollen, inflamed, and painful, she was put under the care of a local practitioner. She continued under his care for four months, but, as she got worse, was sent to the hospital. Remaining there three months, she received much benefit, and was then treated as an out-patient, gradually improving for about seven or eight months, when the joint became much worse, and she was received as an in-patient once more; some dead bone was found, and removed by the surgeon under whose care she was placed, but as there appeared to be but little chance of saving the foot, amputation was proposed. The parents not consenting to this, she was brought out of the hospital, and put under homœopathic treatment. On examining into the history of the child's health previous to the disease of the ankle, the following points were noted:—Early dentition was delayed, and the teeth soon decayed; there were profuse sweats on the scalp at night during dentition; there had been an eruption on the scalp, when she was about six years old, which lasted nine months, and was treated by ointments and internal medicine, and

finally cured; subsequent to this she had an abscess in the neck; she had frequently suffered from bleeding from the nose; had grown beyond her strength; was very nervous and excitable. The homœopathic treatment of this case extended over a period of about seven months, the medicines given being *Sulphur*, *Calcareo Carbonica*, *Mezereum*, and *Phosphorus*, but *Sulphur* and *Phosphorus* were the drugs which did the most good. The only local treatment was cold soft-water dressing, until the last month, when a lotion of *Rue* was used. At the end of seven months' treatment the child was well in health, though not strong; there was still some enlargement of the joint, and but very little movement of the joint permissible, ankylosis, or bony union, having taken place—quite as good a recovery as could be expected, and certainly much better than with loss of the foot.

Case VII. *Disease of the Ankle-joint.*—H. W., female, æt. 11 years. Sprained her ankle when sliding on the ice four months ago; inflammation ensued; matter had formed around the joint; much swelling had taken place, and the child was unable to stand on the affected leg for a minute without suffering intense pain. The pain was also very acute on any movement of the joint, and was worse at night. She had been treated at her own home by an allopathic surgeon; leeches, fomentations, poultices had been used; scarification had been resorted to in order to relieve the tension; a free incision had also been made to let out matter which had formed. The bones of the foot, as well as those of the ankle-joint, were enlarged, but no dead bone could be discovered where the matter had been discharging. The case going from bad to worse, she was seen by another surgeon, who advised her going into the hospital, as he thought ulceration of the bone was taking place, and that it would have to be removed. The parents not consenting to this, placed her under homœopathic treatment. The history of the case did not lead me to suppose that there was any very marked constitutional weakness. She had suffered from "growing pains," bleeding of the nose during hooping-cough, was of a florid complexion, not well nourished, had purple spots on her legs for about three months, and if she ever hurt herself, the skin never healed well, but showed a disposition to suppurate. The homœopathic treatment was commenced with *Aconite* and *Hepar Sulphuris* in alternation, and cold-water dressing, followed by *Arnica* internally and locally, then by *Silicea* internally and water dressing locally, and

finally by *Ruta* internally and *Ruta* in oil locally; with the result that at the end of five months she was quite cured, with the exception of the foot being a shade larger than the opposite one.

In presenting these cases as proof of the superiority of homœopathic treatment in chronic disease of the joints, it will be seen that only two cases have been uncured (Nos. I. and IV.) without operation; No. I. still under treatment, health good, limb much better, but requiring removal of some diseased bone before complete recovery, whilst, at the commencement of treatment, life was in great danger, and loss of limb probable, had she not succumbed. No. IV. case had been in an allopathic hospital, but the local as well as general disease was making progress. Under homœopathic treatment the patient's health improved so much that she was able to undergo a successful operation, the joint being beyond power of repair otherwise. Of the remaining five cases, No. II. and No. VI. had also been in an allopathic hospital, and in both cases surgical operation was considered requisite for the removal of bone. Both these were quite cured by homœopathic treatment without operation. Cases III., V., and VII. had not been in hospital, but were serious cases nevertheless; partial or total destruction of the joints was threatening. These also were cured without operation, and by what remedies? Why, by such as are practically unknown to the majority of our orthodox brethren, and of which they profess total scepticism concerning their action when they are named for such diseased conditions.

It may be objected that the homœopathic treatment extended over a long period of time; but when it is remembered that in most of the cases there was general derangement of health as well as local disease, both of which conditions had existed for months or years; that the patients had been under allopathic treatment, with all that it involves, and yet had been going from bad to worse, notwithstanding good nursing and diet—it must be admitted that, to a great extent, the homœopathic treatment was a success, especially, as in the case of some of the poorer patients, good nursing and liberal diet were out of the question at their destitute homes.

No one more than the writer can be conscious of the fact that in the homœopathic treatment of these cases there was much that was loose and unscientific, that had they been placed in good circumstances, in our own Homœopathic Hospital in

London or Birmingham, been well nursed, the peculiarities and symptoms of each case analysed and studied, much better results would have ensued, and it is greatly to be regretted that these hospitals are not better supported than they are. There is no reason why the London Homœopathic Hospital should not be double the present size, and its beds always full, and free of debt, if only the lay Homœopaths did their duty in subscribing to the funds of that institution. By such means more than by any other would they spread a knowledge of Homœopathy amongst the profession, by compelling examination into its merits, and furnishing a school of clinical instruction for medical students. If from the reading of these imperfectly-treated, though successful cases, any are induced to send their names and subscriptions for so noble and praiseworthy an object, and so help on the cause of Homœopathy, the writer of this paper will not think his time has been wasted, and many hearts will be made glad.

THE EUCALYPTUS.

DRS. MOSLER and Goeze report some interesting experiments which have been made on the cultivation of the *Eucalyptus Globulus* in Greifswald, which have proved most satisfactory. Malarious diseases used to predominate in that city. They have been less frequent since the old walls were pulled down and the moats dried up; but the tendency still exists. During last winter, cuttings of the plant were planted in pots in the wards of the University Hospital. Most of these thrived very well and could be transplanted into the garden in the following summer; a few only died owing to the influence of the gas in the wards. The experiment has been repeated this winter with a larger number of cuttings, and has answered equally well. The plants are carefully watered and protected as much as possible from the influence of the gas. When a larger number is kept in one room, a pleasant aromatic odour is noticed, which is very agreeable to the patients, as it neutralises the unpleasant smells of the ward. Many plants have also been bought by the inhabitants of Greifswald, who use them as a sort of disinfectant in their houses, which have to be very carefully protected from the cold during the long winter months. The most important question was, however, to find out whether the severity of the climate would not prove a serious impedi-

ment to the outdoor cultivation of the eucalyptus. Twelve cuttings from two to three and a quarter inches in height were accordingly planted in the hospital grounds during June. In the beginning of November they had reached a height of about three to five feet, and had had put forth many branches and healthy leaves. They have been taken out of the ground, and are going to be kept in the wards during the winter. Next summer the experiment will be repeated with them, as it is thought that, in analogy with other green plants, they will after three or four years be strong enough to remain out of doors during the cold season. It has, however, been proved by the above experiments that, notwithstanding the cold winds which prevail in Greifswald, from its situation near the Baltic Sea, and the long winter, which lasts from four to six months, the eucalyptus globulus thrives out of doors during six months of the year, and even grows very rapidly. This will doubtless prove beneficial to the soil and counteract malaria.

A FEW NOTES ON PARALYSIS.

By the EDITOR.

To be paralysed means in many cases to be suddenly struck down in the midst of work and of hope. It means to be taken from a state of activity to a state of utter helplessness. It is the deathblow to many a proud, ambitious wish; it is the forerunner of much suffering and distress. It takes a man from affluence to comparative poverty; it casts a shadow over the household of the sufferer; it makes the strong man tremble, it fills the timid with terror and dread. If we can lighten this shadow and lessen this dread, it is something to work for and something to rejoice over.

In my own private practice I have met with a sufficient number of cases to give me encouragement in treating paralysis according to the law of similars. I feel that with our remedies at hand much can be done for the sufferer in relieving the symptoms of a paralytic seizure, and also in helping to avert the possibility of a fresh attack. I will now put down a few jottings of some cases treated homœopathically, and leave my readers to judge whether small doses of specific medicine are preferable to massive doses of irritating medicine.

One of the most striking cases I have to report is that of

a needlewoman who had been under my care for some six months and more before she suffered from her paralytic seizure, and whose precursory symptoms therefore had been under my medical supervision. The patient was 47 years of age, and was passing through the change of life. She had suffered for some months from headaches, giddiness, palpitation of the heart, flushes and chills, and nervous weakness, symptoms which were naturally enough attributed to the change of life through which she was passing; as the period had been very irregular for the past twelve months, and her age also pointed to such a crisis. I may remark before speaking of her seizure that *Cactus* had markedly relieved the palpitation and *Glonoine* the headache and flushes, both medicines being given in pilules which had been steeped in the third decimal dilution.

I was sent for rather hurriedly one cold day in early spring to see my patient, and found her in bed, with loss of power over the right leg and arm, and incontinence of urine. The attack had come on quite suddenly. She was fortunately in her own room at the time of the attack, and became suddenly giddy and then helpless, was put to bed, and I was sent for. There was no drawing of the muscles of the face, no deviation in putting out the tongue, no disturbance of the mental faculties, and the pupils acted naturally to the stimulus of light. But there was loss of power and loss of sensation on the right side, and incontinence of urine, but not of the fæces.

I gave *Rhus Toxicodendron* in the first decimal dilution, ordered the affected side to be well wrapped up in warm flannel, and cloths to be placed under her for her convenience. My patient was very calm and collected, was aware of the nature of her attack, and put a good face on apparently a very serious matter.

When I called in the evening I was pleased to find one symptom had disappeared already, and that was the incontinence of urine. She told me that within half an hour after taking the first dose of medicine the bladder had regained its lost power. By next day my patient felt more comfortable. She had had some sleep, and taken light food, but the loss of power was unaltered. However, to make a long story short, within a week from the date of her seizure she had regained the partial use of both arm and leg, and in a fortnight's time took a journey from Maidstone to Folkestone, and was able within another week to take a walk of half a

mile without either injury or great inconvenience. I heard from my patient from time to time, and every report was full of encouragement. Three months after the date of my first visit to her house she had recovered the full use of her arm and nearly the full use of her leg, and her general health was improved considerably.

As I had begun so well with *Rhus* I continued to use it during the time my patient was confined to her room, adding *Sulphur* in occasional doses.

The bowels did not act for a week after the paralytic stroke, and I gave no medicine to force their action. I gave *Arsenicum* to complete the treatment.

The action of *Rhus* in controlling the incontinence of urine was very remarkable, and as I have a case under treatment just now which was benefited in a marked degree by *Rhus*, I think it is worth noting the fact that this powerful medicine influences the nerves that supply the muscular tissue of the neck of the bladder. The case I am now treating is one of right-sided hemiplegia, and only came under my care twelve months after the paralytic seizure. There is dragging of the right foot and leg; there is contraction of the muscles of the hand, and inability to move the hand at the wrist; but since my patient has received homœopathic treatment she has gained power in lifting the arm from the shoulder, and also in moving the leg. But a marked symptom was incontinence of urine—not complete incontinence, but as soon as the desire for micturition was felt, nature required immediate relief. *Rhus* removed this troublesome symptom by the end of the first week of treatment. I may add also that in this case the bowels had been obstinately costive before the patient came to me, and now they have become fairly regular, acting every third day, and without the unhappy stimulus of a purge, which her former adviser had always resorted to for her relief.

This heroic treatment of constipation is like taking a friend by the coat-collar and pushing him out of doors neck and crop, instead of taking him gently by the arm and leading him out. The man who is forcibly ejected will sooner or later have his revenge, and dame Nature also takes her revenge by being more obstinate than ever when asked so peremptorily to move on. There is some wise Roman adage about expelling Nature with a fork, showing clearly that it cannot be done with impunity. The advocates of aperient medicine would do well to hunt up this adage, and have it printed in letters of gold on the first page, nay, on every page

of their visiting lists. Pitchforking Nature is neither a safe nor is it a scientific proceeding, but yet what a multitude of these professional pitchforks do we see lying about in every direction.

“'Tis true 'tis pity, pity 'tis 'tis true.”

OBSERVATIONS ON NATRUM MURIATICUM.

By H. V. MILLER, M.D.

THOUGH the chemical name of this valuable remedy is *Chloride of Sodium*, the old misnomer is still retained. Hahnemann seemed to possess an intuitive appreciation of the curative sphere of remedies, and his wonderful sagacity in this respect was seldom at fault. He described *Natrum Mur.* as a great antipsoric and one of the noblest of remedies, and I do not think that he overestimated this remedy. Yet by many Homœopathists it is generally overlooked and seldom thought of except in intermittent fever. One occasion for this neglect, perhaps, is prejudice against inappreciable doses, especially when massive doses of the same substance are constantly taken as food without apparent medicinal effect. And *Natrum Mur.* is but one of several nutritive substances often used medicinally in the treatment of disease. Among the most important remedies represented by the proximate principles contained in the animal organism, or obtainable by analysing those proximate principles, are *Natrum Mur.*, *Calcarea Carb.*, *Calcarea Phosph.*, *Kali Carb.*, *Lactic Acid*, *Sulphur*, *Phosphorus*, *Phosphoric Acid*, *Ferrum*, etc.

As a proximate principle, *Chloride of Sodium* stands in importance next to water. It is found in all kinds of food, and in all the tissues of the body except the enamel of the teeth. Besides the quantity naturally contained in food, it is claimed that an extra supply is almost constantly required. When cattle are deprived of their usual rations of common salt for about a year, their hides are said to become rough and ragged; the hair falls out in patches, and they soon lose their animal spirits. These symptoms are indicative of defective nutrition. But many persons become scorbutic from the abuse of salt in food. When taken as food, *Chloride of Sodium* aids digestion and promotes nutrition by exciting an increased secretion of the digestive fluids, especially of saliva and gastric juice; by producing various catalytic transformations; by tending to regulate the phenomena of

endosmosis and exosmosis, and by holding in solution the albumen and the blood-corpuscles. But this agent is almost as important in therapeutics as in diet. Indeed, it appears to be essentially a nutritive remedy. According to Prof. Lilienthal, it aids the metamorphosis of the white corpuscles into the red, and thus checks leucocythymia. *Natrum Mur.* is often indicated in chronic intermittent fever, not so often in the acute form; in headache; in muscular asthenopia; in catarrh of the air-passages; in spinal irritation, and in various diseases of the skin, liver, digestive apparatus, and the genito-urinary organs. I have verified most of the following salient points: Great melancholy and weeping mood, especially in menstrual and digestive diseases; frontal headache, commencing or worse in the morning on awaking or on moving the head or eyes (like *Bryonia*), from mental exertion, etc.; cough, with headache in the frontal region as if it would split; asthenopia, particularly muscular, with drawing, stiff sensation in the orbicular muscles when moving the eyes; letters, when reading, and stitches, when sewing, run together; aching in the eyes when looking intently (compare *Ruta*); fiery zigzag appearance around all objects; catarrh of the air-passages, with sensation of dryness in mouth and throat, and discharge of transparent mucus tasting salty; functional or organic disease of the heart, with inability to lie on the left side on account of pain and palpitation of the heart, etc.

Several of its symptoms occur or are aggravated in the morning. The headache usually commences on waking, and continues until noon or night. In nasal catarrh there is hawking of mucus and spasms of sneezing in the morning. In bronchitis the expectoration occurs at that time with bursting frontal headache. In intermittent fever the chill usually begins at 10 or 11 a.m., and in prolapsus uteri there is morning aggravation. But the unquenchable thirst is worse evenings, and there is canine hunger for supper.

A marked symptom of this remedy is dryness of various portions of the mucous membranes. It has dryness of the lips, mouth, tongue, posterior nares, larynx, and vagina. Besides it has sensation of dryness in the eyes, and dryness and cracking of the skin about the finger-nails constituting hang nails (*Rhus Tox.*, *Sulphur*). It powerfully affects the nutrition of the hair-follicles, causing or curing alopecia. The whiskers and the hair of the head fall out.

Its corrosive lacrymation is analogous to its salty micturi-

tion, and its acrid, greenish leucorrhœa. The acrid lacrymation excoriates the eyelids and cheeks, making them glossy and shining, and it is often accompanied with eczema (Allen and Norton).

It affects the recti muscles of the eyeball, the accommodation and the retina, producing diplopia, hemiopia, hypermetropia, and muscular asthenopia. In muscular asthenopia it is superior to *Ruta* or any other remedy. On looking down, a sharp pain above the eye (in the superior rectus) may be present. When looking intently there is aching in the eyes from defective accommodation. *Ruta* is oftenest indicated in accommodative asthenopia, with aching in and over the eyes, and with *blurring of the vision* after using or straining the eyes at *fine work*. Also when the eyes feel *hot, like balls of fire*, and appear irritable and run water, especially towards evening (Allen and Norton). In accommodative asthenopia, suitable glasses are also required. With the muscular asthenopia peculiar to *Natrum Mur.*, I frequently find frontal headache, commencing when waking in the morning, or inability to lie on the left side on account of pain and palpitation.

Natrum Mur. is suitable for various forms of headache. Like *Phosphoric Acid* it cures headache of school-girls. It has headache from sunrise to sunset, worse at mid-day (compare *Natrum Carb.*); right eye congested; worse from light. The headache commencing in the morning on awaking and moving the head or eyes, is worse from warmth (*Puls.*) and mental exertion, and better from sitting still or lying down, and from sweat. The *Murex* headache also commences in the morning on awaking, but it is relieved after rising.

Case of Menstrual Hemicrania of Thirty Years' Standing.—The headache was left-sided, boring or pressive, worse in the temporal region, and aggravated (not relieved) by lying down. The attacks were at first monthly, attending the menses, but after some years they came on semi-monthly, then weekly, and finally, once in two or three days. During the climacteric period they increased in severity, and it sometimes seemed as if the violence of the pain would cause insanity. The attacks sometimes commenced on waking in the morning, but usually at 11 a.m., continuing until midnight. The menses were regular, but profuse and long-lasting, and for several years attended with facial flushes. The patient was tall and of dark hair, eyes and complexion, and she had difficulty of hearing from troublesome tinnitus

aurium. Until she took *Natrum Mur.*, no remedy ever seemed to palliate these symptoms, as I found by fifteen years' trial. But *Natrum Mur.* has considerably relieved the tinnitus aurium which electricity aggravated, and in a few weeks it entirely cured the headache.

I have often found this remedy important in the treatment of nasal, aural, laryngeal, and bronchial catarrh. In catarrhal affections it has liability to take cold; coryza fluent, alternately with stoppage of the nose; posterior nares *dry*, with hawking in the morning; soreness or scabs in the nose, and loss of smell and taste (*Natrum Carb.*, *Pulsatilla*). The throat feels dry, yet he constantly hawks transparent mucus. This transparent mucus often occurs in catarrh, and it may be stringy, though to a less degree than in *Kali Bich.* The leucorrhœal discharge is either the same transparent mucus, causing itching, or the secretion is acrid, greenish, and thick (*Sepia* has a watery, greenish, leucorrhœal discharge). It has hoarseness, sore throat, and dryness of the larynx. The lips are dry, cracked with rhagades or bleeding scabs; there are humid sores in the commissures (*Arum Tri.*, commissures sore, cracked, bleeding), upper lip swollen. There are on the lips blisters like pearls, especially in intermittent fever. It has numbness of the lips, from paralysis of the trifacial nerve, and numbness on one side of the tongue, from paralysis of the glosso-pharyngeal nerve. The partial paralysis of these nerves is probably caused by hyperæmia of the medulla oblongata, the origin of their sensory roots. The tongue is white-coated, or mapped, as in diphtheria. The gums are sensitive to warm and to cold things; they are swollen, and they bleed easily; they are putrid (scorbutic condition); they are ulcerated. There are ulcers and vesicles on the tongue and in the mouth, with burning, smarting, and pain from contact with food or drink. *Mercurius* is often given in such cases when *Natrum Mur.* is the remedy.

Though seldom used by the profession, I often find this remedy required in cases of acute or chronic dyspepsia, indigestion, and hepatic derangement, and it may be suggested by the morning headache, asthenopia or palpitation of the heart, with inability to lie on the left side. The bilious and dyspeptic symptoms are very marked and obstinate, under the usual treatment with other remedies. It is rich in gastric and hepatic symptoms, and it powerfully affects the vegetative sphere. The great depression of spirits may be due to the hepatic or the cardiac affection. The face is yellow or

earthy; there are excessive hunger; canine hunger, especially for supper, with physical weakness and mental depression; longing for salt or bitter things; aversion to bread, of which he was once fond (*Lactuca*); unquenchable thirst, worse evenings, and after eating; empty eructations; nausea; acidity in the mouth; sleepiness; heartburn; waterbrash; palpitations; epigastric pressure and heat radiating upward to the chest. The scrobiculus is sensitive to pressure, with swelling. By spells there is a feeling of great weakness in the stomach. Bad effects of acid food, bread, fat (like *Pulsatilla* and *Zinc.*) and wine. There is dull, heavy aching and distention about the liver, after eating; *lessening as digestion advances*. There are stitches in the liver; tension; swelling and inflammation of the liver; skin yellow, earthy. There are stitches and pressure in the region of the spleen; swelling of the spleen. Abdomen swollen; rumbling and incarceration of flatus; colic, relieved by emission of flatus; (*Carbo Veg.*, *Lycopodium*); chronic, watery diarrhœa, with fever, dry mouth, and thirst; aggravation as soon as he moves about; much fœtid flatus; tendency to hang-nails.

Alternate constipation and papescent stools; constipation with sensation of constriction of the anus; spasm of the sphincter (*Nux Vom.* with urgency); anus torn; stitches in the rectum; constipation with inactivity of the rectum; stool hard, difficult, and crumbling. *Ammonium Carb.* and *Magnesia Mur.* have a similar stool, but no spasm of the sphincter. *Nux Vomica* is only too often prescribed in constipation, when *Natrum Mur.* is plainly indicated. With the hæmorrhoids there is moist herpetic eruption about the anus. There is moist herpes between scrotum and thigh, as in *Baryta*, *Hepar*, *Lycop.*, *Petroleum*, *Rhus*, *Silicea*, and *Sulphur*. And there are moist, acrid tetter in the bends of the joints, and moist soreness at the commissures of the lips. The tetter are generally moist. The tetter of *Zincum* are dry.

The urine is alkaline. The desire to urinate is sudden and frequent; cannot retain the urine. There is a copious flow. It has polyuria with thirst for large quantities of water. *Apis* has thirstlessness with either scanty or profuse urine. During urination, stitches in the bladder and smarting, burning in the urethra; smarting and burning in the vulva. After urination, burning and cutting in the urethra (compare *Berberis* and *Sarsaparilla*). It is indicated in prolapsus uteri with aching in the lumbar region; cutting in the urethra after micturition, or pressure and pushing towards

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the genitals every morning, obliging her to sit down to prevent complete prolapsus.

In deficient labour pains it is indicated when there is great sadness, and in menstrual derangements, when with the sadness and gloom there are morning headache and much palpitation of the heart. The menses are too late and scanty or too early and profuse. The heart's pulsations shake the body; they are irregular and intermittent and worse from motion; from going up stairs, and especially from lying on the left side. With the fluttering of the heart there is a weak, faint feeling with the same condition of aggravation. The palpitation of the heart may be occasioned by flatulence, by the inhibitory action of this remedy upon the pneumogastric nerve, or by spinal irritation.

The spinal pains are relieved by lying on something hard (*Rhus*). In myalgia, lumbago and spinal irritation, more relief may be obtained from friction and percussion with the palm upon the parts affected than from the battery.

Like *Sulphur*, *Natrum Mur.* has burning or great coldness of the feet. Like *Silicea*, it cures suppressed foot-sweat. And like *Ammonium Mur.* and *Ruta*, it has sensation of contraction of the ham-strings in sciatica. It is adapted to chronic intermittent fever, especially after abuse of *Quinine*; living in damp regions or near newly-turned ground. It is sometimes used in massive doses as a specific for intermittent fever. It may be indicated simply by the time of the chill. It has usually great thirst but no excessive heat. It cures urticaria when the rash appears after violent exercise.

Great fatigue and emaciation are characteristic. It is complementary to *Apis*, and it is followed well by *Sepia*. Homœopaths never, so far as I know, prescribe *Natrum Mur.* in massive doses.

Case of Coryza and Bronchitis, complicated with Muscular Asthenopia, etc.—In the winter of 1876 and '77, for several months a physician, æt. 49, had about as many complaints as I ever knew in any complication. I will not undertake to describe them all. He had among other complaints a severe nasal and bronchial catarrh with sore and crusty nostrils, fever-blisters on lips and discharge of thick yellow or transparent mucus of a salty taste (*Lycop.*), and cough always worse when lying down, from motion and from deep inspiration. The expectoration was the same, usually of yellow or transparent mucus, tasting salty: At night he often coughed incessantly by the hour. A multitude of remedies had been

taken for the cough, but with little or no relief. Finally the month of March came with still greater severity of weather and aggravation of catarrhal symptoms. A milder climate was suggested by several physicians, and preparations for removal to California were commenced.

Some other complication. At this time he also had muscular asthenopia, with aching in the orbicular muscles and in the eyeballs when looking intently and when moving them; dyspepsia, with flatulence and depression of spirits; lumbago; spinal irritation with sensitiveness of the dorsal spinous process and sensation of constriction of the chest (*Cactus, Picric Acid*); conjunctivitis with inflammation of the tarsal edges and stricture of the lacrymal ducts; mitral insufficiency with inability to lie on the left side on account of pain and palpitation; hang-nails; eczema, etc. The patient had several times previously suffered from scrofulous conjunctivitis and stricture of the lacrymal duct. For the latter, probing with a canula was suggested but not tried. *Silicea* 30 relieved this stricture at this time and once subsequently, with no return of the complaint now for a year. For the muscular asthenopia and nasal and bronchial catarrh, *Natrum Mur.* 30 was taken without any change in hygiene. Within a very few days there was a marked improvement in both the asthenopia and catarrh, and within two weeks also in the symptoms of dyspepsia, lumbago, and spinal irritation. The asthenopia and catarrh were soon entirely relieved. Since, when the patient has had a return of bronchial cough, the same remedy promptly removes it. It also relieves the other symptoms to a greater or less extent. The patient is very temperate in the use of salt with his food.—*North American Journal of Homœopathy.*

THE FOLLOWING is the way an Italian medical journal, the *Annali Universali di Medicina e Chirurgia*, addresses its defaulting subscribers:—Si pregano i signori associati in mora di pagamento a voler mettersi sollecitamente in regola onde evitare reciproci disturbi ed eccitamenti personali.” That is to say:—“Subscribers in arrear of payment are begged to be good enough to put themselves right at once, in order to avoid mutual disturbance and personal excitement.”

NOTES OF CALIFORNIAN TRAVEL AND
EXPERIENCE.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from page 13.)

V.—MONTE DIABLO AND THE COAST RANGE.

THE neighbourhood of San Francisco is to the stranger's eye picturesque and full of interest. My numerous ramblings, ere I fairly settled into full practice, made me familiar with most places worth exploring, and I wish many more of my countrymen could visit them, especially when the fresh green grass appears in February, March, and April. But Cook and Gaze have not yet organised a "cheap trip to California," and they can never bridge the Atlantic for the "land-lubbers," whose love of scenery is overpowered by their dread of the sea-monster. Still, it may be worth mentioning that one can travel through from Liverpool to San Francisco within eighteen days in first-class style, food included, for £55; and that all the most characteristic scenery can be "done," and the return accomplished, for something like £150 more. Perhaps the most striking object that meets the traveller's gaze as he sweeps the horizon from some elevated point in the city of 'Frisco, say Telegraph Hill, is El Monte del Diablo, or the Devil's Mountain (see Bret Harte's "Legend"), due east, across the bay, forming a central point in the peaked Coast Range. Its summit, apparently single, but, in reality, double-pointed, towers up to the height of 4,000 feet, and exactly resembles that of Vesuvius, when not giving forth smoke. It is evidently an extinct volcano. In fact, the Coast Range of mountains, a chain parallel to the Sierra Nevadas and derived from them in Oregon, are composed of volcanic and alluvial soil, and in prehistoric ages, doubtless, were actively eruptive. It will give us a very good idea of the surrounding country if we take a panoramic view from the summit of Mount Diablo. Its ascent, which I made with a merry party of friends, with General La Grange as host and leader, in April, 1875, is quite easy, there being a carriage road to the summit all the way from Oakland, distant about forty miles. The road from Oakland (which is the terminus of the Pacific Railway, just opposite San Francisco) winds along northward amid well-planted gardens and "ranches," as the farms are called, until we cross the foot-hills, where the views remind the Englishman of Wales. Then turning

east, the road passes through park-like scenery, until at Pine Canyon it begins the tortuous up-grade. In this vicinity there is a coal mine, which yields about 2,000 tons annually, and a cold sulphur spring. About two miles from the actual summit there is a convenient hotel, where our party slept, in order to see the sunrise on the following morning. The effects are grand and unique. Our view ranges over 32,000 square miles of land and sea. Northward we see Benicia on the Suisun Bay, once destined to be the capital sea-port of California; Martinez and other small towns; Mount St. Helena, 4,300 feet, with the lovely Napa Valley at its base; Snow Mount, 8,000 feet; the thriving city of Marysville, with its Buttes, 2,000 feet; and even Lassens Peak in the Sierras, 10,600 feet high, and distant 183 miles. Eastwards, the white dome of the State Capitol at Sacramento, fifty-three miles off, is distinctly visible, with the grand chain of the snow-tipped Sierra Nevadas closing in the horizon. Southwards, the long sweep of the San Joaquin river and its very wide valley, lying between the Sierras and the Coast Range, fills up the view. The most conspicuous point on which the eye rests is Mount Hamilton, 4,300 feet, on which is to be built the observatory founded by the millionaire James Lick. We see very clearly how far south the Bay of San Francisco extends southwards, until it loses itself in the marshy ground round Alviso. On looking west the shadow of our peak is thrown most beautifully on the white mist that enwraths the Golden City; and as the fog clears off the mirage vanishes, leaving the hills, shipping, and general outline of the city quite visible in the thin, clear air. Far out at sea, beyond the Golden Gate, the Farallone Islands are seen, although only 350 feet at the highest point and sixty-six miles away from us. These are lonely rocks, visited only once or twice a year for the purpose of gathering the eggs of sea-birds, a great delicacy in the market. Mount Tamalpais, north-west of the city, and the favourite resort of picnic parties, having the charming valley of San Rafael at its foot, together with the San Miguel hills closing in the city to the south, and the mountains above Santa Cruz and Monterey, to the south-west, complete our panorama. Scarcely, I think, can so extensive, so varied, and distinctly clear a survey be made from so moderate an elevation anywhere else in the world.

THE CHARACTERISTICS OF LEDUM.

By TEMPLE S. HOYNE, A.M., M.D., Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago.

Ledum Palustre.—Porst.

Antidote.—Camphor.

Duration of Action.—Several weeks.

Mental Symptoms.—Morose, fretful, discontented.

Ledum will be found of benefit in some forms of headache, characterised by beating, tearing pains, with red, bloated-looking face and eyes, and confusion of mind, particularly if the least covering of the head is intolerable. Syphilitic and Mercurial headaches.

Rheumatic, scrofulous and arthritic ophthalmia can be cured with this remedy, when there are aching and tearing pains and lacrymation, the tears being acrid, especially in persons who take cold easily in the integuments of the head, and are afflicted by damp weather.

Deafness.—Its employment has been suggested for noises in the ear, particularly in rheumatic persons. Roaring in the ears, as if from wind, ringing and whizzing in the ears, hardness of hearing, as if the ears were obstructed by cotton; confusion and giddiness of the head, on the side affected; sensation of torpor of the integuments, especially after suppressed discharge from the ear, nose, or eyes.

Erysipelas of the face occasioned by the bites of insects suggests *Ledum*.

Case I.—A coloured woman presented herself for erysipelas of the eye and face. I decided it to be a spider bite. *Ledum* cured her in two days. Dr. F. M. Boynton.

Laryngitis.—Dr. Gilchrist gives the following indications: Glandular swellings under the chin; sore throat, with fine, stinging pain, worse when not swallowing; sensation as if from a lump in the throat when swallowing; the pain is stinging; tingling in the trachea. Worse in the evening, and at night; also from warmth, from motion, and the heat of the bed. Better from cold, and when swallowing.

Whooping Cough.—*Ledum* has been used in a domestic way in some parts of Germany. Dr. Lembke cured thirty cases with an infusion of *Ledum*, giving teaspoonful doses. Before the paroxysm—arrest of breathing—during epistaxis, shattered feeling in the head and chest, rapid respiration; after—staggering, spasmodic contractions of the diaphragm, sobbing respirations. Aggravation in the evening. Dr.

Schussler says: "Whooping cough yields best to *Ledum* given every day for eight days. Only sometimes *Cuprum* is required afterwards."

Pulmonary Tuberculosis.—*Ledum* is beneficial when the soreness is located under the sternum and the cough is accompanied by beating, tearing pains in the head, and followed by a bloody or greenish fœtid expectoration.

Hæmoptysis.—Dr. Raue recommends this drug for hæmorrhage of the lungs when there is stagnation in the liver and portal veins; congestion toward the head and chest; hardness of hearing; tickling in the larynx; spitting of bright-red blood.

Case II. — *Hæmoptoe, alternating with Rheumatism.* — A young man was attacked with a violent stitch-pain in right hip. The pain gradually grew continuous, and was, especially at night in bed, so violent that he had to leave the bed and lie upon the floor; sometimes it was relieved by washing the whole leg with cold water. After a while the joints of the knees, then of the feet, and at last those of the hands, commenced swelling. Some months later, when this inflammation had all subsided, he was suddenly attacked by a violent cough and spitting of blood. The spitting of blood was subdued, but the cough continued for several weeks, until again a violent attack of hæmorrhage set in with profuse expectoration of thick, greenish, foul, and fœtid masses. Examination revealed a cavern in the left subclavicular region. *Aconite* 2, a teaspoonful every hour. Great improvement. Four days later: the cough still continues, the expectoration is difficult and consists of thick, tough mucus. *Tart. Em.* 3, every four hours. In about eight to ten days the patient seemed well, but all at once, without any apparent cause, he was attacked again with inflammatory rheumatism of the hands. *Bryonia* 1, every two hours, relieved within four days; but ten days after another sudden attack of cough and hæmoptysis set in, and an examination of the chest revealed another vomica. *Aconite* and *Tart. Em.*, administered as before, did no good. The patient sank rapidly, with all signs of a galloping phthisis. In this critical moment I thought of a case which Raue had reported in his "*Homœopathischen Heilverfahren*," of a young man with coxalgia alternating with hæmoptysis, whom he had cured with *Ledum*. I at once gave to my patient *Ledum* 30, four globules upon the tongue. The change was wonderful, and improvement continued for four days, when it ceased. *Ledum*

30, another dose, was not followed by improvement in the next four or five days. *Ledum* 200, one dose, again set nature to work, and in four weeks the patient was completely restored without another dose of medicine. Dr. Stens, sen.

Rheumatism and Gout.—*Ledum* affects the joints, muscles, tendons, and periosteum. The pains (jerking, shooting, tearing), commence from below and run upward, they are worse in the evening and in the warmth of the bed, also from motion; arthritic nodosities with violent pain; drawings in all the long bones, during motion; bed coverings are insupportable. Chronic rheumatic gout.

Mechanical injuries of the hip are best cured by *Ledum*, which seems to have a decided affinity for this joint. May be used externally and internally. Also indicated in rheumatic paralysis of the hip joint.

Sprains.—Dr. Bayes uses it in the form of a lotion for sprains of the ankles or feet.

Sciatica.—*Ledum* is useful for tearing pain about the hip, commencing below and going upward, aggravated by motion and warmth, and most violent in the night. The affected limb is cooler than the remainder of the body; appears deficient in vital heat.

Case V.—One patient was decidedly improved by this remedy; her symptoms were as follows. The feet were clammy and heavy, yet excessively tender. She was unable to stand with her eyes shut, and her walk was staggering. She simply bathed her feet and limbs in water in which was mixed twelve or fifteen drops of the tincture of this remedy. This was done twice a day. I know of no remedy to compare with *Ledum* for extreme tenderness of the soles of the feet. This tenderness seems to depend on an hyperæsthetic condition of the terminal fibres of the veins of the lower extremities, apart from any inflammatory or other altered condition of the feet. The pain commences below and passes upward. Dr. Kershaw.

Itching of the top of the feet and ankles at night suggests this remedy.

Case VI.—Itching of feet on dorsal surface, especially nights. *Ledum* tinct., two doses cured. Dr. Drysdale.

Punctured wounds are well treated with *Ledum*, if the parts are cold to the touch and to the patient.

Intermittent Fever.—It has been successfully employed for violent chilliness and long-lasting coldness, with violent thirst. There seems to be a deficiency of vital heat.

Skin Diseases.—*Ledum* will be found serviceable in the following affections:

1. Eczema of rheumatic persons or drunkards. Gnawing itching of the skin; aggravation from heat and motion and at night.

2. Prairie itch. "Itching eruption scattered thickly over the scalp; flush on face and forehead; *peculiarly indicated when there is enlargement of the cervical glands*; burning and smarting in lower extremities; bone pains." Dr. Thos. Rowsey.

Dr. Geo. W. Richards reports four cases of eczema (*N. A. J. of H.*, vol. v., p. 59) cured with *Rhus* 6 and *Ledum* 6.

3. Tubercles, pimples, or boils on the forehead of drunkards.

4. Whitlows from external hurts, as splinters, etc.

5. Prickly heat or lichen tropicus of new-comers in the tropics.

Case VII.—After ten drops of tincture in four ounces of water, used as a wash, he could sleep, but only two or three hours; then awoke with the usual prickling; also, a quite extraordinary dryness of the mouth, a clogging sensation in throat, more or less heavy breathing. *Ledum* 6, half of a drop every four hours, gave him total relief. Dr. L. Salzer.

Case VIII.—A lady menstruated every eighteen days, with rheumatic diathesis; after the *Ledum* given for this, even her prickly heat entirely ceased to vex her. Dr. L. Salzer.—*American Homœopathist*.

SOME AFFECTIONS CONCOMITANT WITH EAR-DISEASE.

In order to familiarise ourselves with the pathology of acute otitis, and to secure reliable indications for the administration of drugs, it is necessary to be acquainted with the affections to which ear-patients are liable; for so obscure are the indications for ear-remedies that we have often—more often than is usual in the diseases of other portions of the body—to depend almost solely upon the symptoms existing in distant structures for a clue to the specific remedy; we have to rely upon these, supposing the ear symptoms are not sufficiently characteristic, and that there is absence of any obvious prevalent dyscrasia. It is important, for example, to know that Gruber has found in some cases of strumous

enlargement of the glands a marked congestion of the labyrinth. And it is also very important to remember "that in much more than half of all the children dying of affections of the lungs and brain, the tympanum, generally on each side, contained pus, and its lining membrane was inflamed and swollen." Dr. Von Trötsch found the ear normal, says Hinton, in but thirteen cases out of forty-six, and Wreden out of eighty found but fourteen healthy, and this although the membrane was never perforated in Von Trötsch's cases, and only once in Wreden's. You will find at my clinique a number of patients suffering from bronchitis of a chronic form along with inflammation of the middle ear, and in these patients, I notice, we more often get a purulent otitis than in others; it is in children more than in adults that we see the connection between the two so marked, and the vaginal catarrh of female children is very often found along with the same process in the cavity of the middle ear.

In asthma, too, we often find ear affections, but here the most common aural disability is a deafness due perhaps more to strain upon the tensor tympani muscle and the membrane than to any true inflammation.

We have previously been at pains to warn you to examine the condition of the ears in all cases of severe cerebral disturbance in children; and a like warning holds good and with almost as great force in regard to the lungs. The pneumonia of children is peculiar in being often obscured by a high pyrexial state and delirium, and by the amount of lung-lesion being often very limited and by being frequently confined to the apex (*Sanderson*). This is a complication you may often meet with along with an acute otitis, though it must be confessed that basic rather than apical pneumonia is its usually described accompaniment. The child of one of the most accurate and painstaking physicians I have ever met with died with what was supposed to be meningitis, and it was left for the autopsy to reveal to the attendants an extensive inflammation of one lung. Amongst our accredited remedies for pneumonia with delirium is *Cannabis Sativa*.

Otitis very often accompanies or follows upon eczema of the face, eyelids, scalp, and especially upon an eczema of the auriculo-mastoid fold. In connection with this you will read with great interest a case of long-standing deafness from Carroll Dunham's recently published work, and which was cured with *Mezereum*, the indication being that it had

come on when the young man was a child after an eruption of the scalp characterised by the formation of crusts, beneath which, when pressed, oozed a purulent or semipurulent fluid, and which had been dispersed suddenly by tarry applications. I speak with confidence as to the indication relied upon by Carroll Dunham, as, when he was alive, I had a verbal communication with him on the subject. And you should also read a case of pityriasis of the scalp published by me in the May, 1869, number of the *Monthly Homœopathic Review*, p. 283, as well as a case of eczema with profuse discharge cured by *Bromine* in the September number, 1872.

We have just discharged as cured from the hospital a most obstinate case of deafness, of some months' standing, where parts of the auricles, as well as the auditory canals, were thrown into an eczematous condition. The affliction succeeded a confinement, and after trial with *Rhus Tox.*, *Calcareæ Carbonica*, *Croton Tig.*, and *Phosph.*, I directed to be applied to the crusts as they formed a solution of twenty drops of *Liquor Carbonis Detergens* with a drachm each of *Glycerine* and of water. After the third application the eczema disappeared, and along with it the deafness, and, although when seen a week afterwards, dried secretion still filled the meati, the watch-hearing, from being three inches in both ears had risen to the normal, which, with the watch employed, would be about 30 inches, and conversational hearing was as good as ever.

Amongst the many apparent causes of obstinate ear affections that influence the general system must be ranked hereditary syphilis; the deafness that accompanies it is of the most obstinate description, so much so that a recent allopathic writer declares it all but incurable when fairly established. It is for this reason that I draw your attention to *Kreasote* as its remedy. In the *British Journal of Homœopathy*, vol. xxix. p. 780, I reported such a case cured with *Kreasote* in the third dec. potency, and recently there has been a case attending amongst my ear patients from a deaf-and-dumb institution where decided benefit to an earache accompanying deafness accrued from *Kreasote*. The little fellow attended but twice; the features upon him of hereditary syphilis were fairly marked, and in dependence upon these the *Kreasote* was given. It was Teste who first drew attention to the relationship of *Kreasote* to the hereditary syphilitic dyscrasiæ of children, and many, amongst whom is Dr. Hughes, stoutly deny its relationship. My experience, although too limited

to pronounce an absolute opinion upon its practical utility, is sufficient to justify me in calling your attention to it.

Facial paralysis, or paralysis of the motor division of the seventh pair of nerves, is an affection the pathology of which is intimately connected with the subject of otitis. Nor will you be surprised at this when you carefully examine the position of the aqueduct of Fallopius arching over the cavity of the middle ear, and when you hear that even this thin separating plate of bone that overhangs the promontory is sometimes deficient. Disease of the middle ear is therefore often accompanied by lesion of this nerve, its influence being exerted upon the nerve while within the Fallopian canal. But the nerve may be affected before it reaches the canal, as likewise after it leaves it. Pathologists therefore recognise a facial paralysis arising from causes within the cranial cavity, within the Fallopian canal, and outside of it; but a better division is that of facial paralysis due (i.) to lesion of any part of the nerve-trunk independently of a central cerebral cause, and which is the true Bell's paralysis, and (ii.) that due to a cerebral lesion acting upon the nerve before it reaches the temporal bone, and which is often accompanied by hemiplegia of the limbs of the same side, the *centric facial hemiplegia*, as it is called. A third form exists described as a reflex paralysis due to primary lesion of some portion of the *fifth* pair of nerves, but it is in distinguishing the two former varieties that your attention is to be engaged.

You all know the truly characteristic features of a patient with facial paralysis. We will not attempt to describe them, but will ask you to remember that where the nerve-trunk itself, and not its sources of origin, is affected, the play of the features will be more altered than when the origin is central, for in the one case the voluntary, emotional, and reflex motions, all of which are peculiar to the nerve itself, will be affected, while if the paralysis is of central origin, only certain sets of fibres that take origin from the brain will be involved. The voluntary and emotional actions originating in the cerebrum will suffer in central paralysis, and the reflex actions having their source in the *medulla* will be retained. The patient, therefore, with central paralysis can "shut his eye" perfectly, and the natural involuntary winking is preserved; an absence, therefore, of *complete paralysis of the orbicularis palpebrarum* is indicative of cerebral lesion.

The worst form of the affection is therefore the least alarming to the patient.

Again, in facial paralysis of cerebral origin, the muscles respond normally to electric irritation; but if the nerve-trunk be engaged their contractility is not at all, or scarcely at all, roused by an electric current (*Duchenne*).

Of-occurring otitis, with facial paralysis as an accompaniment, indicates deficiency in the roof of the middle ear, and consequent exposure of the facial nerve.

An over-sensitiveness to sound, a symptom that comes out in many of our provings, is often due to an affection of the facial nerve. It was present in a case of Bell's paralysis lately under treatment; but as the patient's attention is so much taken up with the peculiar distortion of the features, this symptom is seldom referred to; you must therefore inquire as to its presence. The duration of an ordinary peripheral facial palsy is generally put down as from ten to twelve months; in the case I refer to it disappeared in a few days under *Mercurius Sol.*, given in the third decimal, and I have noticed a like effect from *Mercurius* where the third nerve was affected. Of course the allopaths often give it as an absorbent; but I believe they often fail to secure its full effects from giving it in too large doses.¹

While a sensitiveness to sound indicates, very often at all events, involvement of the portio dura of the facial, its opposite, complete absence of any hearing faculty whatever, either aerial or perosseal, is indicative of a paralysed state of the auditory nerve itself—the portio mollis of the seventh.

Hughlings Jackson, in the *British Medical Journal*, March 24th, 1877, says, that "were he to meet with paralysis of one side of the palate in a patient who had also Bell's paralysis, he should make the diagnosis, not that it depended upon aural disease, but intra-cranial disease; there would be two lesions, and thus there would, if they came on slowly or at different times, be a step towards the diagnosis of the nature of the disease, for two such palsies would point to syphilis."

Double facial hemiplegia has a like significance; its symmetrical nature would imply a constitutional source as the origin of the mischief—*e.g.*, scrofulosis or syphilis, the periosteum bring most generally involved (*Trousseau*).—*Clinical Lectures upon Diseases of the Ear*, by R. T. Cooper, A.B., M.D. Trin. Col., Dublin.

¹ A case at present under treatment, where the paralysis was ushered in some months ago with violent ear-ache, is making rapid progress under *Merc.-Sol.*

THUMB-SUCKING AND IRREGULAR TEETH.

DR. CHANDLER, in a paper published in the *Boston Journal*, states that there is no cause so productive of malformation of the bones of the mouth and irregularity of the teeth as the habit of thumb-sucking during infancy, the different positions of the thumb giving rise to different kinds of deformity.

In general, there is observed in the upper portion of the mouth, just behind the incisors, a hollow in the palate bones into which the thumb has fitted, and which itself has been moulded by and on the thumb. The front teeth are projected forwards, sometimes spread out as a fan, but commonly at an angle, overlapping one another, and pushing out the upper lip, giving the face a prognathous appearance, while the whole upper jaw has a stretched look, as though it had been drawn out while soft, and become hardened in that position—which is the fact. The bones of the floor of the nares are not infrequently elongated, and at the same time narrowed, occasioning a difficulty in breathing through the nostrils, especially when asleep, and many consequent ills. The mouth being kept open, the saliva dries, leaving a deposit of tartar on the teeth, which, combining with the dust from without, produces an offensive greenish tartar. Acids so formed also unite with the lime of the teeth, and cause their destruction.

In the lower jaw a reverse deformity often occurs. From the position taken by the thumb, while the upper jaw is drawn out, elongated, and narrowed, the lower is pushed back and shortened, flattened in front, and protruded at the sides, so that the articulation of the lower molars is thrown outside of their corresponding upper teeth, whilst the lower incisors are far inside of their proper position. The bones of the ramus, and of the infantile jaw itself, while soft, are at times literally bent back, causing the bite of the lower teeth to be an entire tooth back from its normal position; while the front portion of the jaw, containing the incisors, is bent upwards, so that the crowns of these teeth come close to, or actually bite into, the gum of the upper jaw. This is a kind of irregularity which little or nothing can be done to remedy. Not infrequently this bending back of the lower jaw is such that, as the second set are developed, each molar strikes in turn and takes the bearing off from the anterior tooth, until at length the wisdom-tooth takes the whole

bearing, and the mouth can no longer be closed—the front teeth being kept apart sometimes as much as a quarter of an inch, entirely preventing proper mastication of the food, interfering seriously with speech, and greatly impairing the looks. The powerful pull of the temporal muscles, and frequent shocks both in the act of mastication and the numerous accidents of life, often set up inflammatory action in these unsupported teeth, and, after more or less intensity of suffering, cause their final loss. The same process is then set up in the teeth immediately anterior to these, the second molars, and they in turn are lost: and so on, until the patient has no molars for mastication, and all the work of pulping the food comes upon the weak bicuspids and front teeth. Along with the general deformity of the jaws and the malposition of the teeth, caused directly by the changes of shape forced mechanically upon the alveolar processes, comes greater or lesser displacement of the teeth, from disturbance of the tooth-germs in their infantile cysts; and there is hardly any form of irregularity that may not arise from this cause. Consequent upon the crowding and overlapping of the teeth arises caries, with all its train—caries upon the lingual and buccal surfaces, disfiguring them much more than the proximal caries which occurs in the teeth of well-formed and regular mouths.

In the general category of thumb-sucking we may reckon finger-sucking; lip-sucking, usually, but not always, the under-lip; and tongue-sucking, which may deform either side or the front of the mouth, according as the child favours one or the other positions for its tongue. In this latter case the whole of one side may be pushed out beyond its proper articulation, throwing the upper teeth entirely over and outside of the under ones in such a way that they not only become a disfigurement, but are wholly useless for the purposes of mastication. The tongue also buries itself deeply in the soft bones of the palate, and there leaves its mark indelibly impressed, greatly injuring the voice and interfering seriously with, or rendering impossible for life, distinct articulation. These practices are not less harmful than thumb-sucking, inasmuch as they can and do go on at all hours of the day and night, whether sleeping or waking, and from their nature are less susceptible of correction.

The practice of mothers and nurses of allowing children bottles and teats from which they may always be sucking, is not only a filthy one, but very injurious to the digestive

organs, especially favouring the rapid decay of the deciduous teeth from the action of the acids formed from the sugar always present upon and between them. The effects of sugar upon the teeth are now well understood to be rapidly destructive, confirming the popular belief, from its property of rapidly fermenting when mixed with the saliva, and forming lactic and acetic acids—the warmth and moisture of the mouth particularly favouring this process. Such infants are the early victims of sensitive teeth, and much of their uneasiness at this period arises from this unsuspected source. Toothache from inflamed pulp and alveolar abscess soon follow, and the early indulgence for the sake of quietude is more than paid for by subsequent disturbance. The crowns are lost by rapid caries, and dead roots are left to obstruct the passage of the coming permanent teeth, and turn them aside from their proper positions in the arch, adding this deformity to that caused directly by the presence of the bolus in the mouth, and its moulding the soft and growing bones of the child's palate. Even physicians of long practice have been known to advise mothers to encourage these habits, and when shown models of mouths made monstrous in this seemingly harmless manner, can hardly bring themselves to believe that the special case called to their attention is anything more than an exceptional one, instead of being a type of a class. Whenever the practice is discovered, no time should be lost in the endeavour to break it up, as it grows with the growth and strengthens with the strength. Even in its earliest stages this is not an easy task. The little one, with its strong sucking instincts, has found that other things besides the nipple of its nurse can give it a sort of comfort, and it sucks indiscriminately everything it can clutch and carry to its mouth, and no means but absolute confinement of its hands and the prevention of access to its mouth will suffice to prevent it. Anointing the fingers with aloe, pepper, and other bitter and pungent flavours, answers but for a time, and soon loses its efficacy, for the child becomes so accustomed to the taste as either to acquire a liking for it, or else overlooks it. A loose night-dress made of light flannel without sleeves, like a bag open at both ends, placed over the head and drawn up about the neck, leaving the head out and all the rest of the body within, with the hands free to do anything but go to the mouth, is the only real safety. With this the habit can be corrected, and with this only, and the child suffers no inconvenience or real dis-

comfort. Perseverance in this method will surely effect a cure, and nothing short of an absolute cure should be allowed; for so persistent is the habit that it is not rare to find it retained through childhood and youth, up to adult age, disfiguring the hands as well as the features, and imparting to the whole countenance a look of idiocy. With our modern appliances and methods, some of these deformities may be remedied, but not all. Many are absolutely incurable, and the victim may be compelled to carry the marks of this practice and their accompanying discomforts through a long life.

HOMŒOPATHIC PRACTICE.

“If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others.”—DR. SAMUEL FENWICK.

CASE OF HÆMATURIA.

By Dr. ADRIAN STOKES, of Sidmouth.

Mrs. F., æt. 63, was a nurse in London, employed in a house where some children had diphtheria, and wherein the labour was excessive, as coal, water, and food had to be carried up stairs seventy-five in number. At the commencement of the year she felt very weak and poorly, and during the early part of the year received treatment from the medical man who was attending the children. In the beginning of April she suddenly passed a quantity of blood in her urine. On representing her state to the doctor, he prescribed for her, but to no good end. Finding that the case was not amenable to his remedies, he advised removal to a hospital, and the patient was taken into the Middlesex as in-patient in the middle of April. Here she remained ten weeks under treatment. The quantity of blood passed during this time was variable, the urine being sometimes only smoky, at other times there was a cake of blood in the chamber, after deposition. Her complaint made no progress towards cure, and she became anxious to return to her friends in Devonshire. She did so early in July, and was at home four months before sending for me, having been seen in that space of time by two local practitioners, one of whom had received from the hospital doctors a note of the treatment pursued in London, and suggestions for the continuance

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of the same. This gentleman called only once, and as the drain of blood continued all the while, being much alarmed about her condition, she sent for another doctor, who calmly recommended her to drink whortleberry tea. She followed his advice, but without finding any change. All this time there was considerable deposit of blood in the vessel, and when I saw her on the 7th November the appearances were as follows. Patient's flesh soft and flabby, skin very pale, tongue and conjunctiva bloodless, as were the gums, lips, and nails. The pulse at the wrist was a mere fluttering thread, so rapid as to defy the effort to count its beats. Appetite craving. The urine was passed in usual quantities, and when stirred was full of grumous, black blood. At the bottom was a thin, coherent cake, like a pancake, and as the vessel was apparently emptied only once in the day, it had time to become solidified. My prognosis was very guarded, as I felt that a woman who had been so long under a serious drain of blood was not likely to be very speedily restored. But I determined on a trial of homœopathic remedies, and gave on the spot *Ol Tereb* 1, gtt. x. in a tumbler of water; Pond's extract of *Hamamelis* gtt. x. in another glass of water. The medicines to be alternated every two hours, and I promised to see her again in a week and ascertain what probability there might be of the disease being mastered. Accordingly, on the 14th November I again went to see my patient, and was informed, to my great delight, that the urine was perfectly clear, and had been so from the third day of taking my remedies. On examining that last voided I found it quite clear and limpid, with only a faint cloud of mucus in it. My next visit was on the 20th November, when there had been no further appearance of blood or smokiness in the urine. She had been taking *Ter.* 1 and *Hamam.* up to that date; and as I thought there was now no probability of a return of hæmorrhage, I discontinued these, and put her on a course of *Fer.-Phos.* 1 and *Fer.-Ars.* 1, alt. four hours for a fortnight, and then on *Phos.* 1 and *Ars.* 2 up to this time. The pulse is now improving in tone and quality, but is frequent, being 96. The skin feels warmer and more natural, and the complexion, though sallow, is not so cadaverous. The patient is feeding fairly well, and taking a couple of glasses of good port wine daily. Should nothing unforeseen occur, I believe and hope the patient will be restored by next spring to strength and activity.

THE FINE ART DISTRIBUTION.

SOME few months ago we addressed our readers on the subject of our Hospital funds; we referred to the London Homoeopathic Hospital; we said that the funds were not in that flourishing condition which was so desirable for all great charities, and our own special charity in particular. We spoke of a fine art distribution as a means for getting help. This idea has been carried out: the pictures, the china, the lace, the jewellery, have all been collected together in the board-room of our Hospital in Great Ormond Street. There is a goodly show of beautiful things. There is a masterly work by J. D. Watson, which is to constitute the first prize, and we think will form the chief attraction amongst the smaller lights that shine round this great luminary. There is a charming work by Alexander Johnston, called "The Kettledrum;" may it be a call to arms to many lagging subscribers! There is a fine copy by Quaglia of Correggio's "Ecce Homo," presented by Lord Ebury, a nobleman whose name has been so long and so intimately associated with the varied fortunes of our cause. There is a small picture by the late E. M. Ward, to which now a melancholy interest will be attached.

Jerry Barrett's "Fair Student" will find many a warm admirer. Arthur Croft's water-colour drawings will make many a subscriber long to be a prize-winner.

But it is not fair to our readers to give them glimpses of this small wonderland in Great Ormond Street; let those who wish us well, and have not allowed their wishes to take the form of a guinea subscription; write to any member of the committee asking, before the numbers are closed, for one, two, three, four, or five tickets; they will do great good to the cause of Homoeopathy, and they have the chance of winning some examples of English art which are worthy of decorating a royal residence. We add a list of the prizes for the benefit of the curious and the liberal:—

PICTURES PURCHASED BY THE COMMITTEE.

OIL PAINTINGS.

Subject.	Artist.	Value.
The Yeoman's Wedding	J. D. Watson	157 10 0
The Kettledrum	Alexander Johnston	73 10 0

WATER COLOUR PAINTING.

The Armed Knight, Lam's End, Cornwall	Arthur Croft	63 0 0
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PICTURES PRESENTED TO THE HOSPITAL.

OIL PAINTINGS.

Subject.	Artist.	Donor.	Value.
Christ presented by Pilate to the People (called the "Ecce Homo") (Correggio)	Full-size Copy by Quaglia	The Lord Ebury... ..	52 10 0
A Shrine, Campo Santo, Piza... ..	E. M. Ward, R. A. (Painted in 1851, when A.R.A.)	Alfred Brown, Esq. (Per Dr. Yeldham)	21 0 0
The Fair Student	Jerry Barrett	C.H. Beckingham, Esq. (Per Dr. Yeldham)	26 5 0
A Fair Wind Home	Arthur Bellin	Arthur Bellin (Per Dr. Yeldham)...	15 15 0
Industry	Arthur Miles	Arthur Miles (Per the Official Manager)	15 15 0
The Home Brew... ..	————	Dr. Hale ... ..	...
A Love Letter	————	Dr. Hale ... ..	...
Study of a Female Head... ..	————	Dr. Hale ... ..	...
Landscape	Verreker	Dr. Cooper	12 12 0
Landscape	Verreker	Dr. Cooper	10 10 0
Boy Paring Fruit(after Murillo)	Mrs. Charles Reading	Mrs. Charles Reading (PerDr.D.DyceBrown)	15 15 0

WATER-COLOUR PAINTINGS.

Cascade de Barberine, near Chatelah, Switzerland... ..	Arthur Croft	Arthur Croft (Per Dr. Yeldham)...	42 0 0
San Gimignano delle belle torre	R. Holmes	The Earl of Dunmore	26 5 0
La Porte Jersnel, Dinan... ..	Miss Ellen Partridge... ..	Miss Ellen Partridge (PerDr.D.DyceBrown)	7 7 0
A Quiet Corner	Miss Swaine... ..	Miss Swaine (Per Dr. Shuldham)	7 7 0
Head of a Girl	Miss Ball Hughes	Miss Ball Hughes (Per Dr. Yeldham)...	10 0 0
From Dartmoor to the Sea	L'Anson... ..	L'Anson (Per Dr. D. Dyce Brown)	10 10 0
Mrs. Robinson as "Perdita" (Sir Joshua Reynolds)	Copy by Mrs. Anna Wenham	————	12 12 0
In the Lemon Grove... ..	After ArthurW.Coleman	————	7 7 0
The Spinning Wheel... ..	R. S. Cahill	Alfred Brown, Esq. (Per Dr. Yeldham)...	7 7 0
On the River Greta	C. Pearson	Dr. Dixon	6 6 0
Gleaning	J. H. Mole	Dr. Dixon	10 10 0
In the Woods	Miss Linnie Watt	Miss Linnie Watt (Per Dr. Yeldham)...	12 12 0
Windsor Castle from the Thames	Betbeder	James Bridges, Esq. (Per the Secretary)	3 3 0
Eton College from the Thames	Betbeder	James Bridges, Esq. (Per the Secretary)	3 3 0
Peristyle of Fame	Copy after Paul de la Roche... ..	Mr. and Mrs. Major (Per Dr. Matheson)	10 10 0
Bettws-y-Coed	Geo. Aspinal	Mrs. Frere	3 3 0
Old Church at Bettws-y-Coed	Geo. Aspinal	Mrs. Frere	5 5 0
Porchester Castle	Mrs. Allison	Mrs. Allison (Per Miss Brew)...	4 4 0
Lake of Thun	Mrs. Allison	Mrs. Allison (Per Miss Brew)...	3 3 0
Lake Lucerne	Mrs. Allison	Mrs. Allison (Per Miss Brew)...	3 3 0
The Waggoners' Wells	Mrs. A. Epps Pratt	Mrs. A. Epps Pratt (Per Dr. Washington Epps)...	12 12 0
The Thames from the Lock House, Ifley	Miss M. Brodie	The Official Manager	5 5 0
The Ferry, Ifley... ..	Miss M. Brodie	The Official Manager	5 5 0
At Berck, Pas-de-Calais	T. B. Hardy	T. B. Hardy (Per Dr. Yeldham)...	10 10 0
Fishing Boat	T. B. Hardy... ..	T. B. Hardy (Per Dr. Yeldham)...	5 5 0
Saumer on the Loire... ..	Fred. T. Hall, Esq.	Fred. T. Hall, Esq. (Per Dr. Yeldham)...	7 7 0

Subject.	Artist.	Donor.	Value.
Sunset from the Guidecca, Venice	Fred. T. Hall, Esq. ...	Fred. T. Hall, Esq. (Per Dr. Yeldham)...	6 6 0
Coast Scene, Isle of Wight ...	Fredk. Piercy ...	Fredk. Piercy (Per Dr. Yeldham)...	10 10 0
Hope Gap, Cuckmere Haven...	Jas. E. Walton ...	Jas. E. Walton (Per Dr. Yeldham)...	4 4 0
Group of Dahlias	Miss Annette Elias ...	Miss Annette Elias (Per Dr. Yeldham)...	4 4 0
View of Scarborough	Mrs. Wadsworth...	J. B. Crampert, Esq.	4 4 0
The Castle Rock, Lynton, Early Morning	Arthur W. L. Reddie...	Arthur W. L. Reddie (Per Dr. D. Dyce Brown)	6 6 0
Sunset at Colwyn Bay, N. Wales	Arthur W. L. Reddie...	Arthur W. L. Reddie (Per Dr. D. Dyce Brown)	3 3 0
Female Portrait	E. N. Stuart... ..	Dr. Cooper	2 2 0
Poole Harbour by Moonlight...	Capt. Lodder	C. G. Walpole, Esq. ...	2 2 0
A Sketch on the Engadine ...	Mrs. F. Wright ...	Mrs. F. Wright (Per Dr. Yeldham)...	7 7 0
(“Silva Plans” and “Campfr.”)			
A Sketch of Ezza, near Genoa	Mrs. F. Wright ...	Mrs. F. Wright (Per Dr. Yeldham)...	7 7 0
In the Fens	S. R.	A Friend (Per Dr. Car- frae)	3 3 0
The Old Church Buttress... ..			4 4 0
In a Monmouthshire Lane ...	G. W. Anthony ...	A Friend (Per Dr. C. H. Blackley) ...	1 1 0
A Scene in Denham Park, Chesh	F. Tavare	Dr. C. H. Blackley ...	4 4 0
The Brook	S. R.	A Friend (Per Dr. Car- frae)	2 2 0
In Memoriam	S. R.	A Friend (Per Dr. Car- frae)	1 1 0
Going Home	S. R.	A Friend (Per Dr. Car- frae)	2 2 0
Landscape	W. M. P.	A Friend (Per Dr. Cooper)	2 2 0
Landscape	W. M. P.	A Friend (Per Dr. Cooper)	2 2 0
Landscape	W. M. P.	A Friend (Per Dr. Cooper)	2 2 0
Landscape	W. M. P.	A Friend (Per Dr. Cooper)	2 2 0
Warwick Castle	Miss Ada Maberly ...	Miss Ada Maberly (Per Dr. Yeldham)...	7 7 0
A Gleam of Sunshine, N. Wales	E. Ellis	Dr. Dixon	27 6 0
Windsor Castle from Sunning Hill	Mrs. E. R. Berens ...	Mrs. E. R. Berens (Per C. G. Walpole, Esq.)	2 2 0

CRAYON DRAWINGS.

Italian Boy (Life size)	A. Devaux	L. Alma Tadema, A.R.A. (Per Dr. Washington Epps)...	21 0 0
A Head	Miss Denman	Miss Denman (Per Dr. Yeldham)...	2 2 0
Study of Heads—Horses & Dogs		Dr. Cooper	3 3 0
Study in Crayons	Miss Darby	Capt. Caldwell	3 3 0

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The Pulpit Refectory, Tintern	Miss Allison	Miss Allison (Per Miss Brew)	0 10 6
The Almshouse	Miss Allison	Miss Allison (Per Miss Brew)	0 10 6
Etching	Miss Annette Elias ...	Miss Annette Elias (Per Dr. Yeldham)...	1 1 0
Ditto, Landscape	Miss Jessie Elias ...	Miss Jessie Elias (Per Dr. Yeldham) ...	1 1 0
Etching, A Head	Miss Jessie Elias ...	Miss Jessie Elias (Per Dr. Yeldham) ...	1 1 0
Near Montreux, Lake of Geneva	H. R. Page, Esq. ...	H. R. Page, Esq. (Per the Official Manager)	0 10 6

Subject.	Artist.	Donor.	Value.
Near Penuhurst, Kent	H. R. Page, Esq.	H. R. Page, Esq. (Per the Official Manager)	0 10 6
"Night" and "Morning" ...	Photod. under special process by Van Wyck	P. Hughes, Esq. (each)	1 11 6
Twenty Indian Photographs, Views at Simla	Bourne	Capt. Vaughan Morgan	6 6 0
Five Chromo-Lithographs ...	After Rowbotham, Birket Foster, &c.	Lady Welby Gregory...	4 4 0

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Mercy making Garments for the Poor	Fredk. Thrupp	Miss Thrupp	5 5 0
Hamlet and Ophelia	MacCarthy	Lord Ebury	5 5 0
Large Screen, Flowers painted on Satin, and Mounted ...	The Countess of Denbigh	The Earl of Denbigh...	7 7 0
Twenty Specimens of Dunmore Pottery	—	The Earl of Dunmore	10 10 0
Three large Florentine Vases...	—	Dr. Rowbotham & Friends	3 13 6
Handsome large cut Crystal Antique Scent Bottle (1770)	—	Lady Welby Gregory	10 10 0
Ormolu Inkstand	—	Lady Welby Gregory	1 11 6
Large Shield of Metallic Work, "The Death of Charlemagne"	(From the Antique) Messrs. Slater & Aldwinkle		10 10 0
Flowers painted on China ...	Mrs. E. J. Smith... ..	E. J. Smith, Esq. (Per Dr. Shuldham) ...	1 1 0
Blotter and Stationery Case ...	—	James Bridges, Esq. (Per the Secretary)...	1 11 6
A pair of Spanish Peasants (Malaga)	—	Rev. W. Bramley Moore	1 1 0
Student's Achromatic Microscope	—	C. Pemberton Carter, Esq. (Per Dr. Bayes)	3 3 0
"The Great Painters of Christendom" (Illustrated Work)	Cassell, Petter, & Galpin.	J. D. Galpin, Esq. ...	3 3 0
Parian Group, Dog and Boy ...	—	Mrs. Yeldham	1 1 0
Three Valuable Engravings ...	—	Dr. C. Hills Mackintosh	3 3 0
Valuable Engravings, & several sets of curious old Political Prints... ..	—	The Misses Loveday ...	5 5 0
Lace	—	Mrs. Halstead & Friends (Per Dr. Yeldham)...	5 0 0
Piece of Work	—	(Per Dr. Yeldham.)	0 10 6
A Brilliant Ring... ..	—	(Per Dr. Bayes.)	21 0 0
Set of Pearl Earrings & Brooch	—	(Per Dr. Bayes.)	15 15 0
Lace Kerchief	—	(Per Dr. Bayes.)	4 4 0
Lace Veil (old Brussels)	—	(Per Dr. Bayes.)	10 10 0
A Set of 12 Dessert D'Oyleys... ..	Beautifully worked by the Sisters of St. Margaret's, East Grinstead	Mrs. Vaughan Morgan	3 3 0
Two pieces of Silk and Crewel Embroidery	—	Mrs. Vaughan Morgan (2 guineas each) ...	4 4 0
("Kingfisher" and "Bullfinch.")	—	Mrs. Vaughan Morgan	3 13 6
One Square of Embroidery ...	—	Mrs. Vaughan Morgan	4 4 0
Large Piece of Silk Embroidery	—	Mrs. Ozanne (Per Dr. Yeldham) (10s. 6d. per pair)	1 1 0
Two Pairs Silk Stockings ...	—	Mrs. Vaughan Morgan	5 10 6
Seven Pieces of work of various kinds	—	Lady Welby Gregory...	6 16 6
Nine Pieces of Embroidery on Satin and Cloth	—	S. V. Morgan, Esq. (Per Mrs. Vaughan Morgan)	2 2 0
One Large Japanese China Dish	—	Anonymous	2 2 0
China Plate with painted Flowers	—	The Official Manager...	0 10 6
China Flower Vase and Stand...	—	The Official Manager...	0 10 6
Old Flemish Ware Vase (1ft. high)	—	Miss Clark (Per Dr. D. Dyce Brown)	5 5 0
Oblong Tea Table (black) ...	Miss Clark		
Covered and bordered with Art Needlework.	—		
Two large Fire Screens	Lady Caroline Ingham	Lady Caroline Ingham (Per Dr. D. Dyce Brown)	4 guineas each... ..
Painted on Black Satin.	—		8 8 0
Old Dresden Cup and Saucer...	—	Mrs. D. Dyce Brown...	1 1 0

Subject.	Donor.	Value.
Nankin Blue Bowl	Dr. Shuldham	2 2 0
Two Nankin Blue Vases	Dr. Shuldham	4 4 0
Two Vases Gien Ware	Dr. Shuldham	0 12 0
Small Antique Urn of Silver Bronze	Mrs. Rosher... ..	5 5 0
Three Pieces of Very Fine Tent Stitch Work & Ottoman Cover	Mrs. Chambre (1 guinea each)	4 4 0
North American Indian Bead- work on Cloth (Native Work)	Mrs. Hutchinson (Per Dr. D. Dyce Brown)	3 guineas each... ..
For Borders of Curtains (2 pieces)		6 6 0
Total		£1,077 8 6

NOTE.—Every Subscriber will receive an intimation of the date fixed for the Drawing, and unless he is present or is represented by a friend, after it has taken place, he will be informed whether he has drawn a prize or not. In the latter case, he will be entitled to call at, or send to, the Hospital in Great Ormond Street, at any time for a period of fourteen days after the Drawing, to select an Etching or a Photograph. Failing this, the Committee will adjudge an Etching or Photograph to each unsuccessful Subscriber, and transmit it to his address.

LITERATURE.

NATRUM MURIATICUM.¹

THE nightingale is a little brown bird of retiring habits, and quiet in dress, but yet its song is very sweet when poured forth by it in “full-throated ease.” This reminds us of a little brown book which has been sent to us for review. The book is quiet and modest-looking, and the sole invitation given us by the author to look inside is contained in two words, “*Natrum Muriaticum*,” printed in gilt letters on the cover.

We at once remark, this is not a book for the public; it is another scientific nut given us to crack—a nut from our full hazel-tree, the *Materia Medica*.

Let us look inside.

We have taken up the little brown book, and we have not laid it down until the last page has been reached, and then we turned over this last leaf in hopes of finding more matter.

In brief, Dr. Compton Burnett, the author of “*Natrum Muriaticum*,” has written a clever little book, a sensible little book, and a useful little book. It is all about Salt, and the virtues thereof; it throws fresh light on the dynamization theory, and it should give fresh impetus to the study of all our mineral medicines. *Natrum Muriaticum*, in its rough, crude, dinner-table state, does excellent service as a condiment, but its medicinal virtues do not shine clearly forth

¹ *Natrum Muriaticum* as Test of the Doctrine of Drug Dynamization. By James Compton Burnett, M.D., F.R.G.S. E. Gould and Son, London.

until it has been well ground up with sugar-of-milk, and the more it is ground the stronger does it become.

Our orthodox colleagues smile faintly at this theory. A smile is undoubtedly one of the feeblest forms of exercise, and therefore most suitable to the bulk of the profession. But why do not our friends of the opposition, instead of smiling, just tuck up their sleeves, take a pinch of *Natrum*, and grind it up well with some sugar-of-milk in definite quantities, until they produce a third decimal trituration, and then find a suitable tongue to lay it on?

We may well ask, "Why?" but our friends prefer smiling and shrugging up their shoulders, looking supremely wise, and remaining supremely ignorant.

Dr. Burnett makes twenty-five observations on *Natrum Muriaticum*, given in small doses, and in medium doses, and he finds that it is a medicine of undoubted power, that it acts on the liver, the kidneys, the skin, and the nervous system. It produces its pathological action on these organs and on this system in what the old-school practitioners would call "absurdly small" doses, and in minute doses it has been found curative of various troublesome chronic ailments. Neuralgia was cured in one case by the exhibition of *Natrum* in pilules of the thirtieth dilution. The happy thought which led Dr. Burnett to use this remedy was because the patient always became worse when staying at the seaside, and he rightly conjectured that the salt in the air produced a medicinal aggravation. He admits that this very symptom, "Worse at the seaside," has since proved itself a valuable indication for the use of this medicine. In another case pilules of the sixth dilution purged a young man who had synovitis, with effusion in right knee-joint.

In another case of rheumatic fever the sixth trituration produced great cloudiness in the urine and diarrhoea, and all the pain in the joints disappeared within ten days of taking the medicine. But I will not report every case of Dr. Burnett's, but ask my readers to get the book for themselves, and satisfy their own minds on the subject of dynamization and infinitesimal doses.

Amongst the varied virtues of Dr. Burnett's little book is one which a literary public will prize, and this is the vein of quiet humour which runs through all he has to say.

Why a scientific work should shine by the light of science only we know not, but somehow in the medical mind there is a strange aversion to humour, and we are delighted to see

Dr. Burnett's geniality appearing in print. We shall hope to see another work by the same hand ere long, and feel sure that all the author gives us will be acceptable.

Our readers will find Dr. Burnett's observations verified by those made by Dr. H. V. Miller, of America. We have taken Dr. Miller's article as a fitting pendant to the present remarks.

DR. TUTHILL MASSY'S PRACTICAL NOTES IN A SPANISH DRESS.¹

SOME two years ago we had the pleasure of congratulating Dr. Massy on the fact of his little book on the American Remedies having reached the third edition. Now we can offer him a fresh congratulation. The Spanish Homœopaths have evidently been so pleased with our colleague's third edition that they have thought fit to translate it into their own language for the benefit of laymen and professionals. The work of translation has been entrusted to the care of Dr. Juan Maña, who has executed his task in a workmanlike manner.

We do not meet with that slipshod orthography of proper names so common in most translations, which shows that both the author and the translator have taken pains with the proofs. There is no additional matter in this third edition, and therefore there is nothing left to criticise beyond the translation, the printing, and the paper. Of the translation we can speak in terms of unqualified praise, of the printing we can say a few good words, of the paper we can say none at all. But if the paper and type had both been admirable, and the translation execrable, we should have had endless regrets; but as matters now stand we have cause for much congratulation.

TO DESTROY MOTHS.—The *American Agriculturist* states that benzine will utterly destroy moths, eggs, and larvæ. If furniture, furs, flannels, wool, etc., containing moths, be thoroughly saturated with benzine once, this will be sufficient, and the odour of the benzine will pass off in a few days.

¹ *Notas Practicas sobre las Nuevos Remedios Americanos.* Por el Dr. Tut-hill Massy. Traducidas de la Tercera Edicion Inglesa, per Dr. Juan Maña. Barcelona: Luis Niubó. 1878.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

DR. RUBINI, OF NAPLES,

THE DISCOVERER OF THE SATURATED SOLUTION OF
CAMPHOR—CURE FOR ASIATIC CHOLERA.

DEAR SIR,—It is with the greatest pain that I announce the fact that Dr. Rubini is in want of the actual necessities of life!

Born in 1800, he is now in his 80th year, and unable any longer to pursue that profession which for nearly 60 years he adorned.

Few names are better known in this country than that of Dr. Rubini. There is not a chemist's shop—allopathic or homœopathic—in Great Britain in which "Rubini's Camphor" is not sold. And, without preferring for him that claim which he considers himself entitled to maintain—viz., that he has, in the saturated spirits of camphor, discovered a *specific* for Asiatic cholera in *every* stage of that disease, it may, I think, be affirmed that it is admitted by homœopathic practitioners to be almost invariably curative in choleraic diarrhœa, when employed, thereby preventing the disease from proceeding to its more alarming stages; and that they hold it to be of great service in advanced stages of the disease, though they do not consider that it should alone be relied on; *Arsenicum*, *Cuprum*, and other homœopathic remedies indicated by Hahnemann—as, indeed, was camphor, though not in the saturated preparation—being frequently required to complete the cure.

As mere philanthropists, and knowing as we do, and as they themselves admit, that the professors of the Old School have nothing approaching to a specific for Asiatic cholera, should we not feel that the man who has done so much for the public, ought not to be left destitute in extreme old age? And, as Homœopaths, should we not regard it as an honour of the highest order that so great a boon was conferred on society by a member of our body, and be eager to cherish the flickering lamp of one who has been the instrument in saving so many thousands of lives?

Statistics in the *Lancet* of 20th October, 1860, now lie

before me, and from these it appears that up to that date the following was the result of allopathic treatment during that year's cholera visitation:—

BELGIUM.—49,558 cases; 27,310 deaths = 55 per cent.
HOLLAND.—29,820 cases; 18,262 deaths = 62 $\frac{2}{3}$ per cent.
LOWER AUSTRIA.—6,000 cases; 3,306 deaths = 55 $\frac{1}{6}$ per cent.
BRESLAU.—5,875 cases; 4,158 deaths = 70 $\frac{1}{2}$ per cent.

The death-rate in England was the same. And the *Lancet*, in an editorial article, of 5th January, 1867, thus writes: "The futile experience of all former epidemics has been repeated during this, and with like results. But is it the function of physic to multiply failures? What good could be expected from confirming the evil results of the treatment of 1832 in 1848-9; of that of 1848-9 in 1853-4; and of that of 1853-4 in 1866?"

In a weekly periodical called the *Revival*, devoted to missionary work, Mr. Lewis, of Mile End, thus writes, August 16th, 1866: "I have given away 4,400 bottles of Rubini's Camphor; and I have given small stocks of it to missionaries, who all report good results; many of the cases were very severe indeed, and yet recovered. Last evening," he adds, "a doctor in large practice called on me, and said, 'I hear of your good work everywhere I go. You have been the means of saving hundreds of lives.'" On the 15th September, 1866, Mr. Lewis again writes: "I suppose we have given away 8,000 bottles of Rubini's preparation. I believe the course we have adopted has done much to arrest the progress of the disease. I have publicly stated, and now state again distinctly, that it is my opinion cholera is to be held in check and mastered by the use of camphor."

It was in the East of London that, in 1866, the cholera raged; the other places in which it appeared in a virulent form in this country were Southampton and Swansea, and from both these places similar testimony as to the efficacy of Rubini's Camphor lies before me.

I come now to the point which constitutes the special claim of Dr. Rubini at once to the admiration and to the support of philanthropists. Everything done in this matter by Dr. Rubini has been done gratuitously. He gave to the world his discovery—gratuitously; he offered his services to the Neapolitan authorities to treat the soldiers and the poor—gratuitously; he offered to come over to England in 1867, should the cholera reappear, as the *Lancet* had proclaimed it most probably would, to treat the poor of this country—gratuitously!

It may well be believed that a man who has thus done so much *gratuitously* would be the last man in the world to make a public appeal for assistance. Philanthropists are not beggars; their genius is to confer, not to accept. Dr. Rubini is no exception to this principle. It was not till after months of communication with this noble-hearted man, that I was able to prevail upon him to permit me to make known his case to the British public. There is, however, a limit beyond which the shrinkings of the most sensitive nature cannot pass, and that is the stage of threatened starvation.

With these remarks I commit the case of Dr. Rubini to the British public. But, though I say the British public, I do not forget that we have relatives and connections on the other side of the water, and I feel assured that no sooner will these facts be published in London, than there will be set in motion a wave which, vibrating across the Atlantic, will cause a thrill of sorrow amongst our American cousins, and that from the 3,000 practitioners of the United States and their 3,000,000 of patients a response will come which will gladden the declining *days* of this noble-hearted Italian.

I am, yours faithfully,

Leeston, Weston-super-Mare,

FREDERICK SMITH.

January 20th, 1879.

Dr. Bayes, 4, Granville Place, Portman Square, and Frederick Smith, Esq., Leeston, Weston-super-Mare, have consented to act as Treasurers to the Rubini Fund, to whom contributions may be sent.

The following contributions are announced:—

Frederick Smith, Esq.	£5	0	0
Dr. Bayes	5	0	0
Mrs. Garnett	5	0	0
Miss Goldsmid	1	0	0

REPORTS OF INSTITUTIONS.

LIVERPOOL HOMŒOPATHIC DISPENSARIES.

THE annual meeting of the Liverpool Homœopathic Dispensaries was held at the Town Hall, on the 24th ult., his worship the Mayor (Mr. T. B. Royden) presiding. There were present Mr. S. J. Capper, hon. secretary; Mr. J. J. Edgar, hon. treasurer; the Rev. Dr. Lowe, Drs. Moore, Brochie, Hudson, Hayward, Blake, Hawkes, Williams, Gordon Smith,

Brown, Drysdale, etc. The Committee, in their annual report, stated that during the last year 23,812 indoor attendances were given at the Hardman Street Dispensary, and 9,321 patients had been visited at their own homes; and in connection with the Roscommon Street Dispensary there were 22,748 indoor attendances, and 2,642 patients had been visited at their own homes, making a weekly average of 1,125. The Committee expressed their regret that notwithstanding the addition of a considerable number of new subscribers to the list during the past year, there was still a deficiency in the income from subscriptions. Mr. Henry Tate, in moving the adoption of the report and financial statement, said the dispensaries had been maintained in great efficiency, and had done much benefit to the poor. He should, however, not feel satisfied until he saw wards established in the public hospitals in which patients could, on their own choice, be treated homœopathically. The Rev. Dr. Lowe seconded the motion, which was unanimously agreed to. The Committee for the present year were then appointed, and thanks were accorded to the honorary medical officers for their services during the past year. The Mayor, at the close of the proceedings, remarked that the increase in the number of persons who had availed themselves of the dispensaries showed that the institutions were popular, and gaining ground in the town. Such institutions were intended for the poor, and it was gratifying to those who took an interest in them to find that they were appreciated.

NORTHAMPTONSHIRE HOMŒOPATHIC DISPENSARY.

Medical Officers—Drs. A. C. Clifton and A. G. Wilkinson.

Biennial Medical Report, from January, 1877, to December, 1878.

New cases admitted	4,554
Remaining under treatment, December, 1876	96
	4,650

Of this number there have been 3,028 cured, 986 benefited, 308 have left treatment and the result thereof unknown, 146 of whom no material benefit is recorded, 62 have died, and 120 are still under medical treatment.

During this period 16,091 prescriptions have been dispensed at the institution, and 5,682 visits have been made by

the medical officers to the homes of patients unable to attend at the dispensary.

From the time when this dispensary was first established, each medical report has shown a steady increase in the number of patients treated by the medical officers of the institution, and this year is again no exception to the rule; but what is equally gratifying is the fact that the number of persons belonging to the working class who subscribe to the provident department increases in the same ratio, there being over twenty per cent. more who are doing so now than two years ago, showing pretty conclusively not only their appreciation of homœopathic treatment, but a desire as far as possible to be self-dependent.

HYGIENIC NOTES.

Crooked Legs. A "Practitioner," writing in the *Glasgow Herald* in reply to the inquiry, "Why are there so many crooked legs in Glasgow?" enumerates four causes—(1) The prevalence of scrofula, which more than any other disease affects the bones; (2) "The poor living mostly associated with bad cooking and bad housekeeping;" (3) The supply of deteriorated milk; and (4) The "poorness of our water." We quote a few extracts from his lengthy and curious letter:—"Our milk supply is of the worst. Language fails to describe the results of keeping cows shut up in byres from one year's end to another, allowed neither fresh air nor green grass. It happens sometimes in my practice that children have to be put on the bottle. Very well; they mostly die, Glasgow byre-fed milk kills them. Let any one think for a moment of the poor cattle never knowing what green grass or fresh air is; of being fed the year round upon a stew of boiled bran, mash, hay, turnip, oilcake, and Indian meal—soft feeding, as it is called. No wonder the milk is trashy. Although much averse to all prepared foods in tins, I recommend "condensed milk" for babies in preference. The licensed cowkeepers should come under the lash of the law for the mischief they produce. The stuff they sell is frightful. The stuff sold as cream wouldn't pass the least initiated eye without being doctored up in the back shop with beat white of egg and a whisk. Then, the milk is actually unhealthy. As the cows so the

milk; cows shut up from one year's end to another can't be healthy. To show the feverish condition of cows kept in byres, I have known, when rinderpest got into byres, a stock of nearly 1,000 cows reduced to about 240. On the other hand, I defy any one by ordinary fair means to induce either rinderpest or foot-and-mouth disease in a Highland stot fed in the open air. Lastly, our water supply. Loch Katrine water is the worst possible for bringing up children upon. There being no mineral in it, it doesn't help in forming the bone. In other parts of the country the water is principally concerned in making bone, owing to the presence of lime, etc. We haven't that advantage. Think how largely water enters into the composition of our food; half the bread is water, and half the porridge; soup, tea, coffee, milk, are mostly water. Other minor causes gather about the prevalence of the use of tea and jelly. When children are hungry, the bad or thoughtless mother, instead of making up something proper for them, *puts them off* with a 'piece and jeely' and a 'blash o' tea.' This keeps her from being troubled at the time, but she and the children pay dearly for it afterwards. . . . It is usual to say that it is bad nursing or carelessness on the part of mothers which causes crooked limbs, but there are careless mothers in Kilmarnock, Dumfries, Aberdeen, and other places, but still no bad legs; and Glasgow was exempt till we consummated one of the greatest sentimental blunders ever committed by a community—viz., fetching our water from Loch Katrine, because Sir W. Scott had made it celebrated as the scene of his 'Lady of the Lake.' I admit the supply is bountiful (not very clean though), but I am not speaking in the interests of manufacturers, washerwomen, and teasloshers, who prefer a soft water, but for the bones and limbs of our children, which prefer and need water with a little mineral in it."

Vegetarianism. A purely vegetable diet is indicated: 1. In very irritable persons with good digestion, or in plethoric persons, disposed to apoplexies, or in persons given to high living and subject to gout. 2. In diseases arising from over-stimulation and lassitude of the nervous system. 3. In persons who usually eat and drink too much. 4. As a moral measure in prisons and houses of detention. It is contra-indicated where nutrition is deficient and vitality at a low ebb.—*Med. Cent. Zeitung.*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

KOUMISS OR SPARKLING MILK WINE.—From our experience we are led to believe that sparkling koumiss is a valuable accessory in the treatment of consumption, chronic bronchitis, chronic neuralgia, and those varied conditions where tissue waste goes on too rapidly, and nerve power is at a low ebb. Koumiss has enjoyed a justly-earned reputation, both on the Continent and in America, and we are pleased to find that Mr. G. L. Armbrecht has had the courage to introduce it into England. From the various specimens of koumiss which we have made trial of during the past ten years we think that Mr. Armbrecht's preparation possesses all the merits of the best specimens we have tested.

**BOOKS AND JOURNALS
RECEIVED.**

The Monthly Homœopathic Review, January.

The British Journal of Homœopathy, January.

Cincinnati Medical Advance, December.

Homœopathic Times, Dec.

American Homœopathic Observer, January.

The St. Louis Clinical Review, December.

Revue Homœopathique Belge, January.

The Modern Physician, Jan.

El Criterio Medico, Jan.

Chemist and Druggist, Jan.

United States Medical Investigator, January.

Archivos de la Medicina Homeopatica, Nos. 26 and 27.

Allgemeine Homœopathische Zeitung, Nos. 1, 2, 3, 4 of vol. xcvi.

Médecine Opératoire. Sclérotomie. Par le Docteur de Keersmaecker. Bruxelles: Librairie Médicale. H. Manceaux, 1878.

American Homœopathic, Ophthalmological, and Otological Society's Report.

Homœopathy Vindicated: a Reply to Dr. Joseph Kidd's "Laws of Therapeutics." By E. W. Berridge, M.D. Liverpool: Adam Holder. 1879.

The Homœopathic World.

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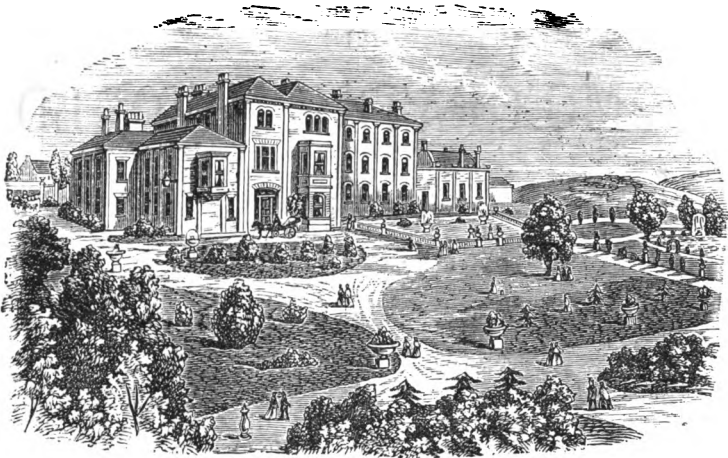
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THE
HOMŒOPATHIC WORLD.

MARCH 1, 1879.

MÉNIÈRE'S DISEASE AND ITS TREATMENT.

FROM considering paralysis we are naturally brought to the subject of *insanity* and other nerve-affections in connection with aural disease, and when I tell you that upwards of a fourth (*Lebart*) of the cases of cerebral abscess arise in connection with chronic suppurative discharge from the ear, you will be prepared to hear that ear trouble and insanity often go together.

More than this, such a trivial derangement as the presence of cerumen in the meatus, pressing against the drumhead, or even a few epithelial scales lying against it, may produce most unpleasant noises amounting even to hallucinations, the effect produced upon the patient's mental and physical state being out of all proportion to the gravity of the exciting cause. Perhaps there is nothing more calculated to induce confusion of the intellect than the worrying influence of these noises, and the pains taken by patients to describe them would be amusing were the effect of their presence not dangerous. Unfortunately, the influence exerted upon the mind by them is one of the most fruitful causes of suicide.

This department of aural disease has had within recent years a wonderful impulse given it by the researches of the late Monsieur Ménière, Physician to the Deaf and Dumb Institution of Paris, and under the name of "Ménière's Disease" is now classed every case of labyrinthine vertigo. His name in connection with it was given in consequence of his having detected after death a bloody exudation in the semicircular canals and the vestibules in the case of a young woman who, while menstruating, had caught cold and had become suddenly deaf; her chief symptoms were vertigo and frequent vomiting.

Just pause for a moment to consider how utterly fatuitous is the teaching of those who would have us depend upon symptoms alone as our guide to treatment, and who,

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despising pathology, would look upon the tinnitus and vertigo of cerumen as an indication for drug administration equal in importance with a like symptom arising from exudation within the vestibules. Such men as these are a perfect nuisance in Homœopathy; their absurd declarations bring disgrace upon a glorious revelation in scientific medicine.

By all means let us gain as much insight as we can into the true meaning, the pathological meaning, of every symptom with which we have to deal. This has been our aim throughout, but must be particularly so in connection with this subject of labyrinthine disorder. It is more than probable that the vertigo belonging to the presence of cerumen pressing against the membrane, and that of exudation within the canals, owes its origin, very often, at all events, to increased pressure within the canals, in the one case the effect being brought about through the indirect agency of the ossicular chain, in the other through direct pressure arising from augmentation of intra-vestibular fluid. Now, Cyon has recently found that irritation of each of the semicircular canals is followed by a particular ocular movement—a very significant thing, as Hughlings Jackson remarks, towards the interpretation of auditory vertigo; and Flourens has found marked disorder of motion generally to follow section of these canals.

For the most part, attacks of labyrinthine vertigo occur suddenly. In an obscure case of singing and fulness in the left ear, given by Hinton, Hughlings Jackson elicited that when walking home one day before dinner the patient suddenly felt ill, and said to a friend, "By Jove, I am very giddy;" he could not walk straight; the feeling seemed to affect his legs, "as if the ground were moving;" when he turned his head to look behind he was worse; felt sick on reaching home, relieved by lying down; next morning he was well, but subsequently he had other attacks.

Hinton¹ says that, having got Bader to examine with the ophthalmoscope, for several months together, every ear case considered "nervous," with few exceptions he found hypermetropia present, and which he considered due to "a certain paralysis of the third nerve."

At p. 262 of his work, Hinton gives a case of recurrent attacks of vertigo and vomiting, impairment of hearing, and unconscious divergence of the eyes, "seeing double" when inattentive.

¹ *Op. Cit.* p. 285.

If a sudden attack of vertigo, with nausea and vomiting, and an inability to walk, be found along with even a slight deafness, and there be a dulness of perception for the vibrations of a tuning-fork placed upon the head, we may diagnose labyrinthine disorder. You will in practice meet with every degree of this labyrinthine derangement, from cases where the symptoms are very imperfectly defined, and are associated with, plainly, the most evanescent or else instable forms of disease, to those in which the most active and rapidly increasing lesion is present; the deafness, too, may be very trivial, or even absent, or, more characteristically still, it may be of the most pronounced variety.

Of remedies, that one that is known to produce labyrinthine derangement with the most pronounced deafness, aërial and perosseal, is *Salicylate of Soda*. In a patient of Dr. Gower's, in the University College Hospital, it produced noises in the head, deafness, and giddiness, a giddiness which was indeterminate as long as she lay still, but very considerable and definite when she raised her head or sat up, and objects seemed to move to the right; the usual connection between the labyrinthine disorder and the muscular adjustment of the eyeball being therefore produced.

Next to *Salicylate of Soda* comes *Quinine*, which produces not alone nervous, but, as well, inflammatory ear-symptoms. In a case mentioned by Roosa the patient began taking 15-gr. doses of *Quinine* for malarial neuralgia; then came earache, returning each time he went back to the *Quinine*. This was succeeded by noises so great as to exclude all other sounds; but, poor fellow, although a doctor, he seems to have supposed, with many others of his cloth, that there was no remedy for neuralgia but *Quinine*, so he went back to it; and the otitis that supervened was of so severe a character as to place the doctor in a very depressed condition, and when he recovered from this and his neuralgia, which he did simultaneously, he was "a perfect wreck." And upon the eyes *Quinine* produces a visible hyperæmia of the retina, which subsides, leaving behind a dulness of vision without perceptible structural change, and a (ii.) diplopia from disorder of the muscles (Dr. S. Reynolds, *New York Medical and Surgical Reporter*). So that you see the aural lesion and deranged adjustment of the eye are found in association both as a drug-effect and a disease-effect, and so characteristically that I would advise you, in the presence of these combined neuroses, to use very minute doses of either remedy, or most

probably aggravation will result. You will find (at least, it accords with my experience) that a trituration of *Quinine* will act much more satisfactorily than any form of solution, and the grand indication for it will be a history of more or less prolonged fatigue, of either body or mind, leading to general prostration of the system, weakness of digestion, and a wide-spread nervous derangement. A powder of the second or third trituration of *Quinine* will in such cases do wonders.

Stopping short of manifest labyrinthine disorder, and yet producing many of the symptoms we have been discussing, comes *Conium Maculatum*. "Three-quarters of an hour after taking five drachms and a half of the *Sucous Conii*," writes Harley, "on raising my eyes from the object upon which they had been fixed to a more distant one, the vision was confused, and a feeling of giddiness suddenly came over me. That these symptoms were due to an impairment of power in the muscular apparatus employed in the adaptation of the eye was obvious to me; for, so long as my eyes were fixed on a given object, the giddiness disappeared, and the definition and capacity of vision for the minutest objects were unimpaired. But the instant that I directed the eyes to another object all was haze and confusion, and I felt giddy; and, in order to recover my vision and dismiss the sense of giddiness, it was necessary to lay hold upon some object, as it were, with my eyes, and rest them securely upon it." This giddiness is succeeded in *Conium* poisoning by a complete loss of muscular power throughout the body.

In Harley's provings there is no evidence of labyrinthine mischief by *Conium*; but Hahnemann's symptom, "*vertigo, as if he were turning in a circle, when rising from his seat*," is symptomatic of Ménière's disease, and has been cured by it.

The *Cicuta* poisonings—and you know allopathy confounds these drugs together—give us decided combined ear and eye symptoms. In one of the provers, "*objects were seen double, and they looked black; at times she became hard of hearing*;" in another, along with "horrible convulsive movements, the eyes were turned up in an extraordinary manner, and *blood was discharged from the ears*."

In vol. xxix. of the *British Journal of Homœopathy* I published a case of hypermetropia in a young girl where there was a pulling sensation in the orbit as from the muscles of the eyeball, and which was cured with *Conium*.

Conium symptoms are referable to a want of nutrition in the brain—absolute anæmia, or at most trivial venous con-

gestion, being the *post-mortem* appearance; it has no spinal symptoms, and it does not, to any great extent, derange the reasoning faculties. *Cicuta* has cerebral symptoms like those of *Conium*, with the addition of profound spinal disturbance, its spasms being painless; while, lastly, the *Enanthe Crocata*, a nearly allied plant, the water-dropwort, adds to the spinal and cerebral symptoms of these, profound disturbance of the intellectual faculties, mania, *delirium tremens*, and most painful spasms.

Gentlemen, we are now in the midst of an inquiry which is of the utmost importance to us, not alone in our endeavour to obtain a correct idea of the pathology and scientific treatment of ear disease, but also in assisting us to appreciate the true significance of the symptoms developed in our provings.

Take up what department of medicine we may, there is none that promises to throw more light upon hitherto obscure cerebral symptoms than this of aural nerve disorder. The whole subject is one that has long been shrouded in obscurity; and while it seems a pity not to call your attention to the many interesting points in connection with it, yet the field is so extensive as to justify our entering upon only a very curtailed consideration of it in a course of lectures devoted principally to the subject of Inflammation of the Ear.—*Lectures on Inflammation of the Ear*, by Dr. R. T. Cooper, M.A.

THE PROPHYLAXIS OF PHTHISIS.

At a meeting of the Paris Academy of Medicine, M. Lagneau read a paper which was referred to the Committee on Hygiene, in which he advocated strongly the enforcement of measures of public hygiene with a view to diminish the frequency of phthisis. This terrible scourge of the inhabitants of the temperate zone is, he showed, more prevalent in Paris than in Berlin and London, reaching a mortality of 18 per cent.; a proportion in which it is exceeded by Brussels and Vienna. He pointed out that where as formerly the male deaths from phthisis were less than the females, the proportions between the sexes have now become reversed, the male mortality being to the female as 115 to 100. Further, that the mortality was higher by one-fourth among the immigrant population (country folk and foreigners) than among the native Parisians. After alluding to the fact that the disease prevails in warm and cold climates, M. Lagneau

pointed out that certain regions enjoyed an immunity, such as certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the north-west of Scotland, and the Faroe Islands. Although the only point in common between these mountain districts and northern countries is the possession of a low temperature, he showed, however, that cold could not be considered as preventive of phthisis, for M. Homann has shown it to prevail at Christiansund, in 62° north latitude, with a mean annual temperature 45° C. (40° F.), and MM. Etzel Billebon and Guerault report a certain proportion of deaths from pulmonary consumption in Greenland. In France itself a far larger number claim exemption from military service on account of chest disease, in the northern departments, as those of the Nord and Pas du Calais, than in the rest of France; but there is likewise a fair proportion even in the Mediterranean departments,—where sufferers are so often sent. M. Lagneau showed also that poverty and insufficient nourishment do not go hand in hand with phthisis, the inhabitants of those districts where the disease prevails being in much better circumstances than many others where phthisis is almost unknown. Pursuing his analysis further, he finds a general consensus of opinion among French authorities as to the favouring effect of sedentary occupations and trades; the department of Morbihan, which furnishes the fewest instances of the disease, being also the least industrial part of the country. He urged, therefore, the formation of free gymnasia, the encouragement of athletic exercises, formation of choral societies, establishment of public sanatoria for the phthisical, prevention of over-crowding in workshops, and means taken to procure a good supply of air and light in newly-built dwellings, legal restrictions against juvenile labour, the encouragement of physical exercises in the Lycées and schools, and the substitution of rural camps in place of barracks, where the young soldier could pass his term of military service.—*Lancet*.

THE celebrated Boerhaave was a singularly sincere and devout character, and a strong example to oppose to the aspersion, "Religio Medici opprobrium Medicorum." The Czar Peter is reported to have lain all night in his pleasure barge against Boerhaave's house, to have the advantage of two hours' conversation with him on various points of learning the next morning before college time.

MODERN ORTHODOX PHYSIC.

It has often been remarked that "the modern practice of physic among the allopathic body of medical practitioners is becoming, and to a great extent has become, very simple, direct, and specific;" that "the large doses and multifarious compounds of drugs in one prescription, which used to be the fashion fifty years ago, is very seldom, if ever, to be seen in the practice of the leading physicians of the present day;" in fact, that "scepticism as to the value of drugs curatively in disease is the rule rather than the exception." How often may we hear it said of some physician, "Oh, he is nearly a Homœopath, for he gives very small doses, and never more than one or two drugs at a time"? Or again, "Dr. So-and-so believes in Homœopathy, for he prescribed very little physic, but a rigid diet"? And it is too often inferred—taken for granted—that because this is to some degree true of a few of the leading physicians in town or country, the general mass of practitioners will follow suit. A question, however, arises as to how far this simplicity of prescription and diminution of dose has taken the place of what was common fifty years ago. That it has done so to some extent I suppose no one will deny; at the same time I am convinced that the principles and practice of therapeutics, or, in common parlance, "medical treatment," is, with many of our leading allopathic physicians and teachers, as gross and materialistic as it was half a century ago; and as an illustration of my meaning I subjoin the following prescription received from a patient a few weeks ago, who had been under the medical treatment of one of the most eminent London physicians, a teacher in one of the medical schools, and a man who has done much to promote a better knowledge of the nature and course of some special forms of disease, and shown us how to differentiate its various manifestations, for which alone we are much indebted to him; but when we come to look into his curative measures, his medical treatment, nothing could possibly be worse. The prescription I allude to is as follows:—

"R. Acid Nitro Hydrochloric dil. ʒij., Magnes. Sulphatis ʒij., Ferri Sulphatis gr. xxiv., Quinæ Disulphatis gr. viii., Liq. Arsenici Hydriod. ℥ xxxii., Sp. Chloroformi ʒij., Aquæ ad ʒviiij. Take two tablespoonfuls with water twice a day.

"R. Lac Sulphuris ʒij., Æther Sulph. ʒss., Glycerine ʒss., Spir. Vin. Rect. ʒij., Aq. Rosæ ad. ʒiv., ℥ fiat Lotio. To be used as directed at night.

“R. Pulv. Calamin Prep. (pale levigated Corbyn’s) ζ iv., Pulv. Zinci Oxid. ζ ij., Glycerine ζ j.ss., A \acute{q} . Rosæ ad ζ vj., \mathfrak{m} fiat lotio. To be used as directed twice a day.”

Some few years ago another patient of mine consulted the same physician. A very similar mixture was ordered. There were pills to be taken at bedtime, Vichy water to be taken three times a week, cod-liver oil twice a day, a bran bath at night, and a lotion by day. The result of such treatment I need not enter into, considering that in each case the patient came under homœopathic treatment again. I have only adduced the medical practice of one physician, but when it is remembered that he is one of our foremost so-called “scientific physicians,” and that his clinical lecture-room is crowded with medical students, we may guess what the effect of such teaching will be on medical practice generally.

Besides this, let us go into the dispensing department of any allopathic hospital, or examine the pharmacopœia of the institution, and the same old-fashioned gallon bottles and jars will be seen, in which are mixed half a dozen or more drugs; the same old recipes for mixtures, pills, etc., which indicate as profound a faith in physic as in the times of our forefathers; whereas surely such would not be the case if the physicians of these institutions wrote the enlightened prescriptions they are so often supposed to write. Then, too, if we take the general practitioner of town and country, we shall find that where physic will be swallowed, where patients can be found to take it, pills, powders, and mixtures will be supplied *ad libitum*; but only let it be known that the patient is a medical heretic, believes only in Homœopathy, and presto! the doctor will, in nine cases out of ten, declare his scepticism of the virtues of drugs, and his belief in the value of diet, of nursing, and of nature, but that the case will require watching. This pleasant farce I have seen repeatedly played, and it is being played daily in “this enlightened age.”

Thirty—yes, even twenty—years ago the late Dr. John Epps exposed this allopathic practice in the “Notes of a New Truth,” and others did the same in popular homœopathic periodicals; but, alas! their mantles have not been taken up. There is no one now who seems to care about exposing the hollowness and emptiness of allopathic practice. Failing, however, to do this, let every Homœopath, professional or layman, contradict the statement that old-system physic, or “modern orthodox physic,” has become “simple, scientific,

and homœopathic," for every one at all conversant with it knows that, with very few exceptions, such is not the case, nor, indeed, can be. Before this state of things can be brought about much will have to be unlearned and relearned by the old school. Instead of drugs being ticketed as narcotics, diaphoretics, deobstruents, purgatives, alteratives, emetics, etc., teachers must show the precise kind of action, as well as the various tissues or parts of the body for which drugs have a special affinity; and at present this is a riddle they have not yet loosed, an unknown continent for which they have no medical Columbus. Thanks, however, to the energy and zeal of the Homœopaths, a medical school is now in existence in connection with the London Homœopathic Hospital, in which both *Materia Medica* and medical practice is taught; and at these lectures both unqualified medical students, as well as medical men in practice, can learn the true art of healing. I hear that many medical men are availing themselves of its advantages; and as the School becomes better known and appreciated, it will, I have no doubt, lead the way for better teaching and healthier reform in other schools.

VOX POPULI.

VACCINATION IN CHINA.

DR. G. C. COLES, in writing on the subject of vaccination in China, gives us the following interesting account. He says that "in the spring, and occasionally the winter months, when the weather is milder than usual, smallpox makes sad havoc among the Chinese, to mitigate which, besides making burnt-offerings to the Goddess of Smallpox, they for hundreds of years have resorted to a practice once extensively adopted by us, although differently from the Chinese—viz., inoculation. Smallpox is called by the Chinese 'heaven's flowers;' and inoculation, 'cultivating heaven's flowers.' The latter appellation is likewise applied to vaccination. Inoculation is practised as follows. A lucky day is selected for the operation: this by the Chinese is held to be of great importance, as likewise choosing a lucky spot to deposit a coffin containing a dead body. They never bury their dead, nor have they cemeteries or burial-grounds. China may justly be said to be one vast mortuary, coffins being deposited anywhere and everywhere. Scabs are taken from a smallpox patient, pulverised, and blown up the nostrils of the child—the right

nostril in the case of a female child, the left in that of a boy. Another method is to put the clothing of a patient with smallpox upon the child. A third method I have seen extensively practised, both at Ningpo and Wenchow, as follows. Children's nostrils are plugged with scabs and raw cotton, rammed in so tightly as to cause the alæ to bulge out and blood to stream into the mouth. No particular rules are observed in selecting the matter, except that they always take it from a mild case of the disease. They take care at the time of inoculation that the child is in good health. They say they prefer inducing the disease at an early age, as by this means they prevent the child from scratching the pustules and causing pitting, and also that it is impossible to foretell whether the disease will be severe or not. Some years the mortality is much the same as from smallpox; in others, there are few if any deaths.

"On the introduction of vaccination to China, it was considered by these intensely superstitious people to be some evil device of the foreigners. However, seeing the protection it gave to us, they were induced to try it, and for some years past it has been gradually gaining favour; but the Chinese will not submit to vaccination, unfortunately, during the winter months. So much benefit have the people of the far East derived from vaccination, that natives are rapidly taking up the practice; and according to the last Chinese Customs' Medical Report, Dr. Somerville, of Foochow, states that a curious document was posted on the walls in the neighbourhood, which, translated, is as follows:—

"'Vaccination was introduced hither from Europe. It is practised by "planting" three "seeds" of virus in a spot upon the left and right arms above the elbows. This spot is called the cold-dispelling pool, and upon it is formed the virus and a scab, there being no eruption upon the body generally. The result is effected in ten days, and no failure can possibly take place, whilst security is obtained from any natural and original attack of smallpox, or from a second attack, if the patient have already had it. Children vaccinated in this way need not be afraid of exposure to cold, thunder, chills, heat, etc.; nor need they take any medicine whatever, or avoid any particular kinds of nourishment, but may play about just as usual. Persons wishing vaccination should come to the house of the undersigned, and make an appointment for the operation. Vaccination will commence on the 1st of November, 1877.'"

THE PLAGUE, OR BLACK DEATH.

Communicated by WILLIAM MORGAN, M.D.

I TRUST the alarming reports reaching us from Russia with regard to a disease of a fatal and malignant nature, and the daily increasing fear of its spreading among surrounding nations, and the precautions taken by several ruling powers to guard their own territories from the malignant contagion now abiding in that despotic country and decimating its inhabitants, will be a sufficient plea for my craving insertion in the forthcoming issue of your ably conducted journal for the following remarks, which may be of some interest to its numerous and increasing readers.

It may, *in limine*, be observed that the word "Pestilence" is the general term applied to those special diseases of an epidemic character which affect large masses of a population, and are remarkable for their destruction of human life. The two forms of disease to which this term is more frequently applied are the Plague and Asiatic Cholera.

Plague is a disease of so fatal and malignant a nature, that to this very circumstance it probably owes its general nomenclature.

DEFINITION.—Dr. Cullen's definition of the disease is as concise as can be given, and is embodied in the following few words:—

"A Typhus fever, in the highest degree contagious, combined with extreme debility, and the eruption on the body of BUBOES and CARBUNCLES."

Dr. Russell, who practised at Aleppo during the Plague of 1760-2, says that its progress at its commencement is much the same in the Levant as in the cities of Europe; it advances slowly, fluctuates perhaps for two or three weeks, and though at that period it generally proves fatal, it is often unattended by its characteristic eruptions—BUBOES AND CARBUNCLES.

Indeed the cases in which the eruption is wanting constitute the most rapidly fatal type of the disease.

SYMPTOMS.—The general derangement of the system which ushers in an attack of the Plague is much like that which commences the course of ordinary fever more or less modified by the virulence of the poison. There is a sense of cold, with some shivering, which is soon followed by heat and acceleration of the pulse, with giddiness, depression of strength and spirits, a white tongue, vomiting, or diarrhœa, and great oppression about the præcordia. These usually constitute the first

landmarks of the disease. These are succeeded by a burning pain about the pit of the stomach, by a peculiar muddiness of the eyes, by coma, delirium, and other abnormal conditions of the brain, which terminate by death in some cases on the second or third day, and before the characteristic pathognomonic symptoms—viz., BUBOES and CARBUNCLES—have made their appearance. These are the ordinary symptoms of Plague, but they are not invariably observed in the same individual. Many varieties occur from the greater or less virulence of the disease, and, as in Asiatic cholera, diphtheria, scarlatina, typhus, smallpox, and other contagious diseases, assume a more or less malignant character.

But Diemerbroeck and others assure us that no one symptom is pathognomonic of Plague; and Dr. Russell concludes that the Plague under the form of all others the most destructive, exists without its usual characteristic symptoms or phenomena.

The morbid changes, history, and propagation of Plague, bear so close a resemblance to the malignant form of TYPHUS of this country, that it is difficult to regard them otherwise than as types of the same disease. Indeed I have met with two or three cases wherein BUBOES and CARBUNCULOUS eruptions formed prominent symptoms of the malignant form of that disease.

CAUSES.—It has been observed that nearly every fresh outbreak of Plague is preceded by certain natural signs: sudden atmospheric vicissitudes, and great telluric convulsions have been noted. Livy (v. 13) attributes the origin of a similar pestilence in Rome to this cause. "The year was remarkable," he observes, "for a cold and snowy winter, so that the roads were impassable, and the Tiber completely frozen over." But in the great Plague of Athens, Thucydides (ii. 48, etc.) observes that the year of Plague was particularly free from all other diseases.

The first outbreak of Plague we read of appeared 1491 B.C.—the Plague of Egypt, as mentioned in Exodus xiv. 15.

The great pestilence of the 14th century desolated Europe, Asia, and Africa; it was known in Northern Europe as the "Black Death," and in Italy as the "Great Mortality." It was an Oriental Plague, marked by BOILS, CARBUNCLES, and a painful swelling of the GLANDS in the groin, axillæ, and other regions of the body.

Bocaccio, as is well known, has left us an account of the incredible fatality in Florence, of which he was himself an

eyewitness, and his description of it was borrowed, word for word, by Sir Lytton Bulwer in his novel "Rienzi." Such was the malignant and fatal influence of this disease in Florence, that animals were not exempt from the effects of the subtle poison which permeated the hapless city. Thus Bocaccio himself saw two hogs on the tattered raiments of a person who had fallen a victim to the Plague, after staggering about for a short time, suddenly fall down dead, as if they had taken poison. In other places multitudes of dogs, cats, fowls, and other animals, fell victims to the dire contagion. In the whole of Germany there was a repetition in every respect of the same phenomena.

The infallible signs of the "Oriental Bubo and Carbuncle Plague," with its inevitable contagion, were found there, as everywhere else. In England the malady appeared with spitting of blood, and with the same terrible fatality, so that the sick who were afflicted either with this symptom or with vomiting of blood, died in some cases immediately, or at the latest in two days. The inflammatory boils, carbuncles, and buboes in the groins and axillæ were recognised at once as prognosticating a fatal issue, and those were past all hope of recovery in whom they arose in numbers all over the body. It was not till towards the close of the Plague that they ventured to open by incision these hard, dry, and painful swellings, when matter oozed from them in small quantity, and thus, by compelling nature to a critical suppuration, many patients were saved.

Thus did the Plague spread over England with unexampled rapidity, after it had first broken out in Dorset, whence it advanced through Devon and Somerset to Bristol, and thence reached Gloucester, Oxford, and London. Probably few places escaped the fatal grip of the terrible invader, perhaps not any, for the annals of contemporaries report that throughout this land only a tenth part of the inhabitants remained alive. The population of England at the period in question is assumed to have amounted to about five millions.

In the absence of any certain measure to estimate the ravages of the Black Plague, we are compelled to have recourse to the best and most authentic announcements we can procure from contemporary authors.

Thus Cairo lost daily from ten to fifteen thousand. In China more than thirteen millions are said to have died. India to a large extent was depopulated. Cyprus lost almost all its inhabitants; and ships without crews were often seen

in the Mediterranean, as afterwards in the North Sea, driving about like weird spectres and doomed vessels, spreading far and wide the devastating Plague poison wherever they went on shore.

It was reported to Pope Clement at Avignon that throughout the East, probably with the exception of China, twenty-three millions eight hundred and forty thousand people had fallen victims to the Plague, the greatest, perhaps, that mankind on the whole has sustained.

Its pestiferous and deadly ravages invaded the palaces of kings and emperors, the mansions of the nobles, and the cottages of the poor; and may God grant that Europe and the whole world may not again be visited by so terrible an invader and so disastrous a scourge.

In my next and following papers I purpose entering more fully into its history, symptoms, causes, and pathology, as well as its treatment. When complete the papers will form an historic record of the Plague from the remotest era of antiquity to the present outbreak in the Russian dominions.

PRINCE BISMARCK ON THE FUNCTIONS OF THE BRAIN.

In his well-known book, "Count Bismarck and his Men during the French War," Dr. Busch reports, amongst other medical remarks made occasionally by Prince Bismarck, the following story, which the Chancellor communicated one night during dinner, when the conversation had turned on horseback accidents.

"But before that" (viz., the last-mentioned casualty) "I had a curious accident, which shows how much the intellect of man really depends upon the substance of his brain. One night I was riding home with my brother, and we went as quickly as the horses would go. Suddenly my brother, who was a little in advance, heard a terrible crack. It was my head, which beat upon the high road. My horse had been frightened at the lantern of a carriage which came from the other side; had turned over backwards, and had also fallen on its head. I lost consciousness, and when I recovered it I had only half. That is, one part of my intellect was quite good and clear, the other half had gone. I examined my horse, and found that the saddle was broken. Then I called

the groom, and took his horse and rode home. When the dogs there barked—as a salutation—I thought they were strange dogs; was much vexed, and scolded at them. Then I said that the groom had fallen with the horse, and that they ought to go and fetch him with a bier, and I became very angry when they would not do that, in consequence of a sign from my brother. I asked if they intended to leave the poor fellow in the high road. I did not know that I was myself and that I was at home—or rather, I was myself and at the same time I was the groom. I asked for something to eat, and then I went to bed; and when I had slept sufficiently the next morning, it was all right. It was a curious case. I had examined the saddle; had asked for another horse, and had done several similar things—consequently I had done all that was necessary in a practical respect. Herein no confusion of ideas had been produced by the fall. In short, it was a remarkable illustration of the fact that the brain lodges different mental powers; but one of those had been stupefied for some longer period of time by the overthrow.”

FURTHER NOTES ON PARALYSIS.

By the EDITOR.

WHEN speaking with Dr. Arrowsmith, of Wateringbury, one day on the subject of paralysis and its beneficial treatment by Homœopathy, I asked him what he thought of the value of *Nux Vomica* in one-sided paralysis due to cerebral hæmorrhage. He said that it was a very fine drug when properly and carefully used, but that it was a most dangerous drug when taken in either too large or too frequent doses, and that it was very apt to bring about a fresh seizure in those who had recovered from a former attack, or it was apt to induce an attack in those who were predisposed for paralysis. He cited a case of a gentleman a patient of his whom he had cured of paralysis, and who had taken *Nux Vomica* in largish doses on his own account after the paralytic symptoms first suffered from had been removed by his treatment. Well, in spite of our colleague's kindly warnings, he persisted in continuing to take his *Nux Vomica*, which had befriended him on a former occasion, and the end of the chapter was an apoplectic seizure which carried him off. Now our colleague, Dr. Arrowsmith, by the way, has

with the exception of three or four practitioners in London, the most intimate knowledge of our *materia medica* of any man I know, and his powers of observation being very great, he has taken medical stock, so to say, of drug symptoms and disease symptoms, and it will be well therefore for us to caution our patients who are fond of doctoring themselves, and who have any predisposition to paralysis, against the excessive use of this powerful and admirable drug.

The truth is, most patients like to doctor themselves, it is so economical, and they are never so happy as when they can ferret out the name of some drug which is likely to suit their ailment, and so rob the poor doctor of his fee; and it is always so soothing to one's feelings to be able to lay out one shilling on advice instead of twenty-one. But then when this shilling's-worth of physic is repeated over and over again without a thought as to the propriety of continuing its use, or without a thought of securing a medical opinion about the particular ailment from which the patient suffers, is it not high time that a caution should be given as to the danger of using such medicines as *Nux Vomica*, *Ignatia*, *Belladonna*, *Aconite*, *Phosphorus*, and *Arsenicum* for too long a period and in too large a dose?

Dr. Arrowsmith's case impressed me very much at the time of my hearing of it, and it has lingered in my memory with outlines strongly impressed. I have, therefore, thought well to touch on it in these stray discursive notes of mine, both for the good of my patients and for the advice of my colleagues. If the latter can confirm or verify my ideas on the subject of the hurtfulness of *Nux Vomica* in too long-continued doses, it will be an important scrap of knowledge to all who have a fancy for this drug, and who are inclined to use it without sufficient judgment.

A case which came under my care some years ago when I was practising at Maidstone, showed me the immense value of *Nux Vomica* in the treatment of chronic intemperance and its baneful effects, but there were some points about the case which are instructive, and which might make us pause and consider whether the good effects which were first brought about were not somewhat nullified by the too long-continued use of the drug.

The leading features of the case were as follows. My patient was a man of about forty-two years of age, who had been in the habit of drinking hard for some years past. When I first prescribed for him he was in a low nervous

state, with a furred tongue, which trembled when put out for inspection. There was a weak pulse, a poor appetite, a relaxed state of the bowels, and the patient's nerve power was at such a low ebb that his eyes filled with tears when he was questioned about his symptoms. There was no loss of control over the bowels or the bladder, but the hands trembled and the pupils were contracted. The patient was a man of robust constitution, fond of field sports, and might have lived to old age had he kept out of the way of the bottle fiend.

Now, the symptoms seemed to point to *Nux Vomica*, and after having seen my patient I went home and had a good hunt in my Hull's Jahr for the drug which appeared to be most suitable to the case. *Nux*, however, came ever to the front, and *Nux* was given in the second decimal dilution in half-drop doses three times a day. In a week's time there was a remarkable change for the better, in a month my patient appeared to be getting quite well. I had forbidden the use of stimulants, beyond a couple of glasses of light beer a day, and I had suggested that he should take food at regular and frequent intervals. My advice was followed in this respect, and with the happiest results. The appetite gradually returned, the tongue cleaned and became less tremulous, the bowels were rather constipated than relaxed, and the nervous power was greatly improved. Now *Nux* had been given for three times a day steadily for about a week, then I allowed an interval of two days to come between, wherein no medicine was given; I then returned to the *Nux*, and gave it for nearly a fortnight, then allowed another interval of medicinal rest, and then allowed my patient to take it twice a day. At the end of about six weeks' time I had put my patient in the right track and said "Good-bye" to him, begging him to follow my various suggestions and keep well. The hand which had trembled so at my first interview was strong and firm and muscular in its grip; so much so was it that I remarked on the subject of this muscular improvement to a friend.

I left my patient to all intents and purposes in good health; but some two months after I was called suddenly to see him one morning, and found him suffering from a stroke of paralysis which affected one side, the muscles of the face were drawn on one side, and leg and arm were numbed, but not absolutely powerless. He had lost consciousness for a few moments only. I got him taken upstairs and gave him *Arnica*, and, strange to say, these symptoms

had nearly passed away in forty-eight hours' time, leaving only a slight weakness on the affected side, but bringing back the train of nervous symptoms which had been so successfully removed by the first exhibition of *Nux Vomica*. How had this come to pass? My patient, on finding his health so well restored, took advantage of his physical improvement and lapsed back into his old habits of intemperance. This lack of self-government was followed by the terrible punishment of paralysis. I shall speak of the last stroke of paralysis suffered from by my patient in my next paper, which last seizure was followed by death.

THE DANGERS OF ALLOPATHY.

WE quote the following from a respected exponent of orthodox medicine:—

“The application of nitrate of silver to the fauces is attended sometimes with other risks than those generally recognised. According to Dr. R. Demme, of Berne, a practitioner was lately cauterising the tonsils of a child, five and a half years of age, with fused nitrate of silver, fixed in a silver-plated caustic-holder four inches long, when the instrument slipped from his fingers into the pharynx, and was swallowed before he could seize it again. It appeared to pass down the œsophagus without any special difficulty or distress. Large quantities of milk, oil, and melted fat were immediately administered. For the first few days constant vomiting occurred, and subsequently brownish mucus was ejected. Gradually, however, the vomiting ceased, and solid food was again taken. The motions during this time were liquid and offensive. Nearly three weeks after the accident the caustic-holder was passed per anum, enclosed in thick masses of mucus. With the passage of the foreign body the symptoms, which continued those of alarming weakness, improved, the only remaining disturbance being the frequent occurrence of obstinate constipation. The case illustrates the great danger of making applications to the throat with a caustic-holder of insufficient length to permit of a firm grasp, especially when the patient is a struggling child.”

The case also illustrates the great danger of falling into the hands of a blundering idiot, whose only treatment for enlarged tonsils is conveyed by means of a stick of lunar caustic.

NOTES OF CALIFORNIAN TRAVEL AND
EXPERIENCE.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from page 65.)

VI.—SANTA CRUZ, THE SCARBOROUGH OF CALIFORNIA.

As pleasure-loving San Francisco must have a seaside resort, the little Spanish village of Santa Cruz, situated on the Bay of Monterey, eighty miles south of the metropolis by sea, and about seventy-two by land, has become during the last fifteen years the favoured spot. I visited it in June, 1875, and my very agreeable experience of the place may serve as a groundwork for a brief sketch of the "Scarborough" or "Llandudno" of California—Santa Barbara being the "Brighton" of the State. Leaving San Francisco wharves at 9 a.m. one bright, warm June morning, in the small screw-steamer *Constantine*, we steamed slowly round the corner of North Point, where the present docks terminate, and through the picturesque Golden Gate. Once outside the Seal Rocks, at the entrance of the Gate, a very cool breeze, always blowing all the summer, makes a light overcoat a necessity. The desolate Farallones Islands are seen to the right in the distance; on our left, as we proceed southwards, by E.S.E., the bold outline of the rocky coast, with the Coast Range of mountains, keeps ever within view. No town of any importance exists on this part of the coast, therefore we do not stop anywhere before arriving at Santa Cruz, after a trip of nine hours. Early in the morning I find myself in a hotel of somewhat primitive appearance, in a small town of Spanish-American characteristics. Walking inland about a mile, I come to the strictly American boarding-house (Pope's) to which I was recommended. A merry and social party of guests, chiefly young people from San Francisco, are making the most of a few weeks' holiday, with that joyous, bustling hilarity and unconventionality which you seldom see except in California. Picnic parties, riding excursions, and carpet dances follow one another in rapid succession, and mind and body are equally refreshed after the toil, dust, and routine of the city. Without a single introduction, an English gentleman can enjoy himself in a thoroughly social way in this lively watering-place. The surf-bathing is in the Continental style, and for deep-water swimmers a raft is anchored about 150 yards from shore. The tide of the Pacific varies but a few

feet, so that one can bathe at almost any hour of the day, and all the year round the water is at much the same temperature—that is, decidedly cool. Sharks are very rare visitors, but jelly-fish are often troublesome. One cannot remain so long in this water with perfect enjoyment as in the Atlantic or Mediterranean, where, for example, at the Lido, near Venice, I stayed a whole hour bathing, one summer; but one can obtain in a few minutes just as much bracing and vigour. After the morning dip, a ride on horseback is the regular thing, to one of the many places of interest in the vicinity. One of these is the Grove of Big Trees, up a picturesque valley. These fine specimens of *Sequoia* (called by us *Wellingtonia*) measure from 16 to 22 feet in diameter. On one of them a large log hut is built; on another actual experiment has shown that thirty-five persons can stand together! My first experience in this fourteen-mile ride of a Mexican, high-peaked saddle was most favourable. There is nothing like it for rough up and down hill riding. Various places of rocky formation on the coast, such as Moore's Beach and the Natural Bridge, are to be seen. Delightful camping-out parties are formed—a truly American idea. About seven miles inland I visited a lovely fern glen, reminding one of the best parts of Devon or North Wales. There is also, not far away, a most extensive and profitable vineyard called Vine Hill, where the eye roams over hundreds of acres of fertility and verdure. Santa Cruz (Holy Cross) was originally one of the Jesuit mission-stations, and now has become a "city" of 8,000 population, with a street tramway, two narrow-gauge railways, and a third constructing, and about 5,000 or 6,000 summer visitors, "the season" lasting from April to November. The houses are mostly of wood, with verandahs, and stand in their own gardens. Fruit and vegetables of all kinds grow during the winter as well as the summer, and form an important export. The lodging-keepers and hotel landlords are not so rapacious as at similar British seaside resorts. I returned by a most charming road over the Coast Range, passing near the famous New Almaden quicksilver mine, to Santa Clara in the vale of San José, whence the rail (forty-two miles) conveyed me into the south end of San Francisco. I cordially recommended Santa Cruz after this refreshing trip.

ONE MORE ALLOPATHIC DISCOVERY.

WE extract the following from a late number of the *Medical Times and Gazette* :—

“BRYONY AND DROSERA IN PERTUSSIS.—In a communication to the Société de Thérapeutique (published in the *Journal de Thérapeutique*, May 25), Dr. Louvet-Lamare stated that he had derived great advantage from treating the catarrhal stage of pertussis by the *Tincture of Bryony* and the paroxysmal stage by the *Tincture of Drosera*. Of the former he gives one gramme per diem to a child seven years old, and although it may not abridge this first stage of the disease it diminishes the tracheo-bronchitis very sensibly, and therefore the violence of the cough. When the bronchial tubes are overloaded with mucosities he also administers an emetic. As soon as the paroxysmal character becomes well established he gives the *Tincture of Drosera* (one gramme daily for a child seven years old), and as long as there are any râles heard in the chest he associates the *Bryony* with it. It soon lessens the violence of the paroxysms, but may have to be continued two or three weeks before convalescence is established. When the *Drosera* is only given after the paroxysms have been established for two or three weeks, it may cure the disease in a few days. The *Drosera* very much expedites the improvement produced by change of air. The drug is very harmless, and its daily dose may be increased from one to five grammes without doing mischief.”

We are really at a loss to know which to admire the most in the above quoted paragraph, either the naïve simplicity of the narrator, or the barefaced impudence of the experimenter. Does the narrator of Dr. Louvet-Lamare's experience really believe that two new drugs have been discovered, and that these drugs are destined to play a great part in the old-school treatment of whooping-cough, and that all this has come about through the sagacity of Dr. Louvet-Lamare? When will the old-school practitioners learn a little decent honesty, and acknowledge where they have “lifted” their medical goods? When will they be more exact in giving the indications for the use of various drugs?

This eminent filcher of stolen goods, Dr. Louvet-Lamare, has stolen the scant outlines of the sphere of *Bryonia* and

Drosera. His sketch is most imperfect, he cannot finish his picture. Poor Dr. Louvet-Lamare! you are to be pitied as well as despised; for in all your chicanery there is no adroitness, no art in your shabby conveyancing. But perhaps we wrong the good Dr. Lamare, it was in a moment of inspiration when he lightly touched on the virtues of *Drosera* in whooping-cough, whilst one eye rested pensively on an open copy of Jahr.

OPIUM IN CHINA.

WE extract the following interesting account of the opium trade in China from a recent number of the *Chemist and Druggist*. According to the writer of the article we learn that "at Amoy the lack of capital among the natives keeps the trade in the hands of Europeans, but in course of time the trade must certainly pass to the Chinese, and, save as a source of revenue to India, we shall cease to be interested in it." False reports that the Government manufacture in India was to be abandoned have caused an advance of 50 dollars to 100 dollars per chest in the price of opium.

At Canton the amount of opium imported in foreign vessels has gradually dwindled down to 324 piculs.¹ Of course this small amount, which would barely reach a month's consumption in the city alone, represents in no way the amount actually imported into Canton, whether by junks paying regular duties or by smugglers. The total taxation being about 12 taels² the chest less at Swatou than at Canton, the greater part of the coast district between the two ports is supplied from the former place.

At Foochow there was considerable fluctuation of prices in the opium trade, at times there being a rise or fall in twenty-four hours of fifty dollars per picul.

Opium-smoking in China.—Her Majesty's Consuls make the following remarks on the effects, injurious or otherwise, which opium-smoking produces in the smokers. Charles Alabaster, Consul at Amoy, says:—

"The habit is now so general that there is little proba-

¹ 1 Picul = 133½ lb.

² 1 Tael = 5s. 10d.

bility of much increase in the demand, unless the population of Formosa increase: when, as the use of opium is almost a necessity of life in the plantations there, to counteract the malarious influences of the climate, there must be a larger export thither. Nor is it to be desired that the consumption should become greater, for although I cannot agree with those who so vigorously denounce the trade as a source of every evil, and am inclined to think from observation that many more lives are saved by its moderate use than are sacrificed to inordinate indulgence in it, an increase would now rather mark the spread of the abuse of the drug than of its employment as a stimulant to counteract the lowering effect of the climate, and damp of ill-drained houses." Page 5.

James Scott, Acting Consul at Kiungchow, says:—"As to the effect of this narcotic on the population I am not in a position to speak, but although nearly every one uses it one never meets the opium-skeleton so vividly depicted in philanthropic works, rather the reverse—a hardy peasantry, healthy and energetic; and no doubt in this damp malarious climate a mild indulgence must act beneficially as a febrifuge." Page 95.

T. L. Bullock, Acting Consul at Pakhoi, remarks:—"In Pakhoi itself the number of opium 'dens' visible to the eye of the passer-by is greater in proportion to the size of the place than in any other Chinese town I have visited. I suppose that, almost without exception, all the working men, who earn unusually high wages, smoke opium, and I am told that a good many women do so too."

"*Native Opium.*—At Amoy 'the poppy is cultivated in the neighbourhood with the knowledge and sanction of the mandarin; but so far the production of native opium has not, that I can find out, in any way affected the foreign import, as from their imperfect system of manufacture the natives are unable to produce a drug at all approaching its foreign rival in quality or flavour. I have been unable to obtain reliable returns of the amount produced.'—*Chas. Alabaster.* The consumption of Indian opium at Chefoo has averaged for the past ten years about 3,500 piculs per annum. The import for 1876 was 2,228 piculs, and for 1877, 2,154 piculs. . . . The small demand in 1876 was doubtless in some degree due to the increased growth of native opium in Shantung and Honan. Merchants engaged in this trade state that about 1,000 chests produced in one or other of the two named provinces have lately been consumed annually in

districts which would otherwise have drawn their whole supplies from Chefoo. At the same time these statements must be accepted with caution. No sort of statistics are obtainable. The figure of 1,000 chests is arrived at rather as a deduction from the known falling-off in Indian opium than from independent observation."

"Whatever the growth may have been in former years, however, it is admitted that the crops of both 1876 and 1877 were very poor. The two famines in Shantung and Shansi following close on each other, with all the fearful suffering they entailed, have taught the agricultural population a lesson that will not soon be forgotten. It is a widespread belief among the Chinese that these famines are a just judgment sent from heaven for the increasing cultivation of the poppy plant. The Imperial Government, too, has lately issued a stringent edict, inculcating in most absolute terms the observance of previous prohibitions on this subject. Backed as this edict will be by public opinion, it has some chance of being attended to."

"The growth of the poppy has been slowly but steadily increasing in some parts of the province of Fukien, as for instance in the Fuh-tsing, Fuh-ngan, and Fung-ngan districts. The quantity of opium produced in those districts is as yet small, and is chiefly for local wants. In the Fuh-tsing district the quantity made does not exceed six piculs a year; in that of Fuh-ngan about ten piculs; and in Fung-ngan not more than four piculs is the amount of native production in each year. It is used by smokers for mixing with the stronger kinds from India. The consumption of this kind of mixture is confined almost to the poorer classes of the population. Native drug has less potency and is less deleterious than Indian. The native opium that finds its way into consumption at Foochow and the immediate neighbourhood comes from the departments of Wenchow and Taichow, in the adjoining province of Chekiang. The production in those departments is said to amount to about 2,000 piculs annually, but it is not known what proportion reaches Foochow. It passes the opium tax offices on its way to Foochow under the denomination of ghee, although paying duty as opium. This method of evading the penal laws against opium is openly recognised. In 1873 the quantity of native opium reported to the local government as having paid duty at Hankow was 634·73 piculs; in 1874 it was 1,275·30; in 1875, 1,600·23; in 1876, 2,887·85; and in 1877,

1,684·56 piculs. This increase may be due to greater vigilance or more strict supervision over the collection, or to a really increased production of the drug. The native opium sent to Shanghai which paid duty to the Imperial Customs amounted in 1877 to 1,107·80 piculs, as against 1,696·56 piculs in 1876."

In the district of Kewkiang the native product is but little used, and then only for adulterating Malwa. A little is produced at Ki-an-fu, and at present is all consumed locally.

At Newchang in 1876 2,236 piculs, and in 1877 988 piculs of opium were imported.

Thomas Adkins, H. M. Consul, remarks:—"The very striking difference in the import of opium, as compared with 1876, is due to the increased production of the native drug. It is difficult to obtain any reliable statistics with regard to native opium. There is no 'crop' in the sense understood by the Indian Government; and there is no record of the taxation of the article, which reaches its market in the place of production in small parcels, without interference from the officials. The poppy field is winked at for a consideration, and the harvest is soon beyond the reach of the tax-collector. There can be no doubt that the cultivation of poppy is extending in this province. Within a mile of the consulate there were patches of it growing, and, judging from the luxuriance of some of the crops, I should say that this soil and climate are quite suitable to its growth. Only one-fifth of the opium used by the Chinaman is foreign—*i.e.*, 80 per cent. is native—and the disproportion is increasing. Unless the Indian Government can reduce the duty on Malwa opium, so as to permit the foreign merchants to lay it down at the open ports, at a cost of 320 to 420 tael per chest, it will soon totally cease to be bought by the Chinese in the north.

"With regard to the production of opium in regions more distant from this port, it seems that it is growing in most parts of the province of Fêng-Tien, in many parts of the province of Kisin, and in a daily increasing area in the southern portion of Eastern Mongolia, notably and for several years in that portion of country which lies on the right bank of the Sungari in the angle formed by the reaches of that river, above and below its junction with the Nonni, east and south-east of Petuna. In Russian Manchura, in the strip of country lying on the seaboard between the Amoor and Corea,

the poppy is not grown, and no opium is allowed to enter that territory."

At Ningpo the season 1877 was a bad one for the opium crop, nevertheless, the production was 50 per cent. more than in 1876. The cultivation is nominally prohibited, and is not openly taxed, but a present is always exacted. Native opium commands about half the price of that which is imported. A small quantity is used in the adulteration of foreign opium, and it is itself much adulterated (frequently to the extent of 20 per cent.) with extract of liquorice and the inspissated juice of the sesame. One of the objects of this adulteration is to dilute the morphia, which foreign analysis shows to be greatly in excess in the Chekiang drug. It comes to the market in a fluid state, the small earthen jars in which it is sold containing each from 2 to 4 lb. A market for the sale of the native drug is held at stated periods at one of the gates of this city.

The competition between Indian and other opium promises in the immediate future to be keener than hitherto. By those who can afford to pay for it it will always be preferred, but to all but the comparatively wealthy it will be prohibited by its heavy cost. . . . Unless Indian opium can be put on the market at a lower rate than prevails at present, it will in all probability be driven almost entirely out.

Kwang-si consumes very little Indian opium. It borders on Yünnan, and has long been used to draw its supplies from that province, in addition to which it grows a small quantity within its own territory. The smokers of Kwang-si consequently are all accustomed to the taste of native opium, and are not likely to desert it for the more expensive foreign article. Opium is not grown, nor is Chinese opium used, in Formosa.

Persian Opium.—The consumption of this opium has largely increased at Amoy, which is accounted for by its comparative cheapness. At Ningpo, during a period when Indian opium fetched a high price, 30 chests of Persian were imported which met with a ready sale at 420 to 435 taels, Indian at that time fetching 675 taels. At Taiwan (Formosa) the importations of opium in 1877 were: in chests, Benares 1,416, Patna 147, Malwa 9, Turkey 2, and Persian 1,279; total, 2,853. The import of Persian in 1876 was 955 cwt., against 1,577 in 1877. This increase, which has been continuous, has been caused by the adoption, at the time of

its introduction here some four years ago, instead of Turkey opium, of a lower rate of *li-kin*, or war-tax, on it than that prevailing at the other end of the island; and it is accordingly brought here for conveyance to the North. Persian opium has entirely driven the Turkey sort out of the market, and is much liked by the poor and hardworking class of colonists.

In the island of Taiwan Persian opium is becoming a very serious rival to the Indian drug. This arises not from any general superiority in the opium itself, though the better quality fetches a higher price in the market than average Indian opium, but simply from its cheapness as compared with either Benares or Patna. It is stated that it is smoked chiefly by soldiers stationed on the East coast, unmixed with other opium—not from choice, but necessity. In other parts of the district it is employed to some extent to mix with the different kinds of Indian opium. That this is done for the sake of economy is admitted on all hands, of which the fact that the greatest proportional as well as actual decrease has taken place in the consumption of Patna opium, the most expensive kind, may be taken as additional evidence. There is not the smallest likelihood that Persian opium will ever supplant Indian opium in this market beyond a certain point, but at the same time its consumption will no doubt increase for some time in a higher ratio than that of Indian opium.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
 EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(1) *Provincial Medical and Surgical Journal*, 1843, vol. v., pp. 343, 363, and 397.

By Dr. W. B. O'Shaughnessy.

Three preparations are made in the East. The first is called *Sidhee*, *Subjee*, or *Bang*; it consists of the hemp mixed with black pepper, cucumber and melon seeds, sugar, milk, and water; another variety is mixed with pepper and water only; either of these will cause intoxication in half an hour. Almost invariably the inebriation is of the most

cheerful kind, causing the person to sing and dance, to eat food with great relish, and to seek aphrodisiac enjoyments. In quarrelsome persons it exasperates their natural tendency. The intoxication lasts about three hours, when sleep supervenes. Next day there is slight giddiness and much vascularity of eyes.

Gunjah is used for smoking only; it contains a little tobacco. Intoxication ensues almost instantly. Heaviness, laziness, and agreeable reveries ensue; but the person can be readily roused, and is able to discharge routine duties.

Majoon consists of *bang* mixed with sugar, butter, flour, and milk. The washings in the course of preparation contain a colouring matter and an extractive substance; they are intoxicating, and cause constriction of the throat, great pain, and very disagreeable and dangerous symptoms. *Majoon* is most fascinating in its effects, producing ecstatic happiness, a persuasion of high rank, a sensation of flying, voracious appetite, and intense aphrodisiac desire. The Arabic and Persian physicians say its continued use leads to madness and impotence. Most carnivorous animals eat it greedily, and become ludicrously drunk.

The *Rajniguntū*, a work on *Materia Medica*, probably written 600 years ago, gives a clear account of this drug. Its synonyms are the promoter of strength, the causer of a reeling gait, the laughter-mover, and the exciter of sexual desire. Its effects on man are described as excitant, heating, astringent; it "destroys phlegm, expels flatulence, induces costiveness, sharpens the memory, increases eloquence, excites the appetite, and acts as a general tonic."

Reference is made to the writings of Takim Eddin Makrizi, epitomised in vol. i. of De Sacey's *Crestomathie Arabe*; also to Lane's *Modern Egyptians*. From these sources and the MS. notes of the Syed Keramut Ali and Mr. Da Costa (the latter containing extracts from the *Mukzunu-Udwich* and other Persian and Hindoo *Materia Medicas*), and a paper communicated by the Hakim Mirza Abdul Razes, the following epitome is compiled. Makrizi says that the effects of the *Hasheesha* gave rise to the word *assassin*. He states that an ascetic after eating the leaves returned with joy and gaiety imprinted on his countenance, and received the visits of his brethren, and encouraged their conversation. His companions ate them, and were all similarly excited. It is diuretic, astringent, and especially aphrodisiac. Ibn

Beitar was the first to record its tendency to cause mental derangement, and says it occasionally proves fatal.

Makrizi says that from the habitual use of the drug, "general corruption of sentiments and manners ensued, modesty disappeared, every base and evil passion was openly indulged in, and nobility of external form alone remained to these infatuated beings."

The *Muksun-ul-Udwich* says that *Churrus*, when smoked through a pipe, causes torpor and intoxication, and often proves fatal. The plant first exhilarates the spirits, causes cheerfulness, gives colour to the complexion, brings on intoxication, excites the imagination into the most rapturous ideas, produces thirst, increases appetite, and excites concupiscence. Afterwards the sedative effects begin to preside, the spirits sink, the vision darkens and weakens, and madness, melancholy, fearfulness, dropsy, are the sequel, and the seminal secretions dry up. These effects are increased by sweets and combated by acids. Eventually, weak digestion ensues, followed by flatulency, indigestion, swelling of limbs and face, change of complexion, diminution of sexual vigour, loss of teeth, heaviness, cowardice, depraved and wicked ideas, scepticism in religious tenets, licentiousness, and ungodliness.

Mirza Abdul Razes says it causes ravenous appetite and constipation, arrests the secretions except that of liver, excites wild imagining, especially a sensation of ascending, forgetfulness of all that happens during its use, and such mental exaltation that the beholders attribute it to supernatural inspiration. It powerfully excites the flow of bile. Habitual smokers of *Gunjah* generally die of diseases of lungs, dropsy, and anasarca; so do the eaters of *Majoon*, and the smokers of *Sidhee*, but at a later period. The inexperienced on first taking it are often senseless for a day, some go mad, others are known to die.

Reference made to Rumphius's *Herbarium Amboinense*, p. 208, Ed. Amsterd., A.D. 1695; also to De Sacy's paper in *Bulletin de Pharmacie*, 1809, vol. i., p. 523; and to Royle's *Illustrations of the Botany, etc., of the Himalayas*, p. 334.

Experiments by Dr. O'Shaughnessy now quoted.

Case I.—Ten grains of Nipalese *Churrus* dissolved in spirit were given to a dog. In half an hour he became stupid and sleepy, dozing at intervals, starting up, wagging his tail as if extremely contented, ate some food greedily, on being called he staggered to and fro, and his face assumed a look of utter and helpless drunkenness. These symptoms

lasted about two hours, and then gradually passed away ; in six hours he was well.

Case II.—A drachm of *Majoon* was given to a dog ; he ate it with great delight, and in twenty minutes was ridiculously drunk ; it four hours he was well.

Cases III., IV., V.—Three kids had ten grains each of the alcoholic extract of *Gunjah*. In one there was no effect ; in the second there was much heaviness and some inability to move ; in the third there was a marked alteration of countenance.

Case VI.—Twenty grains, in spirit, were given to a dog. In a quarter of an hour he was intoxicated ; in half an hour he had great difficulty of movement ; in one hour he had lost all power over hinder extremities, which were rather stiff, but flexible ; in four hours he was well.

Carnivorous animals, and fish, dogs, cats, pigs, vultures, crows, and adjutants invariably became intoxicated from the drug ; but the graminivorous, such as the horse, deer, monkey, goat, sheep, and cow, were but trivially affected.

Cases VII., VIII., IX.—Three patients suffering from rheumatism (two acute, and one chronic) each took a grain of the resin in solution at 2 p.m., November 6th, 1838. At 4 p.m. it was reported that one of them was becoming very talkative, singing songs, calling loudly for an extra supply of food, and declaring himself in perfect health. At 6 p.m. he was now falling asleep. At 8 p.m. he was lying on his cot quite insensible. On raising his arm it remained in the altered position ; he was in a state of catalepsy ; perfectly pliant and stationary in whatever position we placed him, no matter how contrary to the natural influence of gravity on the part. He was almost insensible to all impressions ; gave no sign of understanding questions ; could not be roused. A *Sinapism* to stomach gave no pain. The pharyngeal muscles acted freely in the deglutition of a stimulant medicine. The second patient had meanwhile been roused by the noise, and seemed vastly amused at the strange aspect, and the statue-like attitudes in which the first had been placed ; when on the sudden he uttered a loud peal of laughter, and exclaimed that four spirits were springing with his bed into the air. In vain we tried to pacify him ; his laughter became momentarily more and more uncontrollable. We now observed that the limbs were rather rigid, and in a few minutes more his arms or legs could be bent, and would remain in any desired position. He did not complain of any pain from a *Sinapism* ;

but his intoxication led him to such noisy exclamations that he was removed to a separate room; here he soon became tranquil, his limbs in less than an hour gained their natural condition, and in two hours he said he was perfectly well and excessively hungry. The first patient remained cataleptic till 1 a.m., when consciousness and voluntary motion quickly returned; and by 2 a.m. he was in exactly the same state as the second patient.

The third man had no symptoms; he was accustomed to smoke *Gunjah* in his pipe.

Case X.—An old rheumatic man took half a grain of the resin in a little spirit. In two hours he became talkative and musical, told several stories, and sang songs to a circle of highly-delighted auditors, ate the dinners of two persons subscribed for him in the ward, sought also for other luxuries we can scarcely venture to allude to, and finally fell sound asleep and slept till the next morning.

In several cases of acute and chronic rheumatism, half-grain doses of the resin were given with closely analogous effects: remarkable increase of appetite in all, unequivocal aphrodisia, and great mental cheerfulness.

Case XI.—A case of hydrophobia. Two grains of the resin were given every hour; after third dose he felt commencing intoxication; he now chatted cheerfully on his case, and displayed great intelligence and experience in the treatment of hydrophobia. He talked calmly of drinking, but said it was in vain to try, but he could suck an orange, and he succeeded in swallowing the juice without difficulty. After sixth dose he fell asleep. Next morning the hydrophobic symptoms returned, and the *Hemp* was repeated with similar results. On one subject only was he incoherent. He spoke in raptures of the ladies of his *zenana*, and his anxiety to be with them, though he had no such establishment.

Case XII.—Several of the pupils tried it on themselves. The result of several trials was that in doses of quarter-grains the pulse was increased in fulness and frequency, the surface of the body glowed, the appetite became extraordinary, vivid ideas crowded the mind, unusual loquacity occurred, and, with scarcely an exception, great aphrodisia existed. One pupil took ten drops of the tincture, equal to a quarter-grain of the resin. In twenty minutes a shout of laughter ushered in the symptoms, and a transitory state of cataleptic rigidity occurred for two or three minutes. I

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found him enacting the part of a rajah, giving orders to his courtiers; he could recognise none of his acquaintances, all to his mind seemed as altered as his own condition; he spoke of many years having passed since his student's days, described his teachers and friends with a piquancy which a dramatist would envy, detailed the adventures of an imaginary series of years, his travels, his attainment of wealth and power; he entered on discussions on religions, scientific, and political topics, with astonishing eloquence, and disclosed an extent of knowledge, reading, and a ready apposite wit which was quite unexpected. For more than three hours he maintained the character he at first assumed, and with a degree of ease and dignity perfectly becoming his high situation. This state ended almost as suddenly as it commenced.

Case XIII.—Case of cholera. Half a grain of the resin was given, and in twenty minutes he improved; in one hour he was cataleptic, and continued so for several hours.

Case XIV.—Case of tetanus. Two grains of the resin were given at 2.30 p.m., dissolved in a little spirit. In half an hour he felt giddy; at 5 p.m. his eyes were closed, he felt sleepy, and said he was much intoxicated.

Case XV.—Case of tetanus. On 16th and 17th three grains of the resin were given at bedtime. On the morning of 18th she was found completely cataleptic, and remained so till evening.

Case XVI.—A man aged 30, with sloughing of scrotum. Three-grain doses every two hours caused intoxication.

Reference made to Sir James Murray's *Medical Essays*, Dublin, 1837.

A singular delirium is caused by the incautious use of the hemp, especially on taking it the first time. It is at once recognised by the strange balancing gait of the patient, a constant rubbing of the hands, perpetual giggling, and a propensity to caress and chafe the feet of all bystanders, of whatever rank. The eye has an expression of cunning and merriment. A few patients are violent, and many highly aphrodisiac; all are voraciously hungry.

TO MAKE THE BEST TOOTH-POWDER.—Grind your own teeth.—*Punch*.

HOMEOPATHIC PRACTICE.

"If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others."—DR. SAMUEL FENWICK.

NOTES BY THE WAY.

By DR. USSHER.

Some Effects of Cold.

JANUARY 27th, 1879.—A very delicate little girl, ten years old, with small bones, undersized for her age, slow in learning, lids inclined to be sore, pupils dilated, always ill since she had measles, poor appetite, easily tired, has got sore throat with a good deal of faucial redness, some pain in chest, and cough worse on lying down. I gave her *Bell. 3x*, intending to see her in a few days; the next morning, however, I was requested to repeat my visit, and I found the sore throat better, but there was a sudden enlargement of the cervical glands on right side, which the mother thought was due to an attack of "mumps." The swelling was on the right side, irregular, hard, and there was some fever, with hot palms, and anorexia, the faint smell on the breath which I have often called "cow's breath smell," so well known to mothers, and an invariable accompaniment of mal-assimilation. *Calc.-Carb. 6x trit.* (Keene and Ashwell's) taken every three hours, about a grain or so to a tumbler three parts full of water. Next morning, January 28th, I was surprised to see the mass of glands, quite as large as a small orange, all reduced to a slight hardness and fulness—*nothing short of magical*—a melting down very like what *Iod.-Kali.* accomplishes in uterine tumours, but not so quickly. January 30th.—Her breath is perfectly sweet, she is able to be up and enjoy her food, and I hope better health from our kindly drug, which has been repeated. February 1st left her fairly well, and with a few doses of *Sulphur*, to be followed by *Calc.-Phosp. 3x* twice weekly. A slight return of the swelling February 13th at once yielded to *Bell. 3x*. Can there be a stronger point for infinitesimals than the rapid action of this sixth decimal? When I think of crab's-eye powder, lime-water, calcined oyster-shells, not to mention the excellent mollusc itself, which few children will touch raw, although they will go in for the less-digestible cockle and periwinkle, I feel thankful that I am a

Homœopath, *with liberty to think*, act, and be sneered at. Our small doses, mostly tasteless, are not converted into syrups as a placebo for children's palates, but an evil to their stomachs, for these are the children to whom syrups, jams, and confections are poison, not to speak of the treacle abomination that sometimes assists porridge, the most beneficial of foods if properly cooked, an art nearly as unknown in this country as the simple boiling of rice. This patient's parents come from the "land o' cakes," and have brought some useful knowledge with them. Surely it is a good move in school-board tactics to teach the cooking of *ordinary food*—rice, lentils, oatmeal, vegetables, to boil cabbage, kale, or savoys, and wholesome parsnips and potatoes. This is worth knowing. Any one who makes his way down Battersea Park Road, or any other working man's thoroughfare, may see these comestibles in luxuriant profusion, set off by the poor but despised herring, and the poor man's oyster, the excellent mussel, a bivalve worthy of household introduction. Not one working man's wife knows anything of making soup, beyond pea soup; but the Frenchwoman turns her skill to good account, and has learned thrift; the poor people of this country are wasteful. One vicar's wife tells me that she is surprised to see the good remains of joints that dogs bring into their garden, and which they would be ashamed to throw away. We want the soup kitchens to feed the starving, and a good soup may be made for very little money. The ox head makes capital soup, as I have tasted in hospitals; the sheep's head fried with bread crumbs and garnished with tongue I have seen on many a good table; the sheep's feet or trotters is one of the best invalid foods properly cooked and garnished with parsley and butter. What do people know about macaroni? how rarely they use tripe or the goodly Spanish onion or haricot beans.

To return from my long digression to another case. Mrs. B. had been under treatment for indigestion and diarrhœa, and on the 18th January took a journey to Kentish Town, a day to be remembered, for thither bound I went to see the old lady's niece, and had a stand of three-quarters of an hour at Kensington, and another quarter at Kentish Town, in the snow-slush of that period; in point of fact, save for the honour of wearing boots, I might as well have been without them, and, as part of my fee, I had an extra week's cold. The old lady fared worse, as I found her, January 22nd, in

severe attack of hysteria. She could take neither milk nor beef-tea. Her diarrhœa was properly obedient to *Arsenic*. There was a great deal of trembling, worse on movement, she felt like one dying, and seemed to lose her senses. Her distressful sighs, etc., suggested *Ignat.* 3x, which, taken every three hours, proved a real help. The next morning she was better, had had some sleep, and desired food; neither the retching or sinking returned, but she still trembles when she moves in bed. Continue *Ignat.* 3x. January 25th, throat very sore, seems to scald her. *Puls.* 3x. Here I may note that in using Hering's Condensed Materia Medica, the proper remedy is often one of those "that follow the medicine well." Many hints are contained in the worthy old man's concluding notes; and in those on tissues, it would have been a glorious "tome," with its noble print, if the amelioration and aggravation had been given at the end of the article, and a repertory of the book added. I here send a word of congratulation all round for the useful volume of Dr. Lilienthal, to be procured through the Homœopathic Publishing Company. It is an admirable book for those who wish to be learned and exact. The sore throat of my patient was probably due to the incessant retching. A little consideration will make it I think plain, that in a very nervous temperament the trembling, sighing, sinking, and retching were all of nervous origin, started by cold, and *Ignatia* being the most eligible suitor, was accepted at once. I deprived her of tea, but gave her the quiet of bed, warm soup, and a little whisky and water, which she much relished, forbidden thing though it is!

February 1st.—I saw my patient this morning; weak, but no longer nervous, sore throat gone. The action of the bowels part relaxed and part confined, scalding in its passage. *Sulph.* 3x one grain, and wait the result.

PAPER DENTISTRY.—Paper teeth are the latest novelty. You buy them by the quire as you require them, on trade terms, "26 as 24." The run is on ivory and cream-laid, few caring for blue-wove or black-edged teeth. Of course, paper has the advantage of being easily gummed in. They improve the speech; indeed, a man with a complete top and and bottom plate paper set will talk like a book. Few have them either with crest or monogram.

Obituary.

HENRY VICTOR MALAN, M.D.

THERE are but few left in our ranks who have the distinguished honour of being pupils of the great Hahnemann. This number has been lessened by the death of our colleague, Dr. H. V. Malan. One more link has been broken in the chain which binds together our little band of reformers. One more champion has been taken from us, who was ready to preach the doctrines of an advanced medical faith. But though the veterans are minished in the land, yet we trust there are many volunteers left to fight for a cause which has prospered amidst difficulties innumerable, and has lived where life seemed to many impossible. The subject of our notice, Dr. Henry Victor Malan, was the son of the distinguished Swiss pastor, Cæsar Malan, whose name still lives connected with the history of evangelical reform. Dr. H. V. Malan was educated partly in England and partly on the Continent, and possessed both British and foreign degrees. Being of a naturally thoughtful turn of mind, and inheriting his distinguished father's love of reform, what could be more natural than for him to be dissatisfied with the rude therapeutics of half a century ago, and to be attracted to Hahnemann and his original doctrines? He had the privilege of Hahnemann's acquaintance if not his friendship, of his teaching, and of his guidance. After practising for some few years on the Continent, Dr. Malan came to London, where he established himself at the West End, and found many clients ready to avail themselves of his medical assistance. But on account of failing health he removed to the quieter sphere of work which Guildford afforded him. Here he lived and practised with great success for many years, his dispensary being visited by patients from all parts of the country round, many of these humble but faithful adherents of Homœopathy coming from a distance of twenty miles from Guildford to seek his advice. Our colleague's reputation was justly earned, for he took infinite pains to find out the cause of his patients' troubles, and he was equally careful in searching for the appropriate remedy. It will interest those who can only feel satisfaction in using the low dilutions to know that Dr. Malan invariably used the high potencies. Globules of the 12th, 30th, and the 200th, were the bullets usually em-

ployed by him to vanquish disease; and, from all accounts, it must be said to his credit that these well-intentioned missiles rarely failed to reach their mark.

Some three years ago Dr. Malan finally decided to leave Guildford and settle on the shores of his native lake, Geneva. The air of Surrey failed to give him the life and stimulus he so much needed, and this stimulus he found in that quiet and beautiful corner of Lake Geneva which has been immortalised by Byron's genius, where Vevay, Ouchy, Lausanne, and Montreux touch each other in friendly neighbourhood, where the waters of the lake are solemnly still, and where the mountains frown from the opposite shores in their majesty of beauty. Here it was that Dr. Malan spent the last few years of his life, working when his health would permit him to do so, and clinging to the early medical purposes of his life, until disease proved too great an enemy for even this accomplished practitioner. In thinking of his end we almost instinctively echo Tennyson's words,

"They laid him by the pleasant shore,
And in the hearing of the wave."

For he breathed his last at Montreux.

LITERATURE.

HOMŒOPATHIC THERAPEUTICS.¹

DR. LILIENTHAL has met with difficulties in the study of our materia medica. He believes with justice that he is not alone in his difficulties, and therefore he has put together a good sized volume, entitled "Homœopathic Therapeutics." The volume is intended to help practitioners and students of our new school, as very often the search for the most appropriate drug in disease treatment is attended with a good deal of despair and gnashing of teeth. The truth is that though the simile is apparently an easy matter of discovery, the similimum is as far off to the medical investigator as the North Pole to the Arctic explorer. Our American colleague, having himself experienced these difficulties in the search for the similimum, and divined their probable occurrence in others, has put together a most careful,

¹ Homœopathic Therapeutics. By L. Lilienthal, M.D. New York and Philadelphia: Boericke and Tafel. 1878. London: Homœopathic Publishing Company, 2, Finsbury Circus.

as we feel sure it will be a most useful, work of reference. It is a species of Repertory, or rather moulded on the plan of Jahr's "Clinical Guide," which Dr. Lilienthal brought out in a new edition some ten years ago. To test the completeness of this work, the reader should merely turn to the section on "Asthma Spasmodicum," and there he will find medicines enough in squadrons and platoons ready to make a vigorous onslaught on this most troublesome and most obstinate affection. There we find ranged on the one hand the various forms of asthma, with their causes given in brief, and then following closely in their track can be seen the marshalled ranks of medicines which shall successfully oppose the asthma in its variety of character. Then, to make the defeat of disease more easy of accomplishment, Dr. Lilienthal has given the drugs their good-conduct stripe, and also their leading characteristics, so that the force available in our materia medica for attacking asthma is a strong one, and we trust it will be always a successful one.

To enter into the details of paper and type, we congratulate the publishers on the choice of their type; the pages, though full, are not overcrowded, and the headings are well leaded, so that the eye can easily catch the initial words, which tell us of a drug to be used or of a disease to be treated.

Let us hope that the "Homœopathic Therapeutics" will meet with a large measure of success. Some books command success, this one well deserves it.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE PLAGUE.

DEAR SIR,—I beg to forward you a slight account of the dreadful epidemic which has broken out in the south-eastern corner of Russia, in hopes that the particulars may prove of interest, and perhaps induce some of your professional readers to suggest their views relative to the nature of the disease and the remedies most likely to prove of benefit.

Vetlianka—the spot where the epidemic has broken out—is about 130 English miles distant from the town of Astrakhan, lying on a high bank of the River Volga, in an open

and level situation. The village consists of 300 small wooden houses, with about 1,700 inhabitants. The place has the reputation of being unhealthy and subject to epidemics.

A medical officer, who has observed the development of the disease, thus describes its symptoms:—

“In November last a few of the inhabitants (eight persons) were attacked with fever, and after the lapse of about a week glandular swellings formed either in the groins or armpits; on bursting, the abscesses discharged healthy pus. The illness lasted from ten to twenty days, and all the patients appear to have recovered. Soon, however, the disease reappeared in a different form, the symptoms being severe headache, pain in the limbs, moderate chills of short duration, succeeded by prolonged intense heat in the face and eyes, distended abdomen, swelling of liver and spleen, pulse 100-120. This state lasted two or three days, and in a few favourable cases was followed by perspiration and alleviation of all the symptoms. Mostly, however, the paroxysms returned with still greater severity, accompanied with delirium, sleeplessness, restlessness, temperature 42°, dry, brown tongue, involuntary dark-brown evacuations, reddish urine, death occurring after the first or second attack, and only in a few cases after the third attack, attended with convulsions, coma, and rapid prostration. The bodies stiffened quickly, and spots appeared after the lapse of twelve hours or later. Within twelve days, out of 100 patients, forty-three died and fourteen recovered. From the 9th December the symptoms became of a still more alarming nature; the patient was seized with violent palpitation of the heart, pulse uncountable, nausea, dizziness, constriction of the chest, spitting and vomiting of blood, face pale, with an expression of apathy, eyes dim, sunk, the pupils dilated. After the paroxysm, the patient would fall into a state of extreme exhaustion, succeeded by great heat, lethargy, slight delirium, suppression of urine, and constipation. In some cases spots appeared on the body, attaining the size of a fourpenny piece, and the patients emitted a peculiar odour, resembling that of honey: they died in a comatose state. The bodies did not stiffen, putrefaction commencing after the lapse of two or three hours. By 17th December the death-rate had risen to 100 per cent. The disease is fearfully contagious, nearly every one who approaches falling a victim. I remain, dear Sir,

Yours very truly,

WM. H. HEARD.

Alexandrofsky Mechanical Works, St. Petersburg.

RUBINI FUND.

The following is the list of contributions in the order in which they have been received:—

Frederick Smith, Esq.	£5	0	0
William Bayes, Esq., M.D.	5	0	0
Mrs. Garnett	5	0	0
Mrs. Goldsmith	1	0	0
D. Tuthill Massy, Esq., M.D.	1	1	0
Mrs. F. Paget	0	5	0
Mrs. Sterne	5	0	0
Mrs. A. Castle	3	0	0
Thomas Engall, Esq.	1	0	0
Miss Catchpool	0	10	0
R. Baikie, Esq., M.D.	1	1	0
The Earl of Wilton (per Mrs. Sterne)	5	0	0
Miss Mozley	3	0	0
Mrs. Mario Giglunio " "	3	0	0
J. J. Elgar, Esq.	0	10	0
The Misses Cash	1	0	0
John Mansell, Esq., M.D.	1	1	0
Countess Charlotte Giglunio (per Mrs. Sterne)	3	0	0
G. Digby Wingfield Digby, Esq.	5	0	0
	<u>£49</u>	<u>8</u>	<u>0</u>

We are requested by Dr. Rubini to state that should circumstances arise—and we have reason to believe that such will be the case—which will enable him to return the amounts contributed to this fund, he must be allowed, with feelings of the liveliest gratitude, to avail himself of this privilege.

REPORTS OF INSTITUTIONS.

BRITISH HOMŒOPATHIC SOCIETY.

The sixth ordinary meeting of this Society will take place on Thursday, the 6th of March, 1879.

Dr. Horace Flint will be balloted for as an inceptive member. Proposed by Dr. R. Hughes and Dr. Galley-Blackley.

Public business will commence at eight o'clock.

A paper was purposed to have been read by Dr. Galley-Blackley, of London, entitled, "Some Interesting Cases of Skin Diseases," but in consequence of family bereavement our colleague's paper will be postponed, and Dr. Compton-Burnett will kindly give the Society some interesting matter instead.

Dr. Murray Moore, of Taunton, has promised a paper "On the Pathogenetic Analogies of Isomorphous Drugs."

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the two months ending February 20th gives the following statistics:—

Remaining in Hospital December 18th, 1878	38
Admitted between that date and February 20th	82
	—
	120
Discharged between December 18th and February 20th	73
	—
Remaining in Hospital February 20th, 1879	47

The number of new out-patients during the above time has been 1,182.

The total number of out-patients' attendances for the same period has been 3,339.

NEWCASTLE-UPON-TYNE HOMŒOPATHIC DISPENSARY.

THE work of the above institution has been very encouraging during the past year. Besides the bi-weekly attendance 200 visits have been paid to patients at their homes. During the time the Dispensary was made entirely free the number of patients increased fourfold; but the funds did not warrant us in continuing this throughout the year. As it is, nearly eight hundred patients have been entered, compared with four hundred of the previous year. Upwards of three thousand two hundred prescriptions have been dispensed, which speak for a good deal of useful work. Besides Newcastle and Gateshead, patients have come from nearly all the surrounding towns and villages; in fact the numbers from the country show that proportionately the dispensary does not reach the town poor as could be wished. To aid this it is hoped subscribers will use their cards to send the sick ones within their reach to the dispensary.

The gross income of the dispensary for the past year amounts to £91 10s. 4d., and the expenditure to £97 16s. 4d., which, together with the debit balance of last year, leaves a sum of £35 16s. 7d. due to the treasurer. The effort of the committee in the beginning of the year to make the institution entirely free, whilst very successful so far as the increase in the number of patients was concerned, was too great a strain upon the financial resources, and had to be discontinued. Those patients who are able to pay anything are now simply charged a nominal sum for medicines. The committee

earnestly appeal to the friends of Homœopathy to take a deeper interest in the dispensary, and to become subscribers to its funds, in order that its benefits may be extended amongst the poor and needy classes.

THERAPEUTIC NOTES.

Strapping in Pleurisy. Strapping the affected side in acute pleurisy has, after a trial in Philadelphia, been for some time adopted there as a regular practice. It seems unaccountable that it should not have been noticed in the text-books, since it is a valuable means of treatment, affording marked relief to the patient and evidently conducing to early convalescence. It was first employed, twelve years ago, by Prof. Biddle, of Jefferson Medical College, in a case of empyema, giving great relief, and for nearly six years he has largely and advantageously used it in all stages of pleurisy. He has mentioned the practice with approval in the last three editions of his "Materia Medica." In severe cases he carries the adhesive straps completely around the thorax, so as to control the movements of the walls of the chest, and compel the patient to carry on respiration by the diaphragm and abdominal muscles. The strapping is not meant to exclude any other means of treatment, but merely to serve as an adjunct.

Warts Treated by Chromic Acid. Three or four applications suffice to cause the disappearance of warts, however hard and thick, and of whatever size. The application causes neither pain, suppuration, nor cicatrices, the only inconvenience being that the warts become of a blackish brown colour.—*Rév. Méd.*

Treatment of Tetanus. Dr. de Nenzi proved in several cases of tetanus that medical treatment with drugs is of little benefit in this disease, and he succeeded more to his satisfaction when he kept his patient in a dark room, free from all noise. He puts his patient in a dark (not a darkened) room, the floor covered with heavy carpets, and the door is only opened once every four hours, in order to give nourishment; the meatus auditorius externus

of the patient is closed with wax, and the strictest quiet enforced. The diet consists in beef-tea, eggs, white wine. Of four cases of tetanus thus treated, three recovered.—*Gaz. Méd. de Paris.*

Hydrate of
Chloral for Foul-
smelling Foot-
sweats.

Ortega uses a solution containing one per cent. of *Chloral Hydrate* successfully for foul-smelling foot-sweats. A strong mechanic suffered from it, after congelation of his feet, for the last seven years to such a degree that his fellow-workmen refused to work in his proximity. The epidermis of his soles shone like mother-of-pearl, and in its furrows and around the toes were small superficial ulcers. On the second day after using the wash all the foul smell was gone, after six days the ulcers discharged less and were covered with a slight film. Ortega considers the wash only as a disinfectant, but that it never causes a radical cure.—*Schmidt's Jahrb.*

HYGIENIC NOTES.

Inflammation
of the Ear
from Bathing.

Mr. Rudall, in noticing an article on this subject by Dr. Sexton, of New York, states that he has also met with instances of this occurrence, although with by no means the frequency with which they are recorded by Dr. Sexton. He is disposed to attribute them to the lodgment of water in the meatus, and its subsequent evaporation; and although as a general rule this does no harm, yet under the influence of a draught of cold air, or when the bather is not in good health, a severe inflammation of the cavity of the tympanum may be set up. He recommends as a good precaution before bathing to fill each meatus well with a large plug of cotton-wool, inserted in one piece, so that, although well pressed in, it may be easily withdrawn entire when the bather has dried himself. If the weather is very cold, it is a good precaution to insert another piece of dry wool, and let it remain in for an hour or two. The bather, too, should not go into the water when he is cold or chilly.

Easy Chairs. In the October number of *Nature* there is an interesting article on the "Science of Easy Chairs." After noticing the peculiar favourite attitudes of different races, such as the Hindoo who sits on the ground with his knees drawn up to his chin, the Turk who squats cross-legged, the European who poses on a chair, the American who lolls with his feet raised above the level of his head, the writer discusses the physiological causes of muscular fatigue and the best modes of obtaining relief. He sums up somewhat in the following words:—For an easy chair to be perfect, it ought not only to provide for complete relaxation of the muscles, for flexion and consequent laxity of the joints, but also for the easy return of blood and lymph, not merely by the posture of the limbs themselves, but by equable support and pressure against as great a surface of the limbs as possible. Such are the theoretical demands, and these are fulfilled by the bamboo easy chairs manufactured in India, made in the shape of a straggling W, which the languor consequent upon a relaxing climate has taught the natives of India to make, and which the rest of the world appreciates.

Protection from Mosquitoes. It may not be generally known that these pests have a great dislike to strong odours of oil of cinnamon or cloves. The best plan is to mix half a drachm of the oil (not the essence or spirit) with an ounce of spermaceti ointment, and smear it over the face and hands.

What the Labourer Wants. The labourer does *not* find the cheap, pleasant, and strengthening food which he requires in baker's white bread and chunks of bacon. Bacon is only globules of grease and the little bladders that hold it. The fruits of the early autumn are far more nourishing, and they never cause tape-worm. Bacon is really a very dear food, dearer than beef or mutton, because it is scarcely anything but grease. The real nourishment is in the bread, beans, or cabbage that people eat with it. Pound for pound, oatmeal is worth three times as much as bacon. Brown bread, which the labourer seldom gets, and milk and fruit, contain all we need for health and strength and the perfect enjoyment of life.—M. NUNN, in *Social Notes*.

MISCELLANEOUS NOTES.

A New View of Sewer Ventilation. A paper on sewer ventilation was lately read before the American Institute by a civil engineer, who insists that to ventilate sewers by any means is a pernicious mistake. It would, he says, be as sensible to ventilate graves. According to his opinion, the best thing to be done is, not to make apertures for permitting sewer-gas to find its way to the upper world, but carefully to stop up every cranny by which it can escape. The New York Board of Health has rigorously compelled the ventilation of sewer-pipes, sinks, and cesspools, and so have the authorities at Washington, while their drains have a very scanty supply of water. The consequence is a prevalent malaria, which might have been prevented if the sewer-gas had been carefully confined to its own quarters underground. The heat of decomposition causes the foul air in the drains to ascend, but sulphuretted hydrogen and carbonic acid are specifically heavier than atmospheric air at the same temperature, and on emerging into our streets they begin to fall, and settle in a pestilential layer on the ground. Instead of carefully arranging for this, he says, let the sewers be completely buried, pour in plenty of waste water, which is well known to absorb much of the impure gas evolved, and let the whole waste water, gas, and sewerage find its way into the sea. It may be worth while asking how the civil engineer will make sure that sewers will not ventilate themselves into the houses!

Forced Sleep. It is well known that if we take one of the lower animals, such as an ordinary barn-door cock, and, while holding his head firmly but gently down on a table, draw a line with chalk straight from his beak, the bird will remain in the position in which he was left (without restraint) for a considerable time. Various explanations have been offered of this curious phenomenon, which is analagous to that of the mesmeric state in human beings. Czermak discovered that the chalk line was superfluous, and that it was sufficient to hold the bird for a certain time and prevent any voluntary movement of the head and neck. Preyer ascribed the immobility to fear, a conviction of the futility of struggling having been induced; but Heubel points out that cold-blooded vertebrates, such as the frog, will

remain immovable for hours when similarly treated, and he explains the phenomenon as an induced sleep. Others, however, suppose that the action of the brain in these animals is mechanical, and that, to secure a continuance of the wakeful state, it is necessary that the chief nervous centres should be perpetually stimulated by impressions conveyed to the brain. Thus, in forcing an animal to remain motionless, and depriving its brain of the stimuli conveyed by the visual and auditory organs, a state of forced sleep is induced from which the animal awakens only by some impulse from without.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

BOOKS AND JOURNALS RECEIVED.

The Monthly Homœopathic Review, February.

Cincinnati Medical Advance, January.

American Homœopathic Observer, February.

Revue Homœopathique Belge, February.

El Criterio Medico, Feb.

The Modern Physician, Feb.

Chemist and Druggist, Feb.

United States Medical Investigator, February.

Archivos de la Medicina Homeopatica, Nos. 28 and 29.

Dublin Journal of Medical Science, December.

Annals of British Homœopathic Society, February.

New England Medical Gazette, January.

CORRESPONDENTS.

Drs. W. Bayes, Murray Moore, Herbertt Clapp (Boston, U.S.), E. T. Blake, Ussher, Roth, E. W. Berridge, W. Morgan, Harmar Smith.

Messrs. A. E. Chambré, Dobson, Fielding, Harris, W. Heard (St. Petersburg), Capt. Maycock.

The Homœopathic World.

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FURTHER NOTES ON PARALYSIS.

By the EDITOR.

IN my last paper I spoke of a patient who had found great benefit from the use of *Nux Vomica*, but who had not shown sufficient self-command in the matter of alcoholic stimulants. He suffered, as I have said, from an attack of paralysis, and had made a quick recovery. I had once more brought him to a fair state of health and strength, but not restored him to that really fine condition which he had reached before the first paralytic seizure took place. *Nux Vomica* had again been a trustworthy ally, and again it had restored a good deal of lost nervous energy; but, unfortunately, the old habits of intemperance returned, and I lost sight of my patient for some weeks. One night, however, my door-bell was violently rung, and I was begged to come round to see the patient without delay—for his brother, who summoned me, said, “I fear it is another fit.” The house of my client was not more than three minutes’ walk from my own home, so but little time was lost in seeing the immediate state of affairs, and, if possible, of remedying them. What was the state of affairs? The patient, whilst playing at whist after supper, was suddenly seized with giddiness, complained of pain in his head, burst into tears on finding himself suddenly helpless, and would have fallen from his chair had not assistance been given to him.

When I arrived, he had already become very helpless, and only answered my questions in a thick tone of voice. The muscular power over his legs had been lost, the pupils were contracted, the bowels had acted as he sat in his chair.

We carried him up to bed, and found that the bladder had also lost its control. Within half an hour’s time from the appearance of first symptoms the breathing had become stertorous, the pupils contracted, and not sensitive to the action

L

of candle-light, his forehead was bathed in a clammy sweat, and the pulse was quick and sharp.

I gave *Belladonna* by means of a handkerchief moistened with water medicated with this drug, laying the end of the handkerchief on the patient's tongue, for there was paralysis of the muscles of deglutition. I also applied mustard poultices to the soles of the feet to give a stimulus to the flagging nervous energy; but it was a forlorn hope, and I feared it was one. The breathing became more stertorous, the pulse became intermittent, the feet and legs grew cold, and when the autumn sun was flushing the east with gold and vermilion, my poor wayward friend was gently lulled in a sleep from which there was no waking.

The case is in many respects a remarkable one. It showed the power of *Nux Vomica* for restoring lost nervous power; it showed the value of *Arnica* in helping to absorb a clot of blood in the brain of an intemperate, and it made one pause as to whether the very medicine which led my patient so quickly from weakness to robust health did not tempt him to fresh and unreasonable trials of his newly-regained strength, and so to bring him back to the very state of danger from which the medicine had so happily rescued him.

The problem is interesting, and I leave it to my colleagues to help me in solving.

There was one curious point also in reference to the value of *Nux Vomica*. My patient showed me a prescription he had used for some weeks before seeking my advice; in this prescription *Strychnine* had been included, but the *Strychnine* was combined with *Iron* and so rendered valueless, for no good result had followed the exhibition of this drug when taken conjointly with other tonic reinforcements; whereas the *Nux Vomica* given by itself had wrought the most wonderful change for good. There was one symptom, too, which I have since verified clinically as belonging to *Nux*, and that is the contracted pupil. I think Dr. Hughes, in his "Pharmacodynamics," speaks of this symptom as being an indication for the use of the remedy.

Dr. Bayes is not so much in favour of *Nux Vomica* in paralytic cases as many of my colleagues; he judges that it is apt to irritate the spine and nervous centres in weakly subjects. As Dr. Bayes had many years of experience in homœopathic practice, any suggestion from him will be of service; and we all have met with cases in which *Nux* is borne by patients with great difficulty, when given in high or low dilutions.

I have a relative who, to all appearance, looks as if *Nux* had been specially discovered for his benefit, and he cannot take it without suffering from pain in the bowels and restlessness at night; this, too, when taking globules of the 12' dilution. He never does take it now on that account, but *Ignatia*, the cousin german to *Nux Vomica*, suits him admirably.

In another family there are two brothers and a sister who have been under my care. The sister and one brother prefer the low dilutions, and get quickly well when taking them; the other brother, T. let us call him, is constipated for days when he takes one drop of *Nux Vomica* in mother tincture. The dilution which loosens his brother's bowels binds his own most effectually. So that we see there is much to learn in studying the peculiar effects of one drug, and that a polychrest like *Nux Vomica*. If any of my readers can give me their clinical experience with this drug in paralysis, I shall be grateful.

NOTES OF CALIFORNIAN TRAVEL AND EXPERIENCE.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from page 112.)

VII.—LAKE TAHOE, THE GEM OF THE SIERRAS.

It was through the glowing imagery of Mark Twain's lecture, delivered in Liverpool, in 1874, that I first felt interested in the "Gem of the Sierras," and I made its personal acquaintance in the summer of 1876. As the lake lies only twelve miles from Truckee, an important station on the Central Pacific Railway, all trains, both east-bound and west-bound, stopping there, it is quickly and with ease reached from San Francisco, a journey of 271 miles. Leaving San Francisco by steamer for Vallejo at four o'clock in the afternoon of a warm July day, we arrived at Truckee at four a.m. the next morning, and proceeded at half-past seven by "stage" to Tahoe city, where the chief hotel, the "Grand Central," is situated, commanding a splendid view of the lake. By this express train we avoided much of the heat of the day, and the early morning air, keen, elastic, exhilarating, at this elevation of 5,800 feet, makes the stage ride from Truckee most delightful. The road winds along the blue rush-

ing waters of the Truckee river, the only outlet for Lake Tahoe, having a fall of 420 feet in twelve miles. The ingenious Californian of course utilises its rapid torrent, ever and anon swollen by freshets, to roll down logs of pine-wood into Truckee. This is the great trade of the district. On the tops and sides of the pine-clad Sierras which guard our road thousands of trees are being cut down, sawn into lengths of twenty to forty feet, and shot down wooden troughs called "lumber shoots" right into the stream. Now that the grizzly bear, the catamount, and coyoté have grown scarce (except in the depth of winter), the danger of these rolling or sliding logs is the only peril encountered by the traveller. Emerging from a forest of pines, aspens, and cotton woods, the glories of the lake burst upon our view. In the clear Californian-Nevedan atmosphere, the large area of the lake—twenty-two miles by ten—seems as trifling as that of Windermere, and the distinctness of every peak and valley of the snow-crowned mountains adds to the illusion. Brilliant sunshine, and a pure blue, absolutely cloudless sky, with the varying tints, purple, indigo, light blue, green, or grey-neutral of the lake water, make up the lovely picture, a scene which can never fade away from the eye of memory. The hotel accommodation at Tahoe city is as good as at any country place in California, and even if the *cuisine* were very limited and much rougher than it is, the delicious "silver trout" of the lake would compensate for all deficiencies. Our party were unusually successful for the season, catching some four and six-pounders, but the chief pleasure of the fishing parties to me was in watching the various features of the *bottom* of the lake through the exquisitely clear water, the translucency of which actually permitted the *shadows* thrown by small stones on the bottom to stand out as clearly as if they were above ground. "Still-fishing" was of course amusing, as the finny tribes could be watched playing round the bait even forty feet below the surface. I have never seen the refractive power of water so much diminished as here. Some beautiful agates, carnelians, and jaspers are found on parts of the shore. I obtained one specimen, which has been much admired. In a short time every bend and point of the bays will have been named, and the rush of tourists will increase year by year, but in 1876 Tahoe still retained some delightful wildness. The ascent of Mount Talac on horseback, 12,000 feet above sea-level, occupied a day most agreeably, and amid the unnamed peaks of the grand Sierras spread

out before our view, one was christened "Moore's Peak." About thirteen mountain lakes were visible from the summit, and the ascent was nearly as easy as that of Snowdon. A steamboat tour around the lake, made in one day (meals served on board the "Stanford"), completed my survey. I met several consumptive visitors who had strikingly benefited by their sojourn in this rarefied air, but one poor youth had gone there too late, and I thought his end was being rather hastened than retarded by the quickened breathing of that great elevation. But for consumptives, Tahoe in summer, Santa Barbara in winter. I did not meet with a counterpart of Mark Twain's youth, who became so thin as to be forced to *borrow an overcoat to produce a shadow*, but whom two months of Tahoe enabled to chase the sheep over the mountains. Next to the Yo-semite Valley, Lake Tahoe is the most interesting district in California for a summer excursion.

THE RUMEX CRISPUS COUGH.

By C. J. FARLEY.

I KNOW of no remedy in the whole list of therapeutic agents at our command which has a more decided "specification" over that "protean" symptom "cough" than this one. I may not add anything new to the therapeutic action of this remedy, beyond what may be generally understood by our profession, but the mode of administration by which I have found this remedy the most efficacious may be new to some. Undoubtedly the most thorough and accurate observations concerning the therapeutical properties of this remedy have been given us by the late Dr. C. Dunham. It seems to exert a beneficial influence over almost all varieties of cough, either acute or chronic. It is more especially useful in catarrhal cough affecting the larynx, trachea, and bronchi. The cough is usually dry, frequent, and continuous, occurring in paroxysms, accompanied with more or less pain, rawness and soreness in the chest, constant tickling in the throat, behind the sternum, provoking the cough; partial relief only is experienced by coughing. The cough is aggravated by cold air, irregular respiration, talking, and from pressure upon the trachea. The patient, if able to be out of doors, is often seen while walking the streets with handkerchief or something of the kind over the mouth, thus

preventing the cold air from coming directly in contact with the irritated mucous surfaces. The cough is also much worse in the evening after retiring. Among the scores of cases I might relate I will select two only, as examples over which *Rumex* showed its remarkable virtues.

CASE I.—Mrs. M., aged fifty, had been troubled with tormenting cough several years, and nothing in either allopathic or homœopathic practice seemed to do any good. The case was given me by a friend of the lady to whom I gave a small vial of *Rumex* 3rd dil. with directions to make a syrup. White sugar one pound, *Rumex C.* 3rd dil., two drachms; to be made into a syrup by addition of a small amount of water, while hot add *Rumex*, stir well, and when cool take a teaspoonful every two or three hours. In about a week the case was reported better, and after using the same amount again the patient was declared cured.

CASE II.—A lady aged thirty-five had been under treatment for a long time for a cough accompanied by sharp pain under the right shoulder-blade. Cough dry and spasmodic, with that peculiar aggravation by cold air. Treatment same as Case I., with the same satisfactory results.—*United States Medical Investigator.*

CHRONIC ALCOHOLISM.

FROM a clinical lecture delivered upon two cases of chronic alcoholism by Dr. W. H. Thompson, Professor of Materia Medica and Therapeutics in the University of the City of New York, some useful observations can be made on the symptoms and diagnosis of this condition.

With regard to the *tremor* observed in these cases, it is to be distinguished from that attendant on paralysis agitans by its not being accompanied by the characteristic walk of that disease, an alteration in the gait being a very early symptom associated with the commencing tremor of paralysis agitans. It is caused by a tendency to throw the body forward, so that the patient walks on his toes. The feet, however, are not lifted from the ground, and thus a shuffling gait is produced. The soles of the shoes always give out at the toes first. Another characteristic feature of this gait is, that although the body is thrown forward, the head is carried erect and looking steadily forward, there being an instinctive effort on the part of the patient to balance himself carefully in

walking. On the other hand, when there is commencing locomotor ataxia, the patient puts his heels down first in walking, while if there is paraplegia present, he walks with what is called a "spreading gait," separating his feet as far as possible, to get a broader base of support. The gait in hemiplegia is also highly characteristic, as in it the foot (unless of hysterical origin) upon the affected side is brought round with a swing in walking, describing in a well-marked case a complete semicircle. In hysterical paraplegia the paralysed limb is dragged after, and not swung round the other. In this affection the paralysis that is present is not local as in paralysis agitans, locomotor ataxia, progressive muscular atrophy, and true hemiplegia, but is of a general character; nor is the tremor violent as in paralysis agitans, resembling in chronic alcoholism the tremor of old age. The tremor affects all the muscles and is usually associated with more or less atrophy. This also, unlike that seen in progressive muscular atrophy, is uniform in all parts of the body. Alcoholic tremor can always be stopped in the hand by your grasping it firmly, while if the tremor were that of paralysis agitans, your hand would also be caused to shake by it.

Another symptom to be noted is the *fear of falling*. It is a curious fact that this does not belong to either locomotor ataxia (except perhaps at night) or paralysis agitans. Although patients with both of these affections are very liable to fall, they do not seem to experience that fear of it which is exceedingly characteristic of alcoholism. If a patient tells you that he is frequently afraid of falling in the street (and yet has no true vertigo), you will be justified in at least suspecting this condition. This sensation of falling not unfrequently comes over such persons while walking, and frightens them to such an extent that a cold perspiration starts out all over them. It often precedes alcoholic epilepsy, in which the mind gives way more quickly perhaps than in any other form of epilepsy. Many patients have insanity in connection with the epilepsy; but, whether this is the case or not, they always experience this fear of falling first. *Dizziness* (with temporary derangement of vision, but unattended with abnormalities), which is especially remarkable after bending or stooping down, is another characteristic of alcoholism, and gives rise to the fear of falling. It is usually first observed after the person has stooped to tie a shoe or pick up something. In chronic alcoholism the *appetite* is very bad, the patient not being able to take a full meal, being satisfied by a few mouthfuls.

This distaste for food constitutes so general a rule that the symptoms of delirium tremens always depend to a great extent upon previous starvation. "I have scarcely ever seen a case of this affection where the patient had not been practically without food for six or eight days, and never one where this had not been the case for at least four days. I have met with one well-authenticated case in which the man took no food for fourteen days; and indeed it is a wonder how such patients continue to live at all. Every individual who takes much alcohol has great difficulty in eating sufficient food for the requirements of the system; and hence it is that the atrophy which is so invariably found in chronic alcoholism is due in great part to starvation." These patients also are much troubled with flatulence. They have a marked distaste for meat, and if they eat it at all, require it to be highly seasoned. *Poor sleep* is an invariable symptom, the patient not only being unable to get to sleep at all for a long time; but also dreaming a great deal, the dreams never being pleasant ones. Hence what sleep he has is unrefreshing. When an individual states that he has had a poor appetite for years, and cannot sleep, suspicion of alcoholism ought to be aroused. More or less *constipation* is a pretty constant symptom. The *cough* observed in these cases is peculiar, as it is mainly laryngeal. It has a decidedly whistling sound, and is about as characteristic of the condition as the loud bark of hysterical cough. It may be very severe, causing the patient to become red in the face, but it is followed by no trouble afterwards, and is therefore easily distinguishable from the cough in phthisis or bronchitis, which is always followed by quickened respiration, due to the diminution of the residual air. In chronic alcoholism the cough is simply due to an irritation of the epiglottis, and is accompanied by a diffused redness of the fauces. In bronchitis the cough often wakes a patient out of his sleep, but in alcoholism he does not cough until after he has waked up.

"I have brought these two cases before you, and dwelt at length upon their characteristics, mainly for two reasons. The first is, in order that you may be able to recognise similar ones when they occur, notwithstanding that the fact of drinking may be denied. These patients are as sensitive about saying that they are at all intemperate as others are about acknowledging that they have had syphilis; and not infrequently they deceive themselves, for they seem to think that if they do not get intoxicated the use of alcohol is not injurious to

them. The second reason is, to remind you of the curability of a great many of the cases of alcoholism. The first essential in the treatment is to get the patient to stop the use of alcohol at once and for ever; and unless you can do this there is no use in going on with the case. For the tremor, the oxide of zinc acts almost like a specific. It is also decidedly soporific in its effects, and has, moreover, the advantage of curing the gastritis which is usually present in these cases, and this greatly improves the digestion. Finally, it is necessary that you should get the patient to eat; and at first milk is often the best form of diet. Food is the only thing that can stop the craving for alcohol; and so firm is my confidence in it as an antidote to this, that I do not hesitate to say that if an individual will never take alcohol except when he is eating, I have not the slightest fear of his ever becoming a confirmed drinker. It is the drinking between meals, and especially early in the morning, that does all the mischief."

MY EXPERIENCE WITH HEADACHES.

By W. H. HOLCOMB, M.D., New Orleans.

WHOEVER reads the head-symptoms in Allen's great "Encyclopædia of Materia Medica," and in Hale's "New Remedies," will wonder why a homœopathic patient should suffer for a single day with that most common and frequently intractable malady, headache. Our homœopathic treasures, however, are still very much like silver in the mine. It has to be quarried and purified and verified and stamped before it is fit for current use. This can only be done by the joint labour of many minds, and each should contribute his mite of experience to the common fund. I present, in as compact form as possible, the result of my observations and studies, and where I can appeal to repeated individual experience I state the strength of the remedy employed.

Congestive headaches call for *Aconite* tinct., *Veratrum Viride* tinct., *Belladonna* 200, *Atropine* 3, *Hyoscyamus* 3, *Solanum*, *Glonoiné* 3, *Amyl Nitraté*, *Cactus* 3, and *Ergotine* 1x, or the *Bromides of Potassium*, *Ammonium*, or *Lithium*, the latter in large antipathic doses.

Menstrual headaches call for *Pulsatilla* 30, *Platina* 6, *Senecín* 1x, *Ignatia* 30, *Cocculus* 3, *Sepia* 6, *Cimicifuga* 3x, *Gelsemium*, *Atropine* 3x.

Nervous or neuralgic headaches (not pure neuralgias) are relieved by *Paullinia* $\frac{1}{2}$, *Iris* 3x, *Caffeine* 2x, *Coffea* 30, *Arsenicum* 30, *Colocynth* 3, *Atropine* 3, *Chamomilla*, *Valerianate of Zinc* 2x, *Valeriana* 6, *Champagne Wine*.

Dyspeptic, bilious, or sick headaches call for *Carbo-azotate of Ammonia* $\frac{1}{2}$, *Nux Vomica* 3, *Pulsatilla* 3, *Iris* 3x, *Veratrum Album* 3, *Bryonia* 1x, or *Sanguinaria*.

Rheumatic headaches are benefited by *Bryonia* 3, *Gelsemium* 3, *Cimicifuga* 3, *Spigelia* 30, *Mesereum* 3, *Phytolacca* 1x, *Salicylate of Soda*, five grains every hour for four or five hours.

Syphilitic headaches have always in my hands required the palliation of opiate remedies, or large doses of the *Iodide of Potash*.

These generalisations aid in selecting the right remedy, only in a very vague manner, like sign-boards, pointing north, south, east, or west, but giving no more specific directions for finding the friend's house you are seeking. We may get nearer, into some great road or turnpike leading in the right direction, by studying the physiological perturbations which characterise the case. Thus

Predominant heat will call for *Aconite*, *Veratrum Viride*, *Belladonna*, *Stonoine*, *Capsicum*, etc.

Predominant coldness calls for *Bromide of Camphor*, *Verat.-Alb.*, *Platina*.

Great nausea and vomiting will indicate more especially *Cocculus*, *Nux Vomica*, *Iris*, *Ipecac.*, *Veratrum Alb.*, *Arsenicum*, *Apomorphine*, *Sulphate of Zinc*, *Cuprum Aceticum*, or *Argentum Nitricum*.

Intense nervousness, making the pains unbearable, calls for *Coffea*, *Arsenicum*, *Chamomilla*, *Colocynth*, *Valerianate of Zinc*, or *Ammonia*.

Excessive discharge of pale urine, *Ignatia*, *Coffea*, *Cicuta*, *Eupatorium Purp.*, *Causticum*, *Ferrum*, *Moschus*.

Concomitant symptoms may lead you to the right remedy, viz., pain in the heart with or without palpitation, *Cactus*, *Lachesis*, *Carbonate of Lithium*, *Cannabis Indica*, *Naja Tripudians*, *Lithium*. Any salient concomitant symptom should be carefully studied in connection with the headache, and have a large share in the selection of the remedy.

But to get to the desired haven you may have to leave the high road or turnpike, and turn into some little private road, or even a mere path, which leads to the house. In every case of disease there are certain little peculiarities in the

symptoms or combination of symptoms which distinguish that case from others of the same disease. So in every drug there are certain characteristic or special effects which distinguish it from all other drugs of the same class. Samples of these characteristic marks or key-notes, which lead to the true homœopathic selection of a remedy in headaches, are the following :

Cold sweat on the forehead and cold sensation on the vertex—*Veratrum Alb.*

Vertigo, vomiting, and trembling of the hands—*Argentum Nitricum.*

Hysterical complication, with spasmodic jerkings of the muscles—*Agaricus.*

Great aggravation by the slightest movement of the body—*Bryonia.*

Hemicranial pain with implication of the dental nerves—*Iris Versicolor.*

Severe sticking pains in the eyeballs—*Spigelia.*

Violent throbbing and hammering in the brain—*Stonoinc.*

Pains extending into the molar bones—*Mezereum.*

These minutely characteristic symptoms or key-notes may be indefinitely multiplied by a careful study of the homœopathic materia medica, and he is the most successful homœopath who can most thoroughly individualise the case before him, and most completely differentiate between the competing remedies, so as to select the exact homœopathic similar, as he would find the little private road or path leading to the house he sought.

The homœopathic physician has a great work to do, in attempting to so modify his patient's constitution as to prevent the return of periodic and chronic headaches, and he can do it in a manner and to an extent never dreamed of in the philosophy of the allopathic school. Some cases, constitutional and inherited, and finally organic, are absolutely incurable, but are soon susceptible of improvement. Very many cases, not so complicated, may be cured by the steady use of the proper constitutional remedy in the intervals between the attacks.

Sulphur is a remedy of such universal application in chronic diseases, that it may almost always be employed first as an intercurrent remedy—one dose (high dilution preferred) once a week. It is specially applicable when a suppression of skin diseases, piles, menses, or any other habitual discharge has preceded the occurrence of headaches.

Calcarea Carbonica, 6 or 30, is the best intercurrent remedy for menstrual headaches when the menses are too abundant and appear too early; *Sepia* is the choice when they are a little too scanty and too late. *Graphites* holds an admirable place between *Sepia* and *Sulphur*.

Silicea 30 is an excellent remedy to be used in the intervals between headaches of the rheumatic type. The headache which is cured by *Bryonia* or *Cimicifuga* will receive its best constitutional check from *Silicea*.

Lycopodium 200 is chiefly to be thought of in the interval of bilious or dyspeptic headaches, although *Nux* 3 and *Sulphur* 30, night and morning, have often rendered me excellent service.

Headaches from nervous prostration, brain-fag, etc., are greatly benefited by intercurrent use of *Argentum Nitricum* 3x and *Phosphide of Zinc* 3x. The headache which is relieved by *Valerianate of Zinc* in the paroxysms, demands *Valerianate of Iron* 1x in the interval.

The purely malarial, regularly-recurring headache, calls for *China* 3x, or even *Quinine*; but it is often cured by *Arsenicum* 200, *Natrum Mur.* 200, *Cedron* 2x, *Gelsemium* 2x, and the *Ferro-cyanuret of Potash* 1x.

There are several remedies of great empirical value, which every homœopathist should keep on hand to supply the vacancies or deficiencies in his own armamentum—remedies just as efficacious in small doses as in the large doses recommended by the other school.

Sulphate of Nickel, introduced by Professor Simpson, is really a remedy of considerable power in nervous and sick headaches. I give a trituration—half *Nickel* and half sugar of milk—one grain every half-hour during the paroxysms, and night and morning for the next month. *Nickel*, like *Manganese*, is closely allied to *Iron*, and I suspect is best suited to that kind of cases which have been often relieved by large doses of the *Carbonate of Iron*. When the chemists give us a *Bromide of Nickel*, I am sure we will have a very superior remedy for these cases.

Geranium-tea is an old domestic remedy for sick headache, and I have found *Geranine* 1x trituration a first-class remedy in the headaches, almost constant in their character, of worn down needlewomen, and to others confined at wearisome and exhausting indoor labours. Give a powder of the 1x three times a day for a month.

Carbo-azotate of Ammonia is so terribly bitter and so dis-

agreeable, that I put my trituration (half and half with sugar of milk) into capsules of gelatine, and give one capsule every half-hour, followed by a little drink of water. If four capsules do not relieve, the remedy may be abandoned, but the effect is sometimes brilliantly curative. Is it best adapted to dyspeptic, bilious, and malarial headaches?

Still another salt of *Ammonia* may be added to the above and to the *Muriate*, the *Valerianate*, and the *Bromide*, all of which have won laurels in nervous headaches, viz., the *Iodide of Ammonia*. It is specially adapted to rapidly growing young people, who are confined too closely to study. Give a powder of the 1x every half-hour until the headache is relieved, and a powder of *Phosphate of Lime* 1x in water, every day for a month.

Paullinia is a remedy of now fully established power in nervous and sick headaches. Its active principle, *Guaranine*, is said to be identical with *Caffeine*, but I have had better results from the *Paullinia* than I ever had from the *Caffeine*. I keep a trituration with sugar of milk, half and half, and give four or five grains of it every half-hour until the patient is relieved.

There are three remedies for topical application which I can strongly recommend in these severe headaches and neuralgias.

Bisulphide of Carbon, a few drops put on cotton, and held by an inverted egg-cup over the temples, forehead, etc., as long as it can be borne, and reapplied occasionally, is a palliative of great power. Dr. Hering has given us a good proving of it, which may lead to its satisfactory internal use.

Aconitine. Keep a first centesimal trituration of this powerful alkaloid on hand. Put two or three grains of it into a cup of water, and rub into all the aching parts with a soft rag. It will produce a decided local anaesthesia and contribute greatly to the comfort of the patient.

A strong tincture made from the seed of the *Magnolia* is in common use in the South as a local application in headache and neuralgia, and I can testify to its decided merit.—
American Homœopathist.

CURIOSITIES OF FRENCH FOOD.

THE *Lancet* Commissioner for Food Inspection at the late Paris Exhibition gives the following interesting account of his visit :—

“ We failed to notice during our examination any specimens of what may be termed the Curiosities of French Food—such as fricasseed frogs, preserved frogs’ legs, the two varieties of the edible snail, used especially for thickening soups, and said to be so beneficial in many cases of lung disease, different species of cuttle-fish, sea hedgehogs, etc.

“ Many people have been accustomed to wonder and laugh at the French for liking and eating such things, but if we examine the matter by the light of common sense, the French certainly have the best of it, and deserve much praise for the discrimination and knowledge which they display in making use of sources of food-supply rejected without reason by the people of other countries.

“ There is a great deal of mere fancy, and much more prejudice, about what many people eat, and what they refuse, as food. Nearly every animal substance that is known is good for food; nearly every animal, every fish, and in fact every living thing to be found on the surface of the earth, or in the water, of any size, is good for food when prepared in a suitable manner. Now the French have realised this fact for many years past; it was they who first taught us the value of horseflesh, which in this country is given chiefly to our cats, and it was they who taught us to make use of nearly every fish caught in the sea. The quality of many of the articles thus consumed varies, no doubt, but they are all sources of nourishment, containing those principles which are necessary for the sustenance of the body.

“ If one pays a visit to a French fish-market, such as that of Boulogne, one is astonished at the large quantities of strange, uncouth-looking, and often coarse, fish, which are there exhibited, but which yet find ready purchasers at, of course, moderate prices. If we visit the ‘ Halles Centrales,’ in Paris, we there see bushels of snails, large, fat, and cleanly, quite as pleasing to the eye as are the whelks, winkles, and many other shell-fish which are held in good esteem even by the fastidious British palate. In the same markets may be seen numerous bundles of frogs’ legs, tied together in hundreds, and the flesh of which is more delicate than that of the tenderest fowl; indeed, the quantity often seen is amazing,

and makes one think that the poor frog has a harder time of it in France than even in England, where nearly every part of his wonderfully-constituted little frame is in constant requisition by the physiologist and the microscopist. Again, go to the shores of the Mediterranean, and inspect the fish-market and the fishwomen's baskets in some of the towns of the Riviera—Cannes, for instance—and you will there see basketfuls of different kinds of cuttle-fish exposed for sale. These, too, find ready purchasers; indeed, by many they are esteemed as a great delicacy. You will also there see other baskets full of sea-urchins, huge pinnas, many soft-bodied molluscs, and other curious creatures, which it would never enter into the imagination of an Englishman to regard as fit for food. Lastly, visit the market of the same town during the winter months, and you will there see dozens of strings of small birds, some of them numbering fifty or more, arranged on separate strings according to their species—thrushes, blackbirds, nightingales, starlings, larks, sparrows, linnets, and a great variety of other birds, including even the little robin redbreast, which with us is almost sacredly preserved. In fact, it would appear that no bird whatsoever is spared, no matter how beautiful its song or how rare its presence. We have even often seen the sparrow-hawk amongst the number, and, on one occasion, what appeared to us very like some old lady's favourite parrot. All these birds find ready purchasers, and many of them are regularly served up at the hotels and restaurants, forming delicate and appetising little morsels, which, no doubt, Englishmen partake of with relish, at the same time that they condemn, and rightly too, the practice of sacrificing to a greed for delicate food the smaller members of the feathered tribe, which are of so much real benefit to man while they live, by destroying myriads of insects, many of which are most destructive to growing crops. So much are these small birds in demand by French cooks, that in nearly every direction round a large town the capture and killing of them is made a regular pursuit. Men, so-called 'chasseurs,' armed with their guns, and furnished with a large bag, may daily be seen prowling down lanes, round gardens and private enclosures where birds congregate, much to the alarm and annoyance of foot-passengers and of the occupants of the houses. Thus, while we cannot but commend the French people for discarding prejudice and having recourse to so many unused sources of food supply, we must emphatically condemn the

wholesale and indiscriminate slaughter which we have described, and which results, not in gain, but in very serious loss."

THE TREATMENT OF ERYSIPELAS BY CARBOLIC ACID INJECTIONS.

THIS method, first suggested in 1874 by Professor Hueter, of Greifswald, has been tested and elaborated in his Clinic with most excellent results. A summary of a paper by his son, Dr. Hermann Hueter, in the *Berliner Klin. Wochenschrift*, Nos. 24, 25, 1878, will put our readers in possession of the latest particulars on the subject. We may premise that the strength of the carbolic acid solution injected is 3 per cent., prepared as follows:—Carbolic acid, spirits of wine, of each 1.5 grammes; distilled water, 50 grammes. A Pravaz's syringe is used, and the largest number of simultaneous injections in any one case has been twelve. It is found that one injection into an erysipelatous patch arrests the disease over an area the size of "half a card," by which, we presume, a visiting-card is meant. Beyond this area there is scarcely any visible effect; hence, if the patch is very large, the danger of carbolic acid poisoning may be too great for the whole diseased surface to be injected. Dr. Hueter, therefore, lays the greatest stress on nipping erysipelas in the bud, by watching for its earliest symptoms; and the nurses and attendants in Professor Hueter's clinic are carefully instructed in its diagnosis, so as to call the surgeon's attention at once to rigors, nausea, vomiting, or any other change in the patient's state which may be the prelude to the rash itself. In this way a small area only, instead of a large one, has to be treated, and the surgeon is practically certain of being able to control the disease. Dr. Hueter's own observations lead him to conclude that the more severe the initial symptoms, the earlier the rash appears, and *vice versa*.

The cases in which erysipelas has been detected are treated as follows: Attention is first directed to the wound itself. If the surface is healthy and unaltered (which is unusual), it is merely thoroughly washed with three per cent. carbolic solution. If, however, it is in any part coated with a grey, perhaps still somewhat transparent film, or appears diphtheritic, or pulpy, the affected parts are removed by swabbing with five to eight per cent. solution of chloride of zinc; and

this is done in *every* case where the erysipelas starts from a hollow wound.

After this the erysipelatous skin itself is injected at various spots, and if detected early, two or three syringefuls of carbolic solution suffice. If the injection has to be repeated very often on the same patch, the canula is sometimes left in while the syringe is being refilled, and a second injection is made at the same place, trusting to the known great diffusive power of the carbolic acid. If the erysipelas is complicated with lymphangitis, and lymphadenitis, the red lines on the skin and in the neighbourhood of the swollen glands are rubbed with unguentum hydrargyri, and sometimes the edges of the rash itself are thickly smeared with the same ointment.

Lastly, the wound and the reddened skin are wrapped up in a dressing of wet carbolic wool, which is changed two or three times daily until all redness has disappeared. The wound is then antiseptically treated.

The results of this system are most satisfactory. The erysipelas loses its spreading character after the first injections, and in mild cases is, so to speak, destroyed. Severer cases require a second or third series of injections to prevent the skin re-reddening after it has become pale.

Dr. Hueter gives the short details of the seventeen cases of erysipelas treated in the Greifswald surgical clinic, from May, 1877, to April, 1878. The average duration of each case was two days and a quarter (the longest lasted ten days), and there were no deaths; only one case—the longest—was a complicated one, of a phlegmonous character, with subcutaneous sloughing, not, however, due to the injection. Carbolic acid poisoning only once occurred, and was limited to discoloration of the urine, the patient's general state being unaffected. The advantages of the method of using carbolic acid injections as at present carried out are clearly seen by contrasting the results of the year 1876, when the method was in its infancy, with those of 1877-78. In the former year there were thirty cases treated (and even this number was a great reduction on former years), fourteen recovered without complication, and sixteen were severe cases, of which four died. The average duration of each was six days and nine-tenths.

In conclusion Dr. Hueter points out that any reduction in the number and duration of cases of erysipelas in a hospital is a distinct gain for the other patients, who thus run less

chance of infection than they would otherwise do. A short case of erysipelas is less likely to lead to the dissemination of "germs," and to their lurking in corners and crevices to spread the disease at some future time, than a long one.

THE DRAINAGE OF THE ESCURIAL.

THE most celebrated royal residence in Spain is not free, it appears, from those dangers that beset humbler homes. The drainage is described by one of our correspondents, who recently visited the Escorial, as simply execrable. In a portion of the palace which is annually inhabited by the royal family there is a suite of apartments beautifully ornamented with marqueterie work. Here one room is especially set aside as the King's study, and his magnificent inlaid writing desk and bureau never fail to impress the tourist and visitor. Our correspondent's attention was, however, attracted by a highly ornamented but apparently useless door fixed in the inner wall of the room. On opening this he found immediately on the other side a dark but luxurious watercloset. Lighting a taper rapidly he was able to ascertain that the trap was an ordinary one, and did not close hermetically. Looking around, he could discover no aperture by which the closet could be ventilated. There was no window, no skylight, no opening whatsoever. Nor would it have been easy to provide any, as the closet was situated in the centre of the building, far away from the outer walls. Of course there are no sewers at the Escorial, and the drain must descend to a cesspool. The gas there generated must naturally ascend by these drains, especially when disturbed by the downfall of water, force its way through the inefficient trap into the closet, and pass out by the chinks of the door into the King's study. From here, if the windows are shut, it must travel through the other rooms of this compact apartment till at last a staircase-chimney or window gives exit to the poisonous emanations. An architect responsible for the creation of so dangerous a state of affairs should be deprived of the right of building any dwelling, whether a palace or a cottage. It is generally supposed that the untimely death of King Alfonso's consort was due to enteric or sewer fever. We do not know if the Queen had been staying at the Escorial shortly before her death, but, if so, the impossibility of ventilating the closet we have described may account for her fatal illness.

Surely in the nineteenth century, and in the palace of a king, the most elementary principles of hygiene should not be ignored. His Majesty might very well fail to notice the presence of mephitic gas, often imperceptible when most injurious, but there should be some men of science about his person capable of warning him against a danger which is so self-evident. Such neglect is more to be dreaded than the bullet of a Moncasi.—*Lancet*.

THE LATEST THEORY ABOUT PLANTS.

SHALL we ever know what we think we know, or reach a knowledge of things which no supplementary knowledge can overthrow? Only recently, for instance, the world had settled itself down comfortably in the faith that at last all the idle beliefs and foolish superstitions pertaining to the influence of plants upon human life were dissipated, and that we had reached an altitude of absolute mastership of the interesting phenomena relating to this subject. It looked to us as if in the gratification of an æsthetic taste Nature had provided indirectly for our rescue from the worst evils of unwholesome districts and of that deterioration of the air we breathe which is inseparable from human existence under the confined conditions of indoor life. Reversing the old superstition regarding the unhealthy effects of plants in living-rooms, physicians recommended them for their disinfecting qualities, and many a bedroom and school-room window is now adorned with plants in pots, which were placed there with the idea that they would compensate for a defective ventilation. The fact upon which these inferences were naturally and plausibly based is, that plants purify the air in three different ways: by absorbing carbonic acid, by exhaling under the influence of sunlight an equivalent in oxygen, and by the production of ozone. That vegetation possesses these three functions has been demonstrated by the experiments of physiologists, chemists, and meteorologists, and this would seem sufficient to prove all that has been claimed in regard to its hygienic value; but a German experimenter, Professor von Pettenkofer, who for several years has given special attention to the subject, has recently summed up the results of his own and other investigations in a manner that must dissipate many of the illusions we have so fondly cherished. He admits that plants

possess the functions attributed to them, but the direct sanitary effect of these three functions he is compelled to state are none whatever. It is not meant by this that absolutely no effect is produced, but hygiene, as he says, is a science of economics, "and every such science has to ask not only what exists and whether it exists, but how much there is and whether enough." Measured by this standard, and recently-developed ideas concerning the purifying influence of vegetation are proved to be absurdly exaggerated, for numerous and long-continued experiments have shown that there is no more carbonic acid in the air of Paris or Manchester than in that of the surrounding country, or even in far distant mountain regions, and also that "there is no greater appreciable quantity of oxygen in a wood of thick foliage than in a desert or on the open sea." This phenomenon, as exhibited in the open air, is readily accounted for by the atmospheric currents and the constant change and movement of the air, which is never absolutely still, and usually moves at the rate of three metres per second. But since every green leaf absorbs carbonic acid and gives out oxygen under the influence of light, it would seem undeniable that the air of closed rooms must be materially improved by plants. Even this, however, our learned professor cannot concede. "The power of twenty pots of plants would not be nearly sufficient to neutralise the carbonic acid exhaled by a single child in a given time. If children were dependent on the oxygen given off by flowers, they would soon be suffocated." The explanation in this case is to be found in the extremely slow processes of vegetable life as compared with those of the animal kingdom, and the vast extents of vegetation which are required for the sustenance of animals and man. "The grass or hay consumed by a cow in a cow-house grows upon a space of ground on which a thousand head of cattle could stand. How slow is the process of the growth of wheat before it can be eaten as bread, which a man will eat, digest, and decompose in twenty-four hours! The animal and human organism consumes and decomposes food as quickly as a stove burns the wood which took so many thousand times longer to grow in the forest." No quantity of plants sufficient to affect appreciably the air of a given space can be brought together; for careful experiments made in the Royal Winter Garden, at Munich, showed that the proportion of carbonic acid in the air of that tightly-closed space full of vegetation was almost as high as in the open air.

What, then, is the hygienic value of plants, and gardens, and flowers? Strange to say, Professor von Pettenkofer, though a man of science, and consequently the inveterate foe of "sentimentalism," finds it in the æsthetic pleasure which they afford. The cheerful, and happy, and contented man lives not only an easier but, on the average, a healthier life than the depressed and morose man; and anything that makes a pleasurable impression upon our minds and senses has a distinct hygienic value. Lovers of plants, therefore, are fully justified, from a practical point of view, in continuing their cultivation; for if they will not relieve the air of its surplus carbonic acid, nor materially increase our available supply of oxygen, they have a sanitary effect in the satisfaction and refined enjoyment which they afford.—*Appleton's Journal.*

A CASE OF CHRONIC CYSTITIS, OCCURRING SEVEN YEARS AFTER LITHOTRITY, CURED BY AN EXCLUSIVELY MILK DIET.

By W. F. TEEVAN, B.A., F.R.C.S.

IN May, 1871, I performed lithotripsy on James H——, aged 68, at St. Peter's Hospital, and completely got rid of a phosphatic stone in four crushings. The patient was a pale, thin pipe-maker, who had undergone much privation. He remained perfectly well for four years, when he began to have difficulty in micturating, and was very frequently disturbed at night. He then sought my advice. I sounded him, and found that his trouble arose from an enlarged prostate; there was not a particle of stone in the bladder, and the urine was only slightly clouded with mucus. I taught him how to pass a catheter, and he regularly emptied his bladder night and morning with the instrument, enjoying comparative comfort for years.

Last April he again came under my care, complaining that he was always in pain, and that his urine was very thick. His nights were broken, his strength greatly lessened, and he was not able to work. He was treated by various injections, medicines, and washing out the bladder, without relief.

Under these circumstances I determined to try Dr. Geo. Johnson's method of an exclusively milk diet. Having put his alimentary canal in a fit and proper condition for commencing the treatment, the patient began on June 20th to

live on milk alone, taking half a pint every two hours, his urine being then a mass of muco-pus, which adhered tenaciously to the *pôt de chambre*. He could not pass any urine without the catheter, and was always worried by a dull aching pain above the pubes and in the rectum. The next evening he complained of an acid taste in his mouth, and brought up several pieces of curdled milk.

June 22nd. Has not vomited since last night. Takes the milk well. Urine not quite so bad as it was.

23rd. The milk seems to agree well with the patient, who takes about six pints per diem.

26th. As he felt very faint to-day, he was allowed for one occasion only a thin slice of bread in his milk. Has less pain when he uses the catheter.

29th. Complains of sickness; brings up curdled milk. Took one dose of bismuth.

30th. No more sickness.

July 1st. Is weak, and complains of a sinking sensation at the epigastrium; urine quite clear, acid, sp. gr. 1020; has lost all pain.

5th. Discharged quite cured of his cystitis.

A month afterwards the patient called at the hospital to say he remained quite well; he had, of course, to use his catheter as usual.

I desire to give to Dr. George Johnson the entire credit of the patient's cure. Although I had always advised patients suffering from any irritation of the urinary tract to live chiefly on milk and fish, I had never previously tried milk exclusively, as recommended by him. I also placed another patient on the milk diet, but although it failed to cure him, it yet greatly relieved his sufferings—so much so, that he said, "I should be quite content to remain as I am." Chronic cystitis being one of the most troublesome complaints to treat, alike unsatisfactory to the patient and surgeon, we must gladly welcome any means of cure, however limited may be its success. But apart from a probable cure of the complaint by milk alone, there is yet another field open for it, as pointed out by Dr. Johnson, and that is the mitigation of the irritation which attends or follows the operation of lithotomy. The influence of an exclusively milk diet on the urinary tract and secretion is well seen in cases of children suffering from incontinence of urine, who can often be cured by simply ordering them to eliminate meat from their dietary and to live on milk only, if possible, or milk and fish, if existence on one aliment cannot be tolerated.—*Lancet*.

TEETH-GRAFTING.

Two interesting papers were presented to the Académie des Sciences at its last meeting, by Dr. Magitot, and by one of his pupils, Dr. David. Dr. Magitot, after adverting to his former communications relating to grafting of the dental follicles in certain species of the mammalia, states that in the present paper he carries the subject very much farther, embracing grafting the adult dental organs, and supplying practical applications.

"There are," he observes, "three varieties of dental grafting—1. By *restitution*, in which the tooth removed from its alveolus is restored to it, either immediately, or after a variable period of time. 2. In grafting by *transposition* a tooth is removed from one alveolus, and transplanted into another, whether in the same or in a different subject. 3. In *heterotopic* grafting, the teeth are grafted on various parts of the body other than the jaws, examples of which are recorded as resulting from the experiments of Hunter, A. Cooper, Philipeaux, etc. In the present paper Dr. Magitot confines himself to grafting by restitution, combined with the excision of the diseased parts before restitution is made. His researches on this point were first published in the *Gazette des Hopitaux* for 1875; others have been published in the theses of his pupils, Drs. David and Pietkiewicz; and the operations of this kind have now reached the number of 62. Of these 62 cases, 57 have been definitively cured, a great number of these cures dating back from two to two and a half years. The age of the patient does not seem to have exerted any influence on the results, and the various kinds of teeth have been alike excised and grafted. The surgical indication for grafting combined with excision is essentially based upon the diagnosis of a special lesion characterised by *chronic periostitis* of the summit of the fang of the tooth—*i.e.*, inflammation of the periosteum, denudation and necrosis of the subjacent cement, and absorption of the ivory. It is a kind of mortification of the root. The morbid process which results consists in a series of accidents, as phlegmon of the gums and face, denudation and necrosis of the alveolar margin, and mucous or cutaneous fistulæ, etc. These accidents sometimes assume the chronic form and sometimes are intermittent. Left to themselves, they may give rise to great mischief, such as deformities and cicatrices of the face, and a general condition that may even place the patient's life

in danger. As the mortified summit of the root of the tooth cannot be otherwise got at, preliminary extraction is required in order to enable the diseased portion to be excised, the portion of the tooth which remains sound then being restored to its original place. Before restoring it the surgeon may, if necessary, resort to various procedures, such as washing out the purulent cavity or removal of sequestra, while, as regards the tooth itself, he may excise portions of its crown, or perform plugging in the case of caries. In a good number of the cases treated, the periostitis of the summit was not accompanied by concomitant caries, but in others a co-existing caries was able to be stopped while the tooth was out of the mouth. The subsequent treatment consists in the application, when necessary, of gutta-percha supports, drainage, and the removal of any mortified portions of the alveoli, etc. In general the consequences of the operation are very simple. When consolidation has been effected, a slight local reaction takes place, accompanied by few or no general phenomena. The fistulæ close, the discharge ceases, and complete consolidation takes place in from a week to a fortnight. The tooth recovers its vascular connections, and its uses are re-established. When the attempt fails, the tooth is simply eliminated by suppuration in a few days.

M. David in his paper thus speaks of "grafting by restitution":—"Re-implantation combined with extraction is a procedure which enables us to subject the teeth to operations which would have been impracticable in the mouth. We have personally resorted to it—1. For the adjustment of certain anomalies of direction. 2. In the treatment of caries when the situation of this did not admit of our reaching the pulp in order to destroy it, and practise *in situ* a satisfactory stopping. 3. In the treatment of the form of alveolo-dental periostitis, in which this affection is limited to the summit of the root. It allows of our excising the affected parts just as is done on a diseased bone; and this excision is the only means of radically curing the neighbouring lesions which so often accompany this form of periostitis, as osteitis, necrosis, fistulæ, etc. If the tooth is carious it can also then be stopped. 4. It may also be resorted to in order to facilitate the execution of operation on another tooth, or in another part of the mouth. The consolidation of the tooth replaced in its alveolus takes place, on the mean, from the tenth to the fourteenth day. It is more rapid (by the second or third day) when the roots are healthy. In cases of periostitis it is

slower ; and then, principally when there are osseous lesions in the vicinity, the existence and maintenance for some days of a well-established dental fistula is of first-rate importance. By this means the suppuration obtains free external issue, and does not disturb the organic phenomena which are in progress between the root of the tooth and the alveolus. To the discharge of the pus by the alveolus is due our single failure. The various lesions of the vicinity (fistulæ, etc.) in general are cured soon after consolidation takes place. The cure has remained durable in our earliest cases for more than two years.

“Thus methodised, this procedure seems to us to carry the curability of dental affections to its farthest limits. It has given us but one failure in 22 cases.”

ENERGY AND PHYSIQUE.

There are persons of a nervous temperament who seem to be always upon wires. Nature has given them energy, but their physique is in many cases inadequate to supply the demands made upon it. The steam is there, but the boiler is too weak. Duke d'Alva, according to Fuller, must have been of this nature. “He was one of a lean body and visage, as if his eager soul, biting for anger at the clog of his body, desired to fret a passage through it.” The same thought was wittily expressed by Sydney Smith when he exclaimed, “Why, look there, at Jeffrey ; and there is my little friend —, who has not body enough to cover his mind decently with ; his intellect is improperly exposed.” Now these are just the sort of people who should not kill themselves, for though wrapped in small parcels, they are good goods. They owe it as a duty to themselves and others not to allow their fiery souls “to fret their pigmy bodies to decay”—not to throw too much zeal into trifles, in order that they may have a supply of life-force for things important. He who desires to wear well must take for his motto, “Nothing in excess.” Such a one, as we have had occasion more than once to urge, avoids dinners of many courses, goes to bed before twelve o'clock, and does not devote his energy to the endurance of over-heated assemblies. When young men around him have got athletics on the brain, he keeps his head and health by exercising only moderately. He is not ambitious of being in another's place,

but tries quietly to adorn his own. "Give me innocence; make others great!" When others are killing themselves to get money, and to get it quickly, that with it they may make a show, he prays the prayer of Agur, "Give me neither poverty nor riches," for he thinks more of the substance than of the shadow. This is the truly wise and successful man, and to him shall be given, by the Divine laws of nature, riches (that is, contentment) and honour (that is, self-respect), and a long life, because he did not waste the steam by which the machine was worked. In homely proverb he "kept his breath to cool his porridge," and most probably was a disciple of Izaak Walton.—*Chambers's Journal*.

SENILE DIARRHŒA.

LECTURING at the Hospital Necker upon a case of obstinate senile diarrhœa that could be traced to no obvious cause, M. Potain observed that sometimes errors in regimen may in these cases be accused, such as the taking inappropriate substances, water in too large quantity or too cold. Gastric catarrh also, by its reflex action and by the vicious secretions, gives rise to the diarrhœa; but it is of especial importance in cases of this kind to seek for general diseases. Of all these, tuberculisation is the most important; and what perhaps is not sufficiently borne in mind is, that diarrhœa is often one of the primary manifestations of the tendency to tuberculisation. This, too, is one of the most serious forms, because it indicates a disposition to the generalisation of the disease, and, moreover, the patient neither eating nor assimilating properly, the accidents pursue a much more rapid course than in other cases. Arthritism has also frequently been put forward in this etiology, and not without reason. It is the same with marsh-poisoning, which is oftener than is supposed the primary cause of this form of diarrhœa. M. Jules Simon, especially, has related some very curious cases of this kind, the origin of which was proved by the success which attended the administration of *Quinine*, the diarrhœa being the sole tangible symptom. M. Potain has also met with several analogous cases which have been successfully treated by *Quinine*.

So, too, all causes which debilitate the economy are a cause of diarrhœa, and one of the most powerful of these is old age—so much so that the diarrhœa of the aged has been

separately described, with its anatomical changes, such as thickening and other alterations of the mucous membrane. In such cases there is little disturbance of the digestion, and no pain in the abdomen, and that even when deep ulceration of the intestines has been found after death. The patients become pale and bloated (*bouffis*); their skin becomes thin; they waste away, and fall into a state of complete apathy—the diarrhœa much resembling, therefore, in this form, that of pellagra. There is nothing special here in the etiology, and all that can be said is, that old age constitutes an extreme predisposition to enterocolitis. In the patient under notice, no other reason than his age can be assigned; yet not his age calculated on the number of years, for these are only sixty-two, but the age he presents in his condition of anticipated senility. It has, indeed, been said long since, with reason, that we are of the age of our arteries; and this man has aged arteries, for they are atheromatous, and, moreover, he exhibits all the attributes of senility. In such cases the prognosis is always a most serious one, and, according to M. Durand-Fardel, the disease is incurable when it has lasted for some weeks. This opinion is certainly exaggerated, but it is a fact that a cure is extremely difficult, because in aged persons we can produce no action on the skin and kidneys which will balance the intestinal function. In this patient, although in his case there was no history of prior marsh-poisoning, *Quinine* has been given with great advantage. It would seem, therefore, that besides its anti-periodic power, the sulphate of *Quinine*, by the property which it possesses of inducing contraction of the capillaries, may diminish the vascularity of the intestines, and modify its secretions.

THE BEST FRIEND.

FROM THE GERMAN OF HEINE.

THEY gave me advice and counsel in store,
 Praised me and honoured me more and more;
 Said that I only should "wait awhile,"
 Offered their patronage, too, with a smile.

But with all their honour and approbation
 I should, long ago, have died of starvation,
 Had there not come an excellent man,
 Who bravely to help me at once began.

Good fellow!—he got me the food I ate,
 His kindness and care I shall never forget;
 Yet I cannot embrace him, though *other folks can*,
 For I myself am this excellent man!

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 124.)

(2) *Provincial Medical and Surgical Journal*, 1842, vol. iv. p. 407; 1843, vol. v. pp. 436, 487.

By Mr. W. Ley.

A girl took half a grain of extract three times a day for chorea. On the third day she was overwhelmed with fear, and the muscles became relaxed. A man suffering from sciatica took 3 grains of extract at bedtime. In an hour he woke and fancied he was dying. The muscles were so much relaxed that he could scarcely move himself; and though he had had great tenderness previously, he did not know now in which leg he was affected; he slept heavily for some hours.

The breathing of those sleeping under its influence is perfect, but slow. Dr. Copland took 30 drops of tincture; shortly afterwards there was slight acceleration of the pulse, with slight giddiness and exhilaration of spirits; in an hour or two inclination to sleep. Next day took 60 drops with increased effect, with dryness of fauces; the third day he took 100 drops, when there was an increase of the giddiness and he slept soundly. The pulse all this time was not increased above 6 or 7 beats. In a hysterical woman it caused giddiness and slight nausea. In some patients it caused feverishness and dryness of throat. The intoxicating and narcotic effects were increased by its being taken in ale or spirits.

Dr. O'Shaughnessy says, that apathy or *insouciance* was as often present as feelings of pleasurable excitement. He has seen it cause catalepsy in twelve cases, but this was more general in animals than in men. Animals under its influence, if not absolutely cataleptic, have a tendency thereto.

Herodotus says, the Scythians throw the seed on red-hot stones; from these proceed a vapour which excites in them cries of exultation. Galen mentions the seeds as promoters of hilarity and enjoyment. After the excitement there is depression of spirits and a remarkable relaxation of muscles;

yet the litheness attending that relaxation, the free sweat, and the increased appetite, have made some old rheumatic persons speak of it as of the elasticity of youth. *Hemp* intoxicates and is aphrodisiac; it raises the pulse, excites warmth, and makes the breathing slower; it causes general depression, sleep, and remarkable relaxation of muscles. The patient lies in one position indisposed to move; the face loses its expression, the jaw falls, there is difficulty of breathing; it is as though the air was drawn through cotton, it feels dry; expectoration and sweat are increased; sometimes unpleasant feeling of heat in bowels; a forcing of sphincter ani, as if it could not contain contents of rectum; yet with evacuation which is particularly easy, or no evacuation, the forcing continuing. These symptoms continue during the muscular relaxation. Sleep, or rather repose, continues the whole time, unless the avocations of the day or mental activity forbid it. The appetite improves. Dale, one of our earliest writers on *Materia Medica*, says, "Infatuat ut opium, somnum conciliat, multi autem affirmant ad libidinem ciendum, et venerem stimulandum, magnæ esse efficacæ." A woman took $1\frac{1}{2}$ -grain doses of extract every half-hour for tetanus; after the fifth dose she fell into an overpowering stupor for ten hours: face relaxed, eye closed, jaw fallen, breathing scarcely perceptible, no sensibility, no motion; she was in the calmest sleep. Mr. O'Brien saw a person under its influence whom he believed to be dead, but who recovered after twelve hours' stupor. Dr. O'Shaughnessy gave a dog half an ounce of the fresh extract; it slept in a state of stupor, with the limbs stiff, as from catalepsy, for two days; it then recovered and ate voraciously.

(3) *Provincial Medical and Surgical Journal*, 1843, vol. vi. p. 9.

By Dr. H. Martin H. Lynch.

A woman took for neuralgia about right orbit 45 drops of tincture of the resin (strength 3 grains to 1 drachm), every morning when the pains began. It made her feel a little light-headed; there was also intense itching round orbits, and over body and extremities, especially the lower ones; the itching round orbits is referred to numerous close set points; elsewhere the points are distant; the itching is very intense for several hours after dose, afterwards gradually diminishes, but is felt at distant parts of surface twenty hours after dose.

A man, aged 64, took doses of 120 drops (or 6 grains of the extract); the dose caused heat of skin, considerable exhilaration, itching at roots of eyelashes and in a few points of lower extremities and scrotum. After three hours felt drowsy, but being with cheerful friends, easily resisted the inclination.

(4) *Provincial Medical and Surgical Journal*, 1843, vol. vi. p. 11.

Editorial. One of the editors took 6 grains of the extract, smoked a scruple of *Gunjah*, but the only effect was a desire to sleep.

(5) *Provincial Medical and Surgical Journal*, 1843, vol. vi. p. 29.

By Dr. James Inglis.

Two doses of half grain of extract caused slight numbness of legs in two women with chronic rheumatism. A young lady took $2\frac{1}{2}$ -grain doses of *Gunjah*; it caused accelerated pulse, excessive thirst, and general feverishness.

A man suffering from rheumatism and gout took the *Gunjah* in doses of $2\frac{1}{2}$ to 5 grains. It caused quickening of pulse, thirst, and sweat, especially on one occasion about neck and chest; afterwards there was restlessness, and pulse had risen from 100 to 130, with much thirst.

(6) *Provincial Medical and Surgical Journal*, 1843, vol. vi. p. 171.

By Mr. Edward Crosse.

I took 40 minims, which caused little more effect than an inclination to rub eyelids and some indisposition to exertion. Next day took 80 minims; my spirits in an hour afterwards were much elevated; eyelids felt œdematous; imagined that some object was near to me which was not in the room, so much so as to start from my seat under this delusion; pulse, usually 70, was 90; I was obliged to feel it several times in order to ascertain it. The most marked effect was that my recollection (not memory) intermitted regularly about every two minutes, so that while in conversation I was obliged to stop speaking, from a momentary total loss of the subject; but the link would be perfectly restored when two or three minutes had elapsed. In four or five hours this phenomenon gradually disappeared, and was succeeded by a sense of languor and great inclination to assume the lowest possible

horizontal position, accompanied by the sensation of being bitten in many parts of the body by some insect. A most disagreeable feeling of distention in abdomen, as if it were distended with water; all secretions increased and especially from mucous membrane of bronchi. The feeling of distention lasted several days.

(7) *Medical Times and Gazette*, 1852, New Series, vol. iv. p. 137.

By Mr. J. Gardner.

Three men took 3 grains each of the extract; followed by state of narcotism and collapse, contracted pupil, pale clammy countenance, and stupor unless roused. Next day, headache and lassitude. I have seen it produce great excitement and even high delirium.

HOMŒOPATHIC PRACTICE.

"If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others."—DR. SAMUEL FENWICK.

A CASE OF LEPROSY UNDER HOMŒOPATHIC TREATMENT.

Communicated by Dr. C. W. KITCHING, Cape Town.

Mrs. K., 56; no leprosy in family; first seen 2nd March, 1877; period left her five years ago.

For one year, numbness and feeling of pins and needles in left hand, which is cold; pain and numbness of feet. Patches of raised and hardened skin on arms and face, quite indicative of the disease, of which there is plenty at the Cape. She had scalded the anæsthetic patch of left arm, and did not feel it.

Arsen. 1x trit. Take as much as will lie on a shilling three times a day.

May 1.—A little more power in left hand, and more feeling.

June 23.—Both cheeks better; skin less thick; feet are better.

August 23.—Body stronger; less itching; can walk more easily upstairs. Wants to use the blue gum (*Eucalyptus*), as it was reported to have done good in the disease. She therefore drank an infusion, and applied it as a lotion.

N

November 27.—Worse. Face much more puffed; skin very anæsthetic. *Tinct. Anac. Oriental* 1. Has used the blue gum till now).

December 22.—Is weak. Repeat.

January 9, 1878.—Face seems better.

February 5.—Much sweat, chiefly on upper half of body, for the last three or four months. Since her illness the skin has been uncomfortably dry; as a rule, in health, she perspires very freely, almost profusely. Face seems really better. Painful stitches in legs and feet. Cannot pick up a pin easily, the feeling is not fine enough. Repeat.

March 4.—*Anacard.* 1x trit. as much as Take as much as will lie on a shilling

April 24.—Much better; face more smooth.

May 8.—Nose certainly less thick; in looking down can see better over the cheek-bones; sleeps better; less neuralgic pains.

June 1.—Can see still better over cheek-bones. The furrow formed by the spectacles in the thickened skin on right temple is decidedly less. Friends remark the improvement.

July 1.—Face very much better.

August 28.—Feels stronger.

September 11.—Patches on left arm much less distinct, has more feeling there; feels every way stronger; can pick up pins and thread a needle; more power in hand; less feeling of stuffiness of nose, as if she always had a cold.

October 24.—Stronger; more feeling in arms; can do needlework better, fingers less stiff; she feels improved in general health, although the weather is cold and damp.

December 2.—The old habitual perspiration is now coming on her face; tenderness of face gone; in capital spirits; all her friends think her wonderfully better; can now do fine needlework.

She continues the use of *Anac.* 1x a dose twice daily.

ULCERATIVE CORNEITIS CURED WITH APIS.

By Dr. GOULLON, Jun. Translated by the EDITOR.

CAROLINE ROUSSI, a servant girl, twenty years of age, got a tolerably sudden attack of very acute ophthalmia in the right eye, without any apparent cause for it. The patient is strong, and apparently healthy. For the last two years she has been troubled somewhat with this eye, and there has been a certain amount of lachrymation in it.

At present we have had to deal with a case of Blepharitis, lachrymation, with flow of muco-purulent matter, inflammation, heat; and in the morning on first waking the lids are glued together. The cornea is inflamed, thickened, clouded with ulceration on the upper half, where a dull speck can be seen. A whitish deposit is also visible towards the centre of the cornea. Sight is almost an impossibility, objects appear very confused, the eye can only be opened with difficulty.

Sulphur 3, trituration, for two days.

After some days matters were neither better nor worse. The patient has gone on with her kitchen work, in spite of my advice to the contrary.

As the inflammation went on, and so the safety of the eye was threatened, *Apis* 6 was given, three doses a day for two days, and then no medicine for two days.

On the fourth day after using the *Apis* there was great improvement. The power of vision, though still somewhat troubled, is much stronger. The cornea is smooth, but not quite transparent. The eyelids are no longer red, but yet the upper eyelid cannot be fully opened. A slight ciliary blepharitis remains. *Hepar Sulph.* 30 was given to complete the cure.

BROMINE INHALATION IN CROUP.

By ADOLPHE UHLMAYER, M.D.

On January 11th I was called in haste to see the four-year-old son of Mr. S. He was said to have membranous croup, and the Allopathic physician in attendance had pronounced the case hopeless unless he performed tracheotomy. To this the parents would not consent, and therefore they applied to me to know what Homœopathy could do for such cases.

I immediately prepared the first decimal dilution of *Bromine*, which I took with me. On my arrival I found a fat, plump, well-nourished boy, with short neck, just such a picture as I have very often seen attacked with croup. He had a large eczematous sore behind his left ear. I found him in bed, with his head bent far back, and struggling terribly for air; at times he would jump out of bed and scratch against the walls. His face had a cyanotic hue; and sometimes a cold sweat would break out. His pulse and temperature I did not examine, as immediate action had to be taken here.

I immediately took a piece of newspaper (no other paper

being on hand), and rolled it up so as to make a cone; in it I placed a bit of cotton batting, on which I dropped from 10 to 20 drops of *Bromine* 1x, and applied the base of the cone over his nose, and gave him about four or five inhalations; then I covered both nose and mouth with same, and let him inhale about three times more. Internally I gave *Bromine* 200 in water, every half-hour a teaspoonful. This was 9.30 a.m. Saw him again at 12 noon. Considerable improvement. Continued inhalations every hour. The *Brom.* 200 every half-hour. At 6 p.m. the father reported great improvement, but a great deal of rattling in throat. Sent *Tart. Em.* 200, every hour two pills, with the order to give *Bromine* 200 again as soon as the rattling had disappeared, and to keep up inhalations every two hours.

10 a.m.—Saw the patient, found him sitting up in bed, playing with his toys. Mother informed me that but two doses of *Tart. Em.* had been necessary. That he rested well all night, and that he had taken some nourishment for the first time in six days. I kept the inhalations up for one day longer, when he was well with the exception of hoarseness, for which he received *Phos.* 200; afterwards for the *eczema Graph.* 200.

The *Bromine* inhalation was first recommended by Kafka. In smaller children he uses the 2x potency for inhaling. *Iodine* has also been experimented with in croup, in inhalations, and with success.

Iodine might be tried in black-eyed and black-haired children with swollen glands about the neck.

Bromine in children with light hair, blue eyes, and fair skin. Much rattling in the larynx when coughing.

These symptoms were present in my case.—*St. Louis Clinical Review.*

LACHESIS.

By WM. A. HAWLEY, M.D., Syracuse, N.Y.

A CHILD, thin in flesh and of a pallid complexion, had coughed almost incessantly for six weeks, nearly preventing sleep, especially at night; the paroxysms were always worse after even a short sleep. Gave *Lachesis* 30, with directions to repeat the dose in three hours should the child awaken, but as the child slept all night I gave it *Sac.-Lac.*, and in four days discharged it cured.

ARSENICUM IN CHRONIC GASTRITIS.

By J. L. GAGE, M.D., Baltimore.

Miss M., æt. 18, has been suffering from gastric irritation for nearly a year. She had been under allopathic treatment but without benefit, and when she came under my treatment she presented the following symptoms. The extremities were cold, pulse small, tongue dry, great thirsts, but as soon as water was taken into the stomach it was immediately ejected, burning in the stomach like fire. Extreme restlessness and anguish were depicted upon her countenance, she imagined she was dying.

I gave *Arsenicum* 6th at 8 p.m., and in an hour gave it again. She soon became quiet, less nausea, and at 10 o'clock she went to sleep, and improvement went steadily on. I afterwards prescribed *Sulphur* and *Nux Vom.*, and she became perfectly well.—*American Homœopathist.*

LITERATURE.

SEWAGE POISONING.¹

DR. E. T. BLAKE, of Reigate, read a very practical and instructive paper before the members of the British Homœopathic Society some few months ago; and as it was so favourably received by his colleagues, and as he felt the subject was of great importance, he has republished his paper under its present title.

To give my readers a full account of Dr. Blake's pamphlet would be to rewrite it altogether; for it is so full of good advice, from the first to the last page, that the best thing they can do is to invest a shilling in purchasing his work. The author points out the dangers we are exposed to in houses where the drains are badly placed or insufficiently looked after. He shows how easy it is to have an attack of diphtheria where sewage-gas, like some evil spirit, haunts the bedroom of a house. He shows how easy it is to avoid these dangers by a judicious system of pipes, traps, and ventilators. He shows how deeply ignorant are the majority of builders, how uniformly careless is the British workman, how universally confiding is the British householder, who believes in the

¹ Sewage Poisoning, its Causes and Cure. By Edward T. Blake, M.D., London: Hardwicke and Bogue.

intelligence of the former, and the honesty and carefulness of the latter. "Be these your gods, O Israel?"

Dr. Blake comes along as a kind and judicious iconoclast; he shows us that the bungling of builders may endanger our lives, and that the frailty of workmen may bring ruin to our families.

We thank Dr. Blake for his contribution to sanitary science, and we hope that his good suggestions will be followed out by all who wish to live a sweet, pure, healthy life.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA.¹

Dr. ALLEN's gigantic task is drawing to a close; the eighth volume of the "Encyclopædia of Pure Materia Medica" is before us, and we must apologise to the editor for not having spoken a few kindly words of his work long ago; but time runs on, and the leisure we all of us wait for never comes to us in gentle fashion. We seize upon the stray half-hours of breathing time granted us, we call them leisure, but we vary the work. Working at something different to the ordinary routine of the day, this is leisure in the nineteenth century. For this reason we can only feel the greater admiration for our colleague's indefatigable labours. We are lost in wonder when we think of the busy days, and the long, busy, sleepless nights, which have been taken up in carrying out the great work, one fragment of which lies now before us. This eighth volume contains 660 pages, and is devoted to the provings of some sixty to seventy drugs, beginning with *Plumbum*, which takes up 129 pages, and ending with *Serpentaria*, which takes up a couple of pages. No pains have been spared to ensure completeness; no stone has been left unturned under which treasure might lie hid.

The only distressing part of this accumulated wealth of provings is that until a repertory is given to poor bewildered students, we shall grope about, Aladdin like, amidst these riches, and only be able to carry off in our pockets some stray and remarkable specimens. But the repertory being given us, this shall serve as an Aladdin's lamp, to enable us to seek the treasure stores again and again until we are not merely

¹ The Encyclopædia of Pure Materia Medica. Edited by Timothy T. Allen, A. M., M. D. Vol. VIII. New York and Philadelphia: Boericke and Tafel. 1878. London: Homeopathic Publishing Co., 2, Finsbury Circus.

rich ourselves to overflowing, but can also enrich our neighbours.

One little blemish we find in Dr. Allen's last volume, though to some of our high potency colleagues this is an additional virtue; we refer to the provings of *Saccharum Album*. We cannot help thinking that these would have been wisely omitted. When we see "violent ophthalmia," "death-like colour of the face," and "induration of the liver," given as symptoms produced by this innocent product, we feel that Dr. Allen's judgment was obscured by the kindness of his disposition to the prover. Now, honey will purge some patients, make others sick, give others a sore tongue, and cause swelling of the tongue and throat inflammation in yet others. But then in honey-sugar many causes are at work to produce irritation, which are absent in white cane or beet-root sugar.

However, we cannot take leave of this last volume of the "Pure Materia Medica" without thanking our colleague most heartily for his efforts at giving the world of Homœopathy a complete work of reference, and a scholarly work withal.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

ISOPATHY AND HOMŒOPATHY.

DEAR SIR,—I have been recently reading Dr. Burnett's most interesting monograph on *Natrum Muriaticum*, and I am half persuaded as to the truth of the dynamisation theory; but there is one case recorded by the author which, I think, calls for some explanation. I refer to the one marked Obs. 19 on page 71. In that case, a lady who had taken large quantities of crude salt, not only at meals, but had also swallowed one and a half teaspoonfuls daily spread on bread, was cured by the dynamised salt. Dr. Burnett says:—"Query: Was this a case of chronic salt-poisoning antidoted by its own dynamide?"

Now, supposing this explanation is correct, was the cure an illustration of Homœopathy or of Isopathy, or "the same curing the same"? And can cures ever be effected in this

latter way? I recollect seeing it stated that the injurious effects of allopathic doses of mercury may be relieved by homœopathic doses of the same drug. The question is, Can this be substantiated by facts?

In the case of *Mercury*, we know the crude substance is inert, and some have asserted that the activity of Blue Pill and Grey Powder is due to trituration, or, in other words, to dynamization, but I should be disposed to deny this. It is evident that, in both preparations, the Mercury is converted into an oxide, and thence becomes active. Therefore the curative power of Blue Pill and Grey Powder is not an illustration of the law of dynamization. I should, on that account, question the capacity of our homœopathic preparations to antidote the evil effects of Mercury, for they are in all respects the same, as to elements, as the allopathic Blue Pill and Grey Powder.

In the case of common salt we must assume that the rubbing-down does produce an alteration in the quality of the substance, making it something different from what it was before. Therefore, if it cures the ill-effects of taking too much of the crude substance, it can scarcely be called an isopathic cure, although, *primâ facie*, it may appear to be so.

I think it must be denied that any cure can be performed "isopathically," so far as drugs are concerned, and it will be admitted that Dr. Burnett's case was not of that kind. One can scarcely imagine a person poisoned by arsenic being cured by infinitesimal doses of the same, or a case of lead-poisoning being cured by small doses of Plumbum.

Will Dr. Burnett allow me, while thanking him for his interesting book, to suggest that in a new edition a less bilious-looking paper be chosen by the printer? After reading it, my optics became so disordered that I began to speculate on the suitability of a dose of Santonine as a homœopathic remedy. I throw out this hint to future readers without charge.

Yours faithfully,
JOHN WILDE, L.R.C.P., M.R.C.S., etc.

Weston-super-Mare.

[In justice to Dr. Burnett's æsthetic tendency, we must remark that the colour of the paper objected to by Dr. Wilde was a question of accident rather than choice. Let us call paper and type a Whistlerian symphony in yellow and black.—ED.]

RUBINI FUND.

THE following is the list of contributions in the order in which they have been received:—

Frederick Smith, Esq.	£5	0	0
William Bayes, Esq., M.D.	5	0	0
Mrs. Garnett	5	0	0
Mrs. Goldsmith	1	0	0
D. Tuthill Massy, Esq., M.D.	1	1	0
Mrs. F. Paget	0	5	0
Mrs. Sterne	5	0	0
Mrs. A. Castle	3	0	0
Thomas Engall, Esq.	1	0	0
Miss Catchpool	0	10	0
R. Baikie, Esq., M.D.	1	1	0
The Earl of Wilton (per Mrs. Sterne)	5	0	0
Miss Mozley	3	0	0
Mrs. Mario Giglucci' " "	3	0	0
J. J. Elgar, Esq.	0	10	0
The Misses Cash	1	0	0
John Mansell, Esq., M.D.	1	1	0
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Mrs. Sophia Harris	1	0	0
Mrs. S. Baker	0	10	0
Mrs. Phillot	0	10	0
Joseph Kidd, Esq., M.D.	5	0	0
Charles Macintosh, Esq., M.D.	1	1	0
	<u>£58</u>	<u>10</u>	<u>0</u>

We are requested by Dr. Rubini to state that should circumstances arise—and we have reason to believe that such will be the case—which will enable him to return the amounts contributed to this fund, he must be allowed, with feelings of the liveliest gratitude, to avail himself of this privilege.

Treasurers :—F. F. Smith, Leeston, Weston-super-Mare ; William Bayes, M.D., 4, Granville Place, Portman Square, London, W.

TAPE-WORM IN CUCUMBERS.—According to several of our American medical contemporaries, Dr. Leidy, of Philadelphia, has announced the discovery that cucumbers are liable to be infested with tape-worm. At a meeting of the Philadelphia Academy of Sciences, he exhibited a specimen of tape-worm taken from the inside of a large cucumber. It is said to have had all the characteristics of a true tape-worm, but belonged to an unknown species, the peculiarity being that the ovaries, containing the round yellow eggs, were confined to the anterior extremity of the segment.

REPORTS OF INSTITUTIONS.

LONDON SCHOOL OF HOMŒOPATHY,
52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

SUMMER SESSION.

Course of Materia Medica and Therapeutics.

By Richard Hughes, L.R.C.P., Ed.

DR. HUGHES proposes to occupy the Summer Session with a Series of Lectures on Comparative Materia Medica. In these he will discuss the classification of medicines; and will study them in groups, differentiating those whose range and kind of influence is similar, and comparing those which act upon special organs, as the brain, eye, kidney, etc. The "conditions" of medicinal action (*i.e.*, the circumstances of amelioration and aggravation which belong to certain drugs) will also receive consideration.

The introductory lecture to the course will be given on Monday, May 5th, at 5 p. m.; and the lectures will be continued during May, June, and July, every Monday and Thursday at the same hour.

The fee to this course is one guinea. Medical men admitted to any single lecture on presentation of address card.

Course of Principles and Practice of Medicine.

By D. Dyce Brown, M.D.

During the Summer Session of 1879, Dr. Dyce Brown will lecture on the Homœopathic Treatment of Diseases of the Digestive and Respiratory Organs. A different plan will be followed henceforth in the arrangement of the course. Up till the middle of the last winter course, Dr. Brown gave as short a sketch as possible of the ætiology, pathology, and general symptomatology of the various diseases treated of, before discussing the therapeutical portion of the subject. The latter occupied so much longer time than is devoted to it in old-school lectures, that it was found impossible to overtake the whole domain of disease in one winter and summer course conjoined. He has therefore, with the sanction of his colleagues, and of the hon. sec., and at the wish of the students, resolved henceforth to omit everything but therapeutics, referring the students to the ordinary text-books on

Practice of Medicine for what can be found in any of them. He thus hopes to be able to overtake the entire field of therapeutics in one winter and summer course of lectures.

The introductory lecture to the course will be given on Tuesday, May 6th, at 5 p.m. The lectures will be continued on each Tuesday and Friday at the same hour.

The fee to this course is one guinea. Medical men admitted to any single lecture on presentation of address card.

Medical men or students desiring to attend the above courses, which will contain much new and original matter, are requested to communicate with Dr. Bayes, Hon. Sec., 4, Granville Place, Portman Square, W., by letter or personally.

BRITISH HOMŒOPATHIC SOCIETY.

THE Seventh Ordinary Meeting of this Society will take place on Thursday, the 3rd of April, 1879.

Public business will commence at eight o'clock.

A paper will be read by Dr. Galley-Blackley, of London, entitled, "Some Interesting Cases of Skin Disease."¹ 1. Two Rare Varieties of Pemphigus. 2. A Case of Dysidrosis.

A paper is promised for May by Dr. Murray Moore, of Taunton, entitled, "On the Pathogenetic Analogies of Isomorphous Drugs."

SCARBOROUGH HOMŒOPATHIC DISPENSARY.

Hon. Medical Officer—F. Flint, Esq., M.D., M.R.C.S.E., etc.

Hon. Secretary, Collector, and Dispenser—Mr. F. Foster.

REPORT FOR THE YEAR 1878.

THE number of attendances of patients has increased from 1,023 to 1,821—or nearly doubled. The cases have included a great variety of diseases—medical, surgical, and obstetrical; and the medical officer has attended gratis, at their own homes, such patients as were unable to pay even a very moderate fee, and whose cases were of sufficient importance and interest to claim home visits.

The confidence of the poor in the homœopathic treatment, and the esteem in which this Dispensary is held by them, is evidenced not only by the increase in the attendances, but

¹ As Dr. G. Blackley was unavoidably unable to read his paper at the last Meeting of the Society, Dr. Burnett, of London, at very short notice, kindly supplied his place by preparing and reading a paper "On the Plague."

also by the increase in the revenue derived from the small payments of patients, being more than double that of 1877.

Reference to the balance-sheet will show that the debt on the Dispensary has been reduced from £16 0s. 6d. to £2 10s. 2½d.

The Dispensary has hitherto been conducted in rooms over Mr. Foster's shop. In consequence of Mr. Foster's removal to St. Nicholas Street during this year, the committee have taken new premises for the Dispensary at No. 18, Queen Street; this will probably give rise to an increase of expense, and it is hoped that the friends of the institution will remember this in their yearly subscriptions, and not relax their effort to lift the Dispensary out of debt.

THERAPEUTIC NOTES.

Poultices. The common practice in making poultices of mixing the linseed-meal with hot-water, and applying them directly to the skin, is quite wrong, because, if we do not wish to burn the patient, we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag (the size of the poultice required), to fill this with the linseed poultice as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton wool, to prevent it from getting cold. By this method we are able to apply the linseed-meal boiling hot, without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief which cannot be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner.—DR. T. LAUDER BRUNTON, in *Brain*.

Pilocarpin as a Remedy for Alopecia. Dr. G. Schmitz, of Cologne, has reported the cases of two bald men whom he treated in his ophthalmic practice with subcutaneous injections of hydrochlorate of pilocarpin to produce absorption of inflammatory residua within the eye. In both a secondary effect, consisting in the rapid

growth of young downy hairs on the bald parts of the scalp, was observed. In the first case a man of sixty had in four months his whole head covered "partly with grey, and partly with black hairs" of considerable growth, and so as entirely to obliterate the previous baldness. Dr. Schmitz calls the attention of the profession to these facts, with a view to elicit from others whether they have made any similar observations.

Fissure of the Anus. A case suffering from fissure of the anus presented the following symptoms: Deep and superficial fissures; pain after stool as if splinters of glass were sticking in the anus and rectum; heat and pain so intense he could not keep still. After stool, sensation as if the rectum protruded, and then went back with a jerk, with most horrible pain; frequent and ineffectual desire to urinate; fluttering of the heart; *Rhatany* three times a day cured.—*N. A. Journal of Homœopathy.*

HYGIENIC NOTES.

Lead Poisoning. An interesting case of lead-poisoning through criminal negligence is reported from Mosbach. The patient began to suffer some years before 1876, and consulted several physicians in vain until Dr. Wittmer made a correct diagnosis, and after a treatment of over three-quarters of a year entirely cured him. The poisoning was caused by imperfectly-tinned lead snuff-boxes, in which a particular brand of snuff was packed, which the patient was in the habit of buying from one and the same manufacturer, and which became contaminated with lead. A suit against the tobacco dealer was filed, who was convicted and sentenced to incarceration for eight days and payment of costs.—*American Journ. Pharmacy.*

The Hygiene of Sight. Dr. Javal has communicated to the Société de Biologie the result of his researches on the hygiene of sight. According to him, the rapid increase of near-sightedness in France is due to the over-exertion and fatigue of the eyes. It is well known that, after having looked fixedly for some time at a piece of

chequered stuff, the sight becomes troubled, the eye being fatigued through the repetition of the same colours. Now the same thing will occur in reading a book which rests on the table; if, however, it be moved up and down, the cause of fatigue will be removed. Another origin of fatigue to the eye is the black lines on white ground, such as they exist in almost all the books. The eye is not achromatic; and, if the blue colour of the solar spectrum be suppressed, the spectrum of diffusion on the retina is to a certain extent avoided, which relieves the eye greatly. Therefore, the printing paper ought to be of a yellowish (wash-leather) colour, such as is found in Roman Catholic prayer-books. Another cause of fatigue is the length of the printed lines, such as occur in German books and magazines.

**Action of
Substances on
the Teeth.**

As the result of numerous trials made by the exposure of recently-extracted teeth to the action of various substances, M. Maurel comes to the conclusion that if various medicinal substances are dangerous in their action on the teeth, others in still larger numbers prove, in their habitual employment, quite inoffensive. Thus, if we are required to take great precautions respecting citric acid, tannin, chlorides of zinc and antimony, perchloride of iron, iodine, sulphate of copper, and alum, we may continue to employ with complete safety arsenious and carbolic acids, vinegar, corrosive sublimate, chlorate of potash, alcohol, tincture of benzoin, essence of mint, tincture of quinine, and eau-de-cologne. Tobacco, whether used in chewing or smoking, does not injure the teeth beyond causing their discoloration.—*Jour. de Thérap.*

MISCELLANEOUS NOTES.

**Excretion of
Mercury.**

Dr. E. W. Hamburger gives an account in the *Prager Med. Wochenschrift* of some experiments he has made on patients who were employing mercurial suppositories, in regard to the elimination of the mercury from the system. In seven out of eight cases he discovered the metal in both the urine and the milk. It was always discovered in the urine, but not in the milk of those who were treated by rubbing in of mercurial ointment during lactation, though it had previously been

discovered in the milk of these same patients when the mercury was administered in the form of suppositories. Abundant evidence of the presence of mercury was found in the fœces of a patient who was being treated by inunction, and there appeared to be some connection between the amount eliminated and the activity of the liver. The method of analysis was one adopted in Huppert's laboratory in Prague, and was essentially an electrolytic process, which is so delicate that a 1-4,000,000th is distinctly perceptible, whilst only 1-500,000th can be recognised by means of hydrogen-sulphide.

Concerning Fruit Culture. The public roads of the late kingdom (now province) of Hanover are nearly all planted with apple-trees. The guardians of the roads are instructed, and take interest in their trees. They guard the fruit till ripe, when the trees are sold singly by public auction, and the proprietor has to guard them and take the fruit down without damaging the trees. The money goes to the direction (office) of the public roads. I send you a pamphlet on the manner of the treatment of these trees, to give shelter, ornament, and fruits. To plant trees along railways has not been found practicable, by reason of the telegraph wires, etc. In the kingdom of Wurtemberg (capital, Stuttgart) much has been done in this respect, and proposals have been made to plant the side of the railways, but I do not know with what result.—ALFRED VON SEEFELD, Hanover.—*Dietetic Reformer.*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

A MILD CLIMATE.—We have had two letters from Ireland on the mildness of climate at Glen-

gariff and at Monkstown, in the County Cork, during the severe weather of January in England. Glengariff is a lovely romantic spot, protected by mountain scenery, where our late correspondent, Surgeon Every Carmichael, proposed building a sanatorium before his fatal voyage and wreck near Sydney.

BOOKS AND JOURNALS RECEIVED.

The Monthly Homœopathic Review, March.

United States Medical Investigator, February.

Hahnemannian Monthly.

American Homœopath, February and March.

North American Journal of Homœopathy, February.

Homœopathic Times.

Homœopathic Observer.

Revue Homœopathique Belge, March.

El Criterio Medico, March.

Archivos de la Medicina Omeopatica, Nos. 29, 30, and 31.

Allgemeine Homœopathische Zeitung, Nos. 11 and 12, Vol. 98. House and Home, March 1, 1879.

The New England Medical Gazette, February, 1879.

Dublin Journal of Medical Science, January.

L'Homœopathie Militante, February.

New England Medical Gazette, January.

The St. Louis Clinical Review, January.

The Homœopathic News, January and February.

La Reforma Medica, Vol. III., No. 6.

Hahnemannian Monthly, March. Boericke and Tafel, New York.

On the Action and Uses of Alcohol. By Alfred C. Pope, M.D. London: E. Gould and Son.

Valedictory Address to the Graduating Class of Hahnemann Medical College and Hospital of Chicago. February 27th, 1879. By T. S. Hoyne, M.A., M.D., Chicago. Encyclopædia of Pure Materia Medica, Vol. VIII. Edited

by Dr. T. Allen. Boericke and Tafel, New York and Philadelphia.

Sewage Poisoning: Its Causes and Cure. By Edward Blake, M.D., M.R.C.S. London: Hardwicke and Bogue.

Notes on Hastings and St. Leonards. By A. R. Croucher, M.D. 1878.

Registration of Prevailing Acute Diseases. By H. M. Paine, M.D., Albany, N.Y.

CORRESPONDENTS.

Drs. A. C. Clifton, Dekeersmæcker (Mons), Tuthill Massy, Murray Moore, W. Morgan, J. Nelson, E. Russell, Harmar Smith, J. Wilde, Ussher, and FitzEdward Hall, D.C.L.

Messrs. W. D. Butcher, E. Burton, F. Constable, T. Durrant, F. Stevens, and Captain Maycock.

The Homœopathic World.

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Further Notes on Paralysis.

The Dangers of Allopathy.

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One More Allopathic Discovery.

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Pathogenetic Record: Cannabis Indica.

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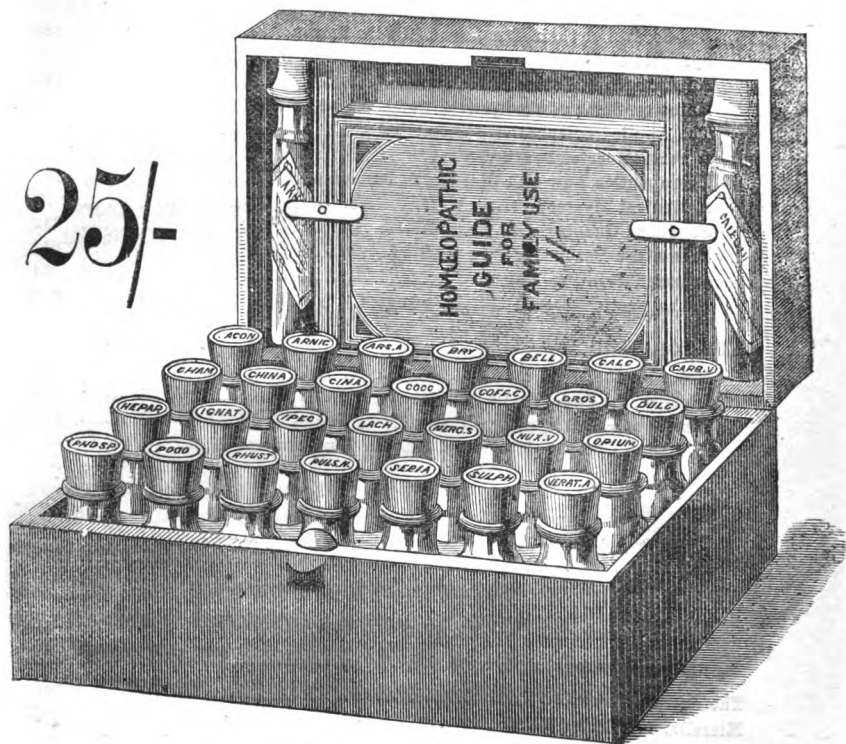
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THE
HOMŒOPATHIC WORLD.

MAY 1, 1879.

BED-SORES AND THEIR TREATMENT.

By the EDITOR.

IN cases of chronic disease, where a patient is confined to his bed, and is constrained to lie for many hours on his back, one of the commonest and one of the most distressing accessories of his illness is a bed-sore. What can be suggested to prevent such a complication from arising?

The first thing to be done is to pad all projecting bony parts with soft cotton wool, so as to take off the extra pressure on those portions of the back and hips which are thinly covered with skin.

Then in the case of the slightest redness showing itself on either hips or spine, the reddened part should be gently washed with warm soap and water, carbolic acid soap, or Dr. Nichols's sanitary soap is well suited for this purpose. Then having gently and thoroughly dried the part, the skin should be lightly smeared over with *Calendula* ointment; if even this fails to protect the skin sufficiently, a preparation of Messrs. Leath and Ross's, *Arnicated Collodion*, is most useful, forming a kind of artificial covering to the skin and giving a healthy stimulus to the part.

In the event of all precautionary measures having failed, which by the way is not often the case when a patient has been well watched, then a suggestion of Dr. Brown-Sequard's is worth following out, viz., the alternate application of hot and cold sponges. This application should be given for about five minutes once a day; it has the effect of increasing the activity of the circulation of the parts and of thus promoting the formation of healthy granulations. The water which is used to moisten the sponges may be medicated with tincture of *Hydrastis* with advantage, as this is more stimulating in its effects than *Calendula*. And yet another method is worth speaking of, and this is of treating bed-sores with the gal-

vanic current. I believe this suggestion was first given to the profession by the eminent surgeon Mr. Spencer Wells. It is most applicable in cases of deep bed-sore, where all the ordinary means of treatment have failed. The procedure is as follows:—

A thin silver plate, no thicker than a sheet of paper, is cut to the exact size and shape of the bed-sore, a zinc plate of about the same size is connected with the silver plate by a fine silver or copper wire six or eight inches in length; the silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois skin soaked in vinegar intervening; this must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete in a great majority of cases; in a few instances a longer time is required. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrised begun in forty-eight hours.

We must not forget the value of a water-bed in cases of chronic illness; for it is obvious that bed-sores after all, though local troubles, are signs of a general constitutional weakness, and only show themselves in patients exhausted with grievous bodily diseases. The general constitutional treatment must therefore never be lost sight of, but it must go hand in hand with local treatment of every kind. *Arsenicum* stands foremost as a constitutional medicine well adapted for the treatment of bed-sores, where the vitality of the patient is at a low ebb. *Lachesis* is another, *Nitric Acid* is a third, *Carbo Veg.* is a fourth, *China* is a fifth; each medicine must be selected for its peculiar affinity for the individual case, and for the close relationship between the drug-symptoms and the symptoms of the disease. In connection with this subject we should mention our colleague Dr. Markwick's method of treating ulcers of the leg with a dressing of Liebig's extract of beef, for in truth a bed-sore is only another form of ulcer, appearing on the back and hips instead of on the leg. The medicines which are of value in the treatment of ulcers of the leg may often with advantage be used in the treatment of bed-sores, provided the indications for their use are clear and decided.

There is one great fact never to be lost sight of in relation to bed-sores, and that is "Prevention is better than cure,"

for in many cases bed-sores are brought about by simple carelessness. A patient, for example, is suffering from typhoid fever, has had a long and weary bout of it, diarrhœa sets in, the patient lies probably in a heavy comatose condition, and the motions pass unconsciously. Now, unless the patient is nursed with great care and intelligence, the skin of the buttocks and lower part of the spine will get moistened with discharge, then reddened and irritated, and one fine morning the skin will break and a bed-sore will be added to the troubles already suffered by the unfortunate patient. The back should be carefully examined once or twice a day by the nurse, and certainly once a day by the medical man, and preventive measures taken immediately the slightest redness appears on the skin of the hips or lower part of the spine.

In cases of paralysis bed-sores are most common, and for one good reason, because the vitality of the parts is at a low ebb. Take the case of a man who is struck down with paralysis of the lower limbs; he has lost power over the legs, over the bladder, and over the bowels; every part of the body below the diseased spot in the spinal cord is half dead. What wonder, then, if the skin should share in the general death of neighbouring structures? In these cases, in spite of the greatest care and watchfulness, the skin will break and sloughs will form and burrow, lay bare muscles and bones, and even the spinal marrow. In these cases, fortunately, the patient does not suffer much inconvenience, as the sensory nerves of parts are dead, and this is a merciful provision. Here the galvanic current is most useful, not merely in stimulating the diseased tissues to healthy life, but also in giving a stimulus to the spinal nerves, and so awakening to life the whole nervous framework of the patient.

In cases of paralysis, where there is a tendency to bed-sores, I think the movement cure may come greatly to our assistance. Manipulation of the paralysed limb will restore the circulation of the part, and so prevent the breaking of skin and consequent ulcers, for we must not forget that these ulcers are always of a low type, and result from a weak circulation of blood rather than from excessive activity of circulation. It is a state of passive congestion brought about by loss of nerve-power. Well-conducted manipulations of the paralysed lower limbs and of the muscles of the buttocks and the thighs will be of undoubted service in prevention of bed-sores. The movement cure as a preventive measure, and the galvanic current as a curative

measure, will do much conjointly with well-chosen drugs and well-arranged pillows to make the fever patient and the paralytic contented with their unkind lot. We must not forget an old but valuable means of help in preventing the skin from becoming too tender, and that is washing the parts most exposed to pressure with spirits-and-water—say two parts of brandy to one of water. This tends to harden the skin, and also gives a temporary stimulus to nerves and blood-vessels of the part.

It should be remembered that bed-sores may form in the course of any chronic and weakening affection which confines a patient for many weeks or months to the bed, and to a cramped position in that bed. The fever patient and the paralytic are most prone to this kind of trouble, for in their case vitality is at a very low ebb, and the animal secretions become a source of additional irritation from the very helplessness of the patient; but the poor consumptive who has been for weeks in bed, and whose poor bones almost push through the skin, is likely to suffer from a bed-sore as well as cough, hectic fever, and night-sweats.

Even in the case of a broken leg, when it occurs in a patient advanced in years or of weakened constitution, there is a tendency to the formation of bed-sore, so that we must be always on the *qui vive* for trouble of this nature when a patient is either old or weak, and when he is obliged to lie long in bed and in one position.

On the other hand, a tolerably healthy person may lie in bed for weeks and for months, nay, even for years, without suffering from bed-sore. In proof of the above statement I may add that some twenty years ago I passed the cottage of a poor woman who had been in bed for ten years at a stretch, without suffering any inconvenience to her backbone or hips. She had a strange fancy that she could not walk or move from her bed, but, for all that, she took her meals with regularity and slept well. However, one of her sons became tired of his mother's love of bed; it had become monotonous, he thought; and he also thought that a little active exercise might be good for his parent; so one night he raised the cry of "Fire;" it was in the middle of the night, and therefore his cry of alarm was very effective: his mother responded to the call, and jumped, not only out of bed, but out of the cottage into the road, in her terror, with no other attire than what Longfellow might call "the trailing garments of the night." However, as no

fire was to be seen, she somewhat sulkily returned to her nest, which she did not leave for another six years, and, for aught I know to the contrary, she may be lying in bed at this present moment.

I passed the cottage of this eccentric lie-a-bed when I was a student of medicine in Edinburgh; the locality was not far from Loch Maben in Dumfriesshire, and my informant was a medical man and a most accomplished linguist, the late William Bell-Macdonald, of Rammerscailes. I remember well asking my kind old friend, who has now passed away from us all, whether this bed-loving, though by no means bed-ridden, creature suffered from bed-sores, and he replied in the negative. In cases of hysteria, where there is a love of bed, we do not often meet with bed-sores so long as the appetite remains good, nor in cases of insanity where the patient lies in bed a great deal are bed-sores often met with, unless there has been paralysis of the lower extremities, and then, of course, the patient is under the same unfavourable conditions as a fever patient or an ordinary paralytic. The subject of bed-sores is apparently trivial, medical suggestions for its prevention and cure have been numberless, but its very triviality should commend it as the text for my short medical sermon, addressed, by the way, to a lay congregation rather than to a professional one.

SYNOPSIS OF CHELIDONIUM.

By H. V. MILLER, M.D., Syracuse, N.Y.

CHELIDONIUM should be considered solely with reference to its action as a hepatic remedy. A key to its extensive pathogenesis may be found in its powerful affinity for the liver. A large proportion of its symptoms are based upon primary hepatic derangement, and its bilious symptoms are very extensive, affecting the conjunctiva, skin, tongue, digestive apparatus, and urinary system. According to its pathogenesis contained in the Encyclopædia, it should prove an important hepatic remedy, but hitherto on account of defective provings it has almost escaped the notice of the profession. "Gnawing sensation in stomach, continuing until after eating," is a characteristic which I have verified. *Mercurius* is often given when *Chelidonium* is indicated. Besides some bronchial irritation, it produces various neuralgic

pains in the temples, forehead (especially the right side), ears, teeth, eyes, and eyebrows (especially the right—*Sanguinaria*). With right supra-orbital neuralgia, clinically, there is found to be profuse lachrymation. By its action upon the spinal motory nerves it produces a sensation of constriction in the throat, larynx, œsophagus, and thorax. In *Cactus*, *Ipecac.*, and *Picric Acid* these sensations of constriction are more prominent than in *Chelidonium*.

This drug gives marked rheumatic pains and stiffness in the muscles of the neck, back, and upper and lower extremities. It is characterised by stitches beneath the right ribs, and pain and stitches beneath the lower angle of the right scapula.

Many of the symptoms of this drug are aggravated at four o'clock in the morning. (*Kali Carb.*, 3 a.m.)

AN AUTOGRAPH LETTER OF HAHNEMANN.

WE have great pleasure in quoting from our valued contemporary *The Organon* the following letter of Hahnemann, contributed by Dr. J. C. Burnett:—

GENTLEMEN,—I am sure the subject of my letter will much interest you and your readers, for it not only relates to the Master, but also to the question of the *repetition of the dose*. I have lately come into possession of a letter of Hahnemann, in his own handwriting, written to the head postmaster of, probably, either Leipzig or Dresden. It runs thus:—

“Lieber Herr Oberpostamts—Direktor!

“Sie haben sehr wohl gethan, bei mir anzufagen, ob bei der erfolgten auffallenden Besserung Ihrer Speichel-fistel, das neue Medikament dennoch eingenommen werden solle? Ich antworte: Nein! Bleiben sie solange ganz ohne Arznei, bei guter Lebensordnung, bis sich eine siebentaegige neue Verschlimmerung der Druese zeigt. Dann erst fangen sie mit der neuen Arznei an.

“Es ist unmoeglich, bei den verschiedenen Koerper-Constitutionen, zu bestimmen, wie lange eine gewisse antipsonische Arznei wirken koenne. So viel ist gewiss, dass ihre Wirkung so lange dauert, als sie noch Gutes wirkt und das Uebel nicht wieder *anhaltend* zunimmt.

“Es ist mir angenehm, Ihnen diese Wahrheit mittheilen

zu koennen ; mit den besten Wünschen Ihr unterthaeniger,
aber graeulich mit Arbeit belasteter.

“SAMUEL HAHNEMANN.

“Coethen, dn 17th Febr., Abends.”

That is the letter ; one sees at a glance at the original that Hahnemann was tired and busy when he penned it, as the various letters of the words are many of them very imperfectly formed ; nevertheless, its neatness is remarkable, though not for one whose usual handwriting is as if it were lithographed with the aid of a magnifier. Wonderful *senex* !

My rendering of this very interesting letter would run thus :—

“MY DEAR POSTMASTER,—You have done well to inquire of me whether, in case of obvious (striking) amelioration of your salivary fistula, you should nevertheless take the new medicament ? I answer : No ! Continue so long entirely without medicine, living regularly, until the gland has been again getting worse for seven days. Then only begin with the new medicine.

“It is impossible, in the various constitutions of the body, to determine how long a given antipsoric drug may continue to act. This much, however, is certain, that its action lasts as long as it does good, and the disease does not again *continuously* increase.

“I have pleasure in being able to communicate this truth to you.

“With best wishes, your obedient,

“But with work frightfully laden,

“SAMUEL HAHNEMANN.

“Coethen, 17th Feb., Evening.”

It will be observed that no year is given, but, from other letters, I think this letter was written in 1831.

My own inclination, when a patient is getting better, is to double the dose ; so fail not to apply your editorial rod to the broad back of yours truly,

J. C. BURNETT, M.D.

2, Finsbury Circus, London, E.C.,
December, 1878.

NOTES ON SOME OF THE NEWEST REMEDIES.

By E. M. HALE, M.D.,

Professor of Materia Medica and Therapeutics, Chicago Homœopathic College.

IN the following notes the writer does not suppose he is going to impart to the members of the Homœopathic Medical Society of the State of Wisconsin much that is entirely new; but from the fact that his specialty for many years has been the study of new remedies, and his enthusiasm in investigating each new drug as soon as it appears, he may impart some information of value.

The main portion of this paper will be taken up with purely practical experience from the writer's own practice, or from his gleanings and observations.

Taking the medicines, for convenience, in alphabetical order, mention will be made of the following: *Amyl Nitrite*, *Bromide of Camphor*, *Bromide of Zinc*, *Bromide of Nickel*, *Benzoate of Lithia*, *Grindelia*, *Eriodyction*, *Jaborandi*, *Picric Acid*, *Salicylic Acid*, *Salicylate of Quinia*, and *Viburnum*.

Amyl Nitrite.—This singularly volatile drug is a close analogue of *Glonoine*. It also resembles in some degree *Belladonna*. A few drops inhaled, or a portion of a drop taken internally, causes almost immediate excitement of the circulation, with such a decrease of tension in the arteries that the face and whole body become red and flushed. The heart beats violently, the temporal arteries throb, and vertigo with confusion of mind occurs. These are primary effects; the secondary action is the reverse, characterized by faintness, coldness, and alarming collapse.

With singular inconsistency Dr. Ringer, the foremost exponent of English allopathy, advises it for many of its primary symptoms. He was the first to recommend it in certain "arterial flushings," almost exactly like the symptoms it causes. These "flushings" you are all familiar with. They occur principally at the "change of life," but may occur at any age. In women they generally depend on uterine irritation—transmitted by reflex action of the great sympathetic to the medulla, and thence to the vasomotor nerves, which become temporarily paralyzed. I have used the *Amyl* in very many cases of "flushings" from a variety of causes, with generally good effect. It will succeed when *Sepia*, *Sanguinaria*, and *Lachesis* fail. The method of administration may be either by *olfaction* or *ingestion*. A few drops of the 1x or 2x dilution in pure alcohol are placed on a little

cotton in a vial, and the patient should inhale a few deep inspirations several times a day, especially when the "flushings" appear; or, a few drops of the 2x or 3x dilution may be taken in water, or the pellets saturated with these dilutions. It is so excessively volatile that the doses have to be repeated very often—every fifteen or twenty minutes. I do not imagine it will ever be useful in the cure of chronic maladies, but it is very valuable in acute affections manifesting sudden and transient symptoms.

You have doubtless heard of its great value as a palliative in angina pectoris—how it quickly stops the terrible agony of that condition. From analogy we may safely deduce that it would prove useful in any cramp-like spasm of internal hollow organs.

In my experience I have found that such a deduction was justified, for it has arrested violent cardialgia, enteralgia, and even the pain from the passage of renal and hepatic calculi.

In one of the late numbers of the *Hahnemannian Monthly* I gave my experience with it in an affection allied to angina pectoris, namely, dysmenorrhœa, when it is of the spasmodic variety. Several of my patients would not pass a period without it, for they know a few inhalations will dissipate the intense pain as soon as it appears.

There is a variety of headache in which the *Amyl* is very efficacious. It occurs in weak, nervous subjects, usually women. The pain is so severe that it is almost agonising; the face is cold and pale, as well as the hands and feet, and the subject lies almost unconscious of everything but *pain*. A few deep inhalations of the pure *Amyl*, or the lower dilutions, will often arrest immediately the great suffering.

In cases of sudden syncope or collapse from mental or nervous shock, no remedy acts so quickly as *Amyl*. It excites the heart to immediate action, and allows the blood to circulate freely in the brain, but after the first effect, or reaction, is over, its use should be supplemented by *Ignatia*, *Camphor*, or *Veratrum Alb.*

Bromide of Camphor.—I am very partial to the scientific use of all the bromides, and believe that homœopaths make a great mistake when they neglect them.

Of all the bromides none are more useful than the *Mono-bromate of Camphor*. I have used it for several years, and always carry the 1x in my pocket case.

Of all remedies for the various manifestations of that protean disorder, hysteria, none are so useful. It is especially

indicated in hysteric headache, spasms, vomiting, and sleeplessness. If I were called upon to name the greatest remedy for the nervous ailments of women it would be this. It calms, soothes, and stills the tempests of pain and erethism which sweep over the female organism.

In diseases of children it is equally useful, and those who use it understandingly will soon learn to value it as an indispensable agent in the treatment of infantile spasms, sleeplessness, colic, teething, and even cholera infantum. Since the appearance of my Therapeutics of New Remedies, in which I made but brief mention of this medicine, I have published many cases illustrative of its use in infantile disorders. It is especially in typical cases of cholera infantum that I entreat you to use it. This disease is primarily seated in the great nerve centres, and it is a waste of valuable time to use any but neurotic remedies. When the life is rapidly ebbing away, and collapse is approaching or present, the *Bromide of Camphor*, in the 1x or even the 3x, frequently repeated, will snatch the victim back to life.

Bromide of Nickel.—The only mention of the preparations of *Nickel* in our materia medica is the pathogenesis of *Nicolum Carb.* in the Symptomen Codex, but I am not aware that it has ever been used much by our school, no clinical record having come under my notice.

By referring to the head-symptoms, however, it will be seen that it causes a peculiar headache—a *bruised aching*, as if the head were being dashed in pieces, with *heaviness*, vertigo when rising, also tearing, stitches, hammering, boring, etc.

These headaches resemble those of *Nux*, *Ferrum*, *China*, and *Arsenicum*.

The *Sulphate of Nickel*, which I mention in the Therapeutics of New Remedies, was introduced into use by Dr. J. Y. Simpson, of Edinburgh. He prescribed it successfully in *periodical headaches*, and more lately some American physicians have found it successful in *neuralgic headaches*. I have cured periodical headaches resembling the cephalalgia described in the provings of the *Carbonate of Nickel*. It occurred to me that the *Bromide of Nickel*, on account of its greater solubility, and the addition of the bromic influence, would be a better preparation than the carbonate or sulphate. I present this to the profession through the Wisconsin State Society for trial in headaches. Until we have separate provings of this salt the symptomatology of the carbonate can be used whereby to select it. I would advise the 2x or 3x trituration or attenuation.

Bromide of Zinc.—This combination has been but little used except by its originator, Dr. Hammond, and by Dr. Delamater, who estimate it very highly in certain cerebral affections.

As homoeopaths we value *Zincum* as a great remedy in diseases of the brain and nervous system. We know that *Zinc*, by its ultimate primary action, causes and cures cerebral depression, anæmia, and even paralysis. It is our sheet-anchor in cases of senile atrophy, softening and brain-fag. It has saved thousands of children from the fatal effects of hydrocephalus and hydrocephaloid conditions. In my opinion the bromide will prove more useful than *Zinc* alone, for it has a quicker action, and is absorbed more readily.

It is but a few months since I procured this drug, but I have already learned to value it highly. I prescribe it for the known effects of both *Bromine* and *Zinc*.

Teething children often suffer intensely from pain in the nerves of the head and face. These pains often throw the children into an exhausted condition, marked by stupor alternating with wakefulness, until they are so worn out that symptoms simulating hydrocephalus appear. In such cases the 3rd or 6th attenuations act promptly.

In the brain-fag of business men I prefer the *Phosphide of Zinc*. But if this condition is attended by *violent pain* in the head—periodical—the bromide is superior.

In chronic congestion of the brain, attended by a tendency to dementia or melancholy, the bromide is also useful. In some respects it is an analogue of *Picric Acid* or *Cimicifuga*.

Benzoate of Lithia.—Those who have used *Benzoic Acid* in certain urinary troubles know that when certain symptoms are present it is indispensable.

It is well known that the alkaline salts of many acids are more useful than the acids alone. The *Benzoates of Potassa* and *Ammonia* are important medicines in the treatment of post-scarlatinal dropsy, rheumatism, and certain kinds of vesical calculi.

We have a very suggestive proving of *Lithium Carbonicum*, by the aid of which we have cured many cases of obscure rheumatic and gouty affections, especially when the heart is involved.

If we study the pathogeneses of *Benzoic Acid* and *Lithium* it will be observed that the symptomatology of the two covers a large array of urinary disorders and rheumatic ailments.

I have now used this preparation several months and am

much pleased with its action in post-scarlatinal dropsy, when the urine is *dark, brownish-red*, has a *pungent odour*, and there are present such symptoms as *swelling of the joints*, rheumatic pains, and cardiac symptoms, such as you will find in the provings of one or both drugs. I believe the long-continued use of this medicine, in the medium attenuations, will prove successful in chronic gout with concretions in the small joints. In dropsy I like the action of the 1x trituration, in doses of a grain or two repeated every two or four hours.

Grindelia.—There are two species of *Grindelia* now used in medicine, the *Grindelia Robusta* and *Grindelia Squamosa*; both are natives of California. They are physically remarkable for the large amount of resinous matters which they contain. Belonging to the same *genus*, their action on the human organism is quite similar. We have already a few suggestive provings and a large amount of clinical experience obtained by their empirical administration. As with other medicines, the provings verify the trustworthiness of the clinical experience. The sphere of action of *Grindelia* appears to be principally manifested upon the *mucous membranes* and the *nervous system*. As a general rule this is the case with all the gum-resins. Taken into the system, they have to be carried out through the mucous surfaces, whose function is to *eliminate*. Consequently the bronchial mucous membrane, and that lining the genito-urinary tract, are usually chiefly affected. But we know that in case such alimentary organs refuse to do their office, the drug imprisoned in the system attacks other portions of the organism. Therefore we find that *Grindelia*, as well as *Copaiva*, *Terebinth*, *Balsam Peru*, *Sambucus*, and *Stannum*, often cause severe nervous symptoms.

The *Grindelia Robusta* has been particularly useful in "humid asthma," a disease which generally originates in catarrhal bronchitis. At first the dyspnoea depends on an abnormal accumulation of mucus in the smaller bronchii; it is tenacious and difficult to detach. The patient feels and *knows* that if he begins to expectorate he will get relief. As the disease becomes chronic, the "strain" on the respiratory nerves leads to such irritability that *spasm* results. This is called "spasmodic asthma." *Grindelia Robusta* corresponds to these symptoms and conditions, and its provings already shadow forth a similar symptomatology. In purely nervous asthma, or the so-called paralytic asthma, where the bronchial tubes are so relaxed by paralysis of their circular muscular fibres that inhalation is easy, but *expiration* difficult, I do not think *Grindelia* will be found useful.

But there is a dyspnœa due to paresis of the respiratory nerves which obtain their vitality from the spinal cord, in which *Grindelia* is especially indicated. In a recent proving which I communicated to the *North American Journal of Homœopathy*, occurs the following symptom: "A fear of going to sleep on account of loss of breath, which awakes him." This symptom occurs in chronic asthma sometimes, and very often in *cardiac asthma*. It is due to deficient spinal innervation. We have but few remedies which meet this symptom. *Lachesis* has been used, also *Arsenicum*, *Nux*; and *Ignatia*, but *Strychnia* 6 is better than all. Soon after that symptom was published, Dr. Wesselhœft, of Boston, greatly relieved a case of dyspnœa from heart disease with this particular symptom. He gave a low dilution. *Eucalyptus*, a kindred remedy, has relieved a similar symptom.

The curative dose of *Grindelia* in asthmatic affections has a very wide range. Eclectics and allopaths report brilliant cures from teaspoonful doses of the strong fluid extract down to a few drops of the tincture. I have greatly relieved acute catarrhal asthma, even in children, with the lowest dilutions in drop-doses. The dose is of small consequence, so that it does not reach the point of causing medicinal aggravation—a result which I have rarely seen in any remedy, and which is generally a myth.

Many cases of chronic bronchitis, and cough with mucopurulent expectoration after pneumonia, have been cured by this medicine. It will doubtless prove useful in catarrhal conditions of the urinary and genital organs.

The *Grindelia squamosa* developed in some recent provings very severe eye-symptoms, resembling acute iritis, and a Dr. Fishe, in the *Pacific Medical Journal*, reports several cases cured by its use internally and externally. He used appreciable doses. It may prove to be a very valuable agent.

Eriodyction.—This plant, known in California under its Spanish name of "Yerba Santa" (or Holy plant), resembles in some points the *Grindelia*. In other respects it appears to be an analogue of *Phosphorus*, *Hepar Sulph.*, *Rumex*, *Cauticum*, and other medicines which have a specific action on the larynx and bronchia. It causes a blennorrhagic condition similar to that of *Grindelia* and its analogues, but it differs in this respect, namely, that there is not much asthmatic dyspnœa, but instead we have a constant, irritating cough, with great soreness in the chest, a feeling of excoriation, rawness, and other symptoms denoting great hyperæsthesia of

the mucous surfaces. Like *Grindelia* it is *primarily* homœopathic to inflammatory action, and when used for *acute* bronchitis or laryngitis should be used in the middle attenuations. The higher the febrile irritation, the more pain there is present, and the dryer the cough, the higher should we go in the scale of dilution. But when the acute disease has passed into the chronic stage, and there is great weakness of voice, profuse muco-purulent expectoration, soreness and cramp in the chest, loss of appetite, emaciation, etc., then will *Eriodyction*, in appreciable doses, act beautifully. Dr. G. M. Pease's provings in Allen's Encyclopædia show that it affects the right lung (bronchia) in preference. It is as useful in acute and chronic coryza as in bronchitis. Altogether, I predict that it will prove a valuable addition to our materia medica.—*American Homœopathist.*

THE APPLIED SCIENCES.

In a recent number of the *Chemiker Zeitung* the following directions are given for the manufacture of artificial champagne. Procure a cask of 100 litres capacity, put in it 20 litres of thick syrup (made from 20 kilos. of sugar, and water to make 120 litres). Add 10 kilos. of raisins freed from their stones, washed and minced. Fill the cask to within 10 centimetres with good white French or Moselle wine. Close the bung-hole, and after rolling the cask about a little so as to mix the syrup with the wine, bring it into a moderately warm place to induce fermentation. When this has commenced reduce the temperature to about 63° F. When the cask has been set at rest a hole is bored through the bung and a syphon-shaped glass tube inserted, leaving the cork quite air-tight, and bringing the outer limb of the tube into a glass vessel of water in order to watch the development of the carbonic acid. When this has ceased the bung should be made quite air-tight and the cask allowed to lie in a cool cellar for three months. At the end of that time the wine is drawn off carefully into a clean cask, and to the bung-hole of this a carbonic acid gas apparatus is applied, taking care that the cask is perfectly air-tight. As much gas is forced into the wine as it will take, and then the artificial champagne is bottled off. A little cognac and syrup is put into the bottles before adding the wine.

The carbonic gas apparatus consists of two glass vessels

connected. The lower one has a metal bottom, and a small opening at the top for acid and marble. Two tubes pass from this vessel to the upper one conveying the gas. These tubes are bent at the top and the gas is conducted into water and then washed. As it escapes from the water it is forced by the pressure of the air through a tube which passes through both vessels, and also through the bung-hole of the cask.

A FORERUNNER OF DEATH.

DR. CHIEPELLI says, in *Lo Sperimentale*, that he has frequently noticed in patients who were apparently very far from death an extraordinary opening of the eyelids, so as to give the eyes the appearance of protruding from the orbits, which was invariably a sign that death would occur within twenty-four hours. In some cases, only one eye is wide open, while the other remains normal; here death will not follow quite so rapidly, but in about a week or so. It is easy to observe this phenomenon when the eyes are wide open; but when, as is generally the case, the eyes are half shut, and only opened from time to time, it will be found advisable to fix the patient's attention on some point or light so as to make him open his eyes, when the phenomenon will be seen. The author is utterly at a loss to explain this symptom, and ascribes it to some diseased state of the sympathetic nerve.

THERAPEUTICS NEW AND OLD.

By DR. HERRING, Highbury, N.

IN a recent number of the *World* the editor invited contributions from its readers, supposing, no doubt, that all those readers were practising medicine agreeably to the homœopathic maxim. And probably the majority do so, perhaps exclusively so; but there may be some who are not yet sufficiently educated in the new method as to be entirely free from old-fashioned uses. Amongst this number is the writer of this paper. I cannot tell whether or not the editor will give insertion to it, and yet if he is as liberal-minded as I suppose, he will even venture to print what may be considered as heterodox, or, at all events, as somewhat eclectic notions. As to the great value of homœopathic medication,

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none who have fully made trial of it can doubt. I have myself found effects from them little short of miraculous, and felt, when I prescribed them, that I was making only a doubtful experiment. But although admitting fully these almost magical results, one cannot help sometimes questioning whether there are not now and then cases which may be more rapidly and radically cured by resorting to old-fashioned practice. The formula *Similia similibus curantur*, or *curentur*, does not seem to negative the employment of large doses, and we know that it has again and again been stated that Homœopathy makes no exaction in respect of quantity or dose. Every one is at liberty to select his own attenuation, or no attenuation at all. And we find that in practice the range which is used is exceedingly wide. There is, indeed, between the mother tincture and the 200th dilution a considerable chasm. The difference is almost beyond our power of appreciation, and yet from both extremities we hear of remarkable cures being effected. It is surely a great mistake that the merits of Homœopathy should be judged by the question of dose, as it almost universally is by the uninitiated. Certainly the indefinite expansion of the attenuating process has done more than anything else to make the practice of the homœopathic method appear to be absurd. And no wonder; for to most minds the reputed effects of the high dilutions will appear to be explicable only on the theory of the late Dr. Hinton—the play of the emotions. The emotional theory, by the way, ought to be equally applicable to all kinds of medicine in all non-poisonous doses. It is really amusing to read with what childlike credulity and delight Dr. Hinton exults in this great discovery! But it will not do. It does not meet the majority of cases, although we are ready to admit that were all allopathic doctors to rely entirely upon the curative properties of sugar-of-milk (in any dilution), the number of their cures would be increased and the mortality diminished. So far the emotional theory is a good one.

I sometimes think that the reformation of medicine, as inaugurated by Hahnemann, has some analogies to the reformation in religion as promulgated by Luther and his contemporaries. The shackles of priestcraft were, in Luther's day, intolerable, and the time had at last come when the human mind should be freed from the chronic incubi which had so long weighed it down. But when this emancipation had been effected, what do we find taking the place of old errors? We

find new errors. It seems as though the mind of man constantly tended to swerve off to an extreme—to go, as it were, from equator to pole, and then return. To take as an example the doctrine called Calvinism, introduced by one of the reformers. There is not much to choose, with advantage, between Popery and Calvinism, the dogmas of both are so obnoxious. We may learn something of the violence of the contrast between the new and the old by studying the literature of the times succeeding the Reformation. The letters of Cromwell give us an idea of what the new errors were. The sanctimonious language, the morbid horror of ritual, the insane fear of using instrumental music in the churches, the pharisaical observance of the Sabbath; all these go to show that no sooner is the human mind freed from ancient errors than it will plunge into others, perhaps equally pernicious. But the tendency in our own time is to go back to ritual and ceremonious observances. There is hardly a sect amongst us that is not cultivating more or less a set form of religious service, often with the auxiliary of a refined and exact music. Thus we shall note that the tendency of our day, both in England and America, is to return to many of the practices which by the Puritans were so much abhorred.

But how shall we apply this illustration to the practice of medicine? Very simply. The practice of medicine in the days of Hahnemann had sunk into such a quagmire of uncertainty, that the efforts of a doctor to cure his patient remind one of the desperate plunges made by Christian to escape from the Slough of Despond, so great was the prevailing obscurity. And yet no doubt there were many dogmatic teachers even then. The practice of those times, however, to an intelligent and conscientious man like Hahnemann, was too revolting to be practised. So he withdrew, but happily only for a while. It is well known under what impulse he was induced to return. He had become acquainted with one of the laws of nature which hitherto had been almost unknown. He followed the new light, and emancipated himself from ancient errors. But what followed? He did not rest with the abandonment of error. He took up new ones; just as we have seen that many of the reformers in religion had done. Great as Hahnemann undoubtedly was, it is not honest to say that he was infallible. He himself made his own great discovery hard to accept because of the new errors which he at the same time introduced. It is only necessary to mention his psora theory as an example. Notwithstand-

ing the ingenuity exercised by a distinguished writer on Pharmacodynamics, who endeavours to explain away this amusing error into which Hahnemann had fallen, it must still remain true that he had really into a great error fallen. And then his continued speculation in medicine led him to form hypotheses, when he should have been content with genuine inductions. But although the new system of medicine was introduced to the world as a gem unpolished, yet still it was there, and thousands of men in the old world and the new have recognised its value. "Let likes be treated by likes." This is a good text; it will bear experiment. If it were not so we should have seen the whole system laughed away long ago. But there is no fear of such a catastrophe now. The homœopathic law stands good, and it is beautifully simple.

However, it is time I should begin the more immediate, perhaps the more obnoxious part of this paper. That is, I must begin to call the attention of the editor and his readers to a few facts which go to show that we may sometimes with advantage apparently depart from the law of similars. Or perhaps it would be more prudent to say that the law of similars cannot in these cases be so satisfactorily demonstrated.

A lady applied to me for advice with such symptoms as these: dry tongue, thirst, loss of appetite, heartburn, nausea. She had been taking various homœopathic remedies without relief, and also an allopathic prescription containing soda and bismuth. I gave her at bedtime two grains of *Subchloride of Mercury*, and in the morning a drachm of *Sulphate of Magnesia*. These produced half a dozen bilious stools, and the following day she was wonderfully better. Homœopathy followed in drop doses of *Phosphoric Acid*, and in a few days further treatment was unnecessary. Some time after this there was a return of the same symptoms, and wishful to ascertain whether minute doses of *Merc.-Sol.* would have the same effect as the two grains of the *Subchloride*, I prescribed *Merc.-Sol.* to be taken every two hours, the diet to be water-gruel. Whilst the medicine was being taken there seemed to be some improvement, but ultimately the symptoms remained about the same. I then gave a pill containing the *Subchloride* combined with other ingredients, forming what is known as an antibilious pill. This had the effect desired, and the patient got rapidly well.

I will next mention my own case. Like the lady just

mentioned, I also was suffering from "biliousness," and was in such an apathetic condition of body and mind, as rendered anything like mental or bodily labour an oppressive burden. I resolved, therefore, upon an heroic remedy. I carefully weighed out thirteen grains of calomel, which I placed on my tongue upon going to bed, abstaining, of course, from taking food. I naturally felt some curiosity as to how I should spend the night. The weather was hot, the thermometer having been during the day about 95° in the shade, for I was then living many degrees nearer the equator than I am here in London. I thought as I should probably have to rise earlier than usual in the morning I would court sleep at once. But I had not been lying down long before I felt a slight burning in the throat, and an increasing sense of nausea in the stomach, which made me believe that I should have to postpone my slumbers. In about half an hour more the throat felt very sore, and the nausea had developed into vomiting. After this had passed off I got into bed again with a decided sense of relief, and slept pretty well until early in the morning, when I was awakened by a colicky pain in the bowels, which at once brought to my recollection the thirteen grains of calomel. After the aperient effects had passed away it was time for me to wash and dress for breakfast. I well remember that morning, although some years have since passed. For many days before I had been an unhappy dyspeptic, sick and weary, but on this morning I felt such a wonderful and beneficial change that I could well have believed myself to be another person. I spent such an exuberantly happy day that the remembrance of it, and the cause of it, even still inspire me with a thankful and joyful recollection. Now it may be, I will not deny it, that had I taken a homœopathic preparation of *Mercury*, and dined on water-gruel, I might have got well all the same. But, I fear I feel like most of my countrymen in preferring but one dose, and going without only one meal, to the alternative of repeated doses, and two days of water-gruel diet. Now a question here presents itself of great interest—was this homœopathic practice? I hope it was, that so the law of similars may be thereby again vindicated. The popular conception of Homœopathy has been too much associated with the idea of infinitesimal doses, whereas there are homœopathic practitioners who almost exclusively use the strong tinctures. Homœopathy, then, must not stand or fall on the question of dose. One of the most pleasing features in the new method

of practice consists in the giving of only one remedy at a time. In this it contrasts very favourably with the old practice of putting together an indefinite number, and trusting that one amongst them may be found adequate to the task assigned. How beautifully simple is the practice of the homœopath who, when fully acquainted with his art, unerringly selects his single remedy, no matter whether the dose be large or small!

So far my argument in the citation of these cases would seem to be rather for the occasional employment of a maximum dose of the selected remedy than an argument against homœopathic practice; but I am subject to correction. It would be very easy to multiply instances similar to those given, although not always, perhaps, to prove that smaller doses would not have sufficed. In no instance, probably, is the benefit of the large dose so immediately apparent as in the case of the preparations of *Mercury*.

I will now say a few words on one or two remedies which do not seem to have come as yet into the homœopathic catalogue. The first is the *Sweet Spirit of Nitre* (*Sp. Æther. Nitros*). I have for many years found this a valuable medicine, usually given in hot and sweetened water. I have used it in such a great variety of ailments that I can scarcely begin to enumerate them. For the sake of brevity I will say that in all those cases calling for the employment of *Aconite* the use of the *Sweet Spirit of Nitre* is also indicated. But we know that no two remedies can be indiscriminately substituted one for the other. They may be alternated, and often with advantage. It is so with these two remedies. I have so often been delighted with the effects of this medicine that I do not think it will ever slip from my repertory of remedies. I will give one case as an example of many. As I furnished the case in my own person, I can speak of it with great certainty and exactitude. On a cold and damp day in February I was out in the street with a pair of boots on not adapted to the season; I felt my feet were not comfortably warm, and knew that some unpleasant effect or other would follow from this cause. I was not mistaken, for in a day or two I found myself with a sore throat, and presently with a quinsy. A kind friend looked at it for me, and then made up a bottle of chlorate of potash with tincture of iron. I knew very well that this would do no good, for I could only with great difficulty swallow, as evidently an abscess was forming. But I thought surely there must be something in

the materia medica that would help me a bit, and immediately I remembered the good old remedy, *Sweet Spirits of Nitre*. I took this in teaspoonful doses with a little hot water and sugar every three or four hours. This gave me wonderful relief; not that it dispersed the abscess, or even accelerated its discharge, but it procured for me a very sweet sleep. And after each dose the same result followed, namely, a refreshing slumber. I have many times since given it to others in various ailments the result of cold, and always with good results. I cannot tell under what class of practice this would come, but it would be absurd for me to forego using it simply because I did not know whether its provings would or would not justify its use.

That there are men on both sides too bigoted to admit that there is anything good in the other we cannot doubt; just as there are Orangemen and Ribbonmen in religion who think their highest duty consists in exterminating each other.

I must now bring this paper to a close, although not because the subject is exhausted. If anything here written should be the means of eliciting a response which shall either corroborate or dissipate what has been advanced, we may all be edified, and so none will regret the publication of these imperfect remarks.

[Our correspondent, like many others who have travelled in the same track, forgets the double action of *Mercury*—its action as a cholagogue when given in a large dose, and its power in checking the excessive flow of bile when given in a small dose. This primary and secondary action of medicines must for ever be borne in mind, whether we practise according to the law of similars or the law of contraries. Our correspondent's big dose of *Calomel* opened all the sluices of his liver circulation, whereas the small dose given to his lady patient which failed, happened to fail because it was the office of the small dose to keep the sluices shut. We often are asked by patients if they may take a little *Mercurius* in pilules when they are bilious, and when the bowels will not act, and we reply that their biliousness must be met with different doses of *Mercurius*, or an entirely different medicine; in fact, they must take the appropriate homœopathic medicine, whether it be *Nux*, *Mercurius*, *Sulphur*, *Lycopodium*, *Hydrastis*, *Leptandra*, or any other good and fitting thing in the way of drugs.

The large dose of *Mercurius* will certainly act on the liver,

stimulate it to vigorous action, and so remove a train of disagreeable symptoms which go to make up what is called a bilious attack; but to make a neat job of it there should be no scalding in the throat, no bellyache, no purging; in fact there should not be set up any physiological action of the drug, for, when this occurs, it is rough practice and bad practice, as the physiological effects of *Mercury* will last in the system for many weeks, or months, or years. If our correspondent will look for the most appropriate medicine in his materia medica when he is next called upon to treat a case of bilious headache or bilious stomach-ache, and if he will give the drug in a medium dilution, not stronger than the third decimal dilution, he may cure his patient, *tuto, cito, et jucunde*, without setting up any physiological action.

As for the *Sweet Spirits of Nitre*, we sympathize with our correspondent in this matter, for it was a favourite remedy in our student days in all cases where the skin was dry and the pulse raised, as in the first stage of colds, or in the first stage of any of the eruptive fevers, and we have seen it do wonders in our time; but since we have learned the value of *Aconite* in these above-named conditions the *Sweet Spirits of Nitre* have simply fallen back into the cool shade of retirement. This last medicine will act on the skin and also on the kidneys, but it will not control the arterial circulation like *Aconite*, and therefore it has not the same power to go into the innermost recesses of the human body like that wonderful drug. If our correspondent had taken *Aconite* at the beginning of his own cold, which led to an attack of quinsy, the quinsy might never have arrived. He has seen the value of medicines given according to the law of similars, let him push on boldly with his experimental researches. We admire his outspoken talk. Medicine is made up partly of theory, partly of practice. We believe that the Hahnemannian formula is good, and the practice based thereon is sound. *Fiat experimentum*. Bilious attacks will occur in the best regulated homœopathic families, and they will not invariably be charmed away by an infinitesimal dose of *Nux* or *Mercurius*; but yet the tendency to their recurrence will be broken by appropriate medication, and so finally they will disappear altogether. And this is better far than using the strong and sometimes dangerous palliative of a heroic dose of *Calomel*. If *Mercury* is appropriate, a medium dose will be sufficient; if it is inappropriate, no dose, however large, will do real permanent good, but rather cause irritation and

weakness. A proving of *Mercurius* is always acceptable to the homœopathic practitioner, but a proving which includes an attack of dysentery is not equally interesting nor acceptable to the patient.—ED.]

A MEDICAL MYSTERY.

As the following contribution to a recent number of *All the Year Round* is from the pen of an esteemed correspondent, we think it may interest some of our readers who find the professional part of our journal too dry reading. We give the first part of his "Medical Mystery;" it is as follows:—

I had gone to see an old friend who is now a prosperous and even famous physician in a great city. Years had passed away since we had last met and parted. He was engaged in a humble and laborious career. He then held a variety of official appointments, which looked rather imposing when put down on paper, but which meant a great expenditure of time and expensive medicine at a remuneration that was exceedingly unremunerative. But all good things come to the man who works and waits. Merit, by its own sheer force, sooner or later comes to the front; favour and interest may help a man on his way to a certain extent, but they will not go with him far unless there is something solid to back them. I was delighted hear of my old friend's success; how strangers came from a distance to consult him, and his town-folk appreciated his value; that he had sons at Eton and Oxford, more horses, a larger house, and similar signs and tokens of material prosperity. I had not seen him for many years when I availed myself of his standing invitation to "bestow myself" upon him for a short time. Prosperity had not in the slightest degree harmed my old friend, whom I remembered poor and struggling, hopeful and persevering. It had acted like a kindly sun and soft breezes in eliciting the best flowers and fruits of character.

One night I sat late with him over dinner, discussing the wine and walnuts; the ladies had gone to an evening party, for which, after a busy day, we hardly felt up to the mark. We talked of old friends and times, and of professional chances. I happened to say to him:

"You doctors see an immense amount of character and

incident. The medical is certainly a very lively and dramatic profession. I suppose few men know more family secrets than the doctors, more than the lawyers, more than the parsons."

"Yes. Patients often go into the confessional, but we never tell the secrets of the confessional."

"But tell me this. Have you seen much of what is called the romance of crime, or crime without any romance at all; the odd cases which get into the courts, and which the novelists work up for their stories?"

"I am afraid that you have been cultivating a taste for sensational fiction. I am afraid I shall not be able to amuse this way."

"You have seen nothing of the sort?"

"Nothing. Such cases of course occur from time to time, but they are so lost in the mass of medical practice, that few men, unless they are specialists, by which I mean chiefly the toxicologists, see anything of them. There are doctors who can tell you any amount of tales about poisons, but my own line has always been prosaic, paying, and practical."

"Well," I answered, "there is a theory that every man meets with something remarkable in his time if he can only detect the element of the marvellous."

"No doubt you are right," said my friend; and then, as he smoked the meditative cigar, he exclaimed, after a pause, "You remind me of some odd circumstances. There really was something very mysterious which happened to me once, and I have never been able to detect the secret of it. I feel baffled entirely. I think it is worth your hearing, and I should be glad to get your opinion of it. This is the story:—

"I was called out one night after dinner to attend a lady, who, I was informed, was suffering from sudden and severe illness. Sensible people, when they send to a doctor, are careful to explain the exact symptoms of a case. The doctor then comes prepared. He is often able to bring the precise remedies with him. He saves time, and this is often the same thing as saving life. All the messenger, a boorish-looking man in a kind of livery, could tell me was 'summat in the stomach.' Most illnesses might, more or less, be referred to something of the kind, and practically the fellow proved more correct than I had supposed. I took nothing with me but a box of morphia pills, which, after the example of Sir Henry Holland, I always carried with me.

"It was after dinner, at the end of a hard day's work. I had been in consultation for hours and driving about for hours. I had got my feet into slippers; there was the easy-chair, the evening paper, and a decanter of old port, which had been given me by a grateful and gouty patient. Still, the case was urgent; it might possibly be lucrative; and a true-hearted doctor, above all things, never allows an appeal in case of suffering to be made to him in vain. I did not think it necessary to send for my carriage, but stepped out into the streets. The wind was roaring in great gusts, keeping back the rain, which threatened to fall heavily after a time.

"We went to a big house in a big square. I had noticed the house before, and not incuriously; walls and windows had always seemed so blank. I had never observed any signs of life in the house. Once I had asked who lived there, and I was told, 'Oh, that's old Miss Brinckman's house!' The interlocutor had evidently thought that I knew all about old Miss Brinckman, but this was by no means the case. I afterwards found out that she was old, infirm, without near friends and relatives, and somewhat peculiar and eccentric in her ways. I, however, never carried my inquiries to any length respecting her.

"My old notions about the house were strengthened as I walked upstairs. As I passed from floor to floor, by room after room, there was no sign or sound of habitation. The furniture was handsome, but heavy; the feet fell noiselessly on the thick carpets. Not in the best bedroom, but in quite the second-best bedroom, lay Miss Brinckman, the mistress of the house. Her features were pinched with suffering, and she was in a state of great restlessness and anxiety. As the man truly said, there was 'summat the matter with the stomach.' As Carlyle says, the man who has a sound stomach does not know that he has a stomach; but this old lady was painfully convinced of her possession of that organ, and impressed the fact upon others. She was very bad; but the symptoms did not present anything especially abnormal. Few medical cases are exactly alike, a fact which perhaps explained one or two slight variations from the usual symptoms of a derangement of this kind. I thought the course of treatment abundantly indicated by the symptoms, and sat down and wrote a customary prescription, which, in the ordinary course, would undoubtedly be followed by beneficial effects. I observed that the bedroom was somewhat dingy

and penurious, and out of character with the rest of the house. The nurse, however, told me that this was the invalid's favourite room, and that she preferred it to any other apartment. There was, of course, no arguing about tastes, and I was glad to get back home and have tea and music with the girls.

"I generally go out to make my calls as soon as I have finished with my morning receptions—getting close upon noon. I felt so perfectly secure about Miss Brinckman's case, that I called upon her nearly last of all. In the ordinary condition of things she ought to have been much better, and fairly getting on towards convalescence. This, however, was by no means the case. The patient was restless, feverish, complained of sickness, pain, and great thirst. The symptoms were perfectly consistent with the supposed complaint; but, on the other hand, they were also consistent with arsenical poisoning. It was of no use, however, to think of unnatural causes when natural causes might suffice. I did not know the patient's constitution, and an alteration in my prescription might produce the desired alteration in results.

"I sat down at a little table and prepared to write. As I did so I cast up my eyes in meditative fashion and encountered those of the nurse. As soon as they met my gaze they were lowered towards the ground. Before this happened, however, I had caught their expression, which produced an extremely disagreeable impression. It seemed to me that there was a kind of silent laugh in them—a look of pride and contempt. We doctors are occasionally obliged to put up with a little impertinence from grand professional nurses, though even this does not very often happen. Nothing, however, had occurred in our brief interviews which could account for the circumstance, and I had soon entirely forgotten it.

"I once more took my rounds next day, and made this one of my first calls. I had hoped to have found things much better. On the contrary, they were worse. The illness, whatever it was, was making progress, and the patient was decidedly worse. I really could not understand this untoward condition of things, entirely contrary to my experience and expectations. I had some thoughts of calling in another opinion, but this is a step which I never quite like. It is too much of a confession of weakness. On this occasion I prescribed remedies of an 'heroic kind,' which would deal thoroughly with the case, and took my leave, contented to wait and see what a day might bring forth.

"But as I sat at dinner with my family, my thoughts irresistibly wandered away to the case of Miss Brinckman. There was an unaccountable restlessness and anxiety in my mind. Usually I do not carry the cares of my profession into my family; I am satisfied with knowing that I have done my best, and after that there's no use fretting oneself; but I found that night I couldn't rest in peace. The case puzzled and alarmed me. After one or two vain attempts to settle down, I took up my hat, and started for the big house in the square towards ten o'clock at night.

"It was a good thing that I did so; otherwise Miss Brinckman would have breathed her last that night. The symptoms had increased with great severity. Her face was positively blue; she was evidently in a state of collapse. I wondered whether it would be possible to revive her. Now I will let you in for a bit of my practice. The most powerful restorative I know is a mixture of champagne and brandy. It is not a pleasant combination—two good things spoiled, in fact—but I have known it do good when everything else has failed. My patient sensibly revived under its influence. Glancing at the mantelpiece, my eye alighted on the bottle of medicine containing my prescription; and as the bottle was nearly full, I saw at once that the proper doses had not been administered. Somehow I felt that the nurse's eye followed mine as it wandered towards the mantelpiece. She hastily arose and moved towards the spot, with an intention, obvious to my mind, of hiding or removing the medicine-bottle.

"'Nurse,' I said, somewhat peremptorily, 'what is your name?'

"'Quillimaine.'

"'Married or unmarried?'

"'I am not married.'

"'Tell me immediately why my medicine has not been properly administered.'

"'Miss Brinckman could not take the medicine, sir. She was sick if she tried; and then she would not allow us to give her any.'

"I did not think the answer was a true one; but then there was no use in interrogating poor half-dying Miss Brinckman.

"'It was your duty under such circumstances to have sent for me at once.'

"The woman was silent. A sudden thought flashed across my mind.

"'Now look here, Nurse Quillimaine,' I said. 'Mark my

words. If Miss Brinckman is not better to-morrow morning, I shall immediately send for a detective.'

"The next morning Miss Brinckman was marvellously better."

"Did she recover eventually?"

"She got quite well, and is still living in the big house in the square. She is much better tempered, and more rational altogether. She is perfectly convinced that I saved her life, which is true enough, and I have to visit her two or three times a week. I assure you, old boy, it is as good as a handsome annuity to me, and I intend to keep her alive as long as I can."

"Did you ever talk to her about the nurse's conduct?"

"No; I did not think that it would be of any use. But I told her that I was not at all satisfied with the nurse, and hoped that she would never employ her again. On my asking how she came to engage such a person, she said that she came to her highly recommended by a relative. Pushing my inquiries respecting this relative, the old lady became reserved, and looked annoyed; and so I have never gone farther into matters, and have hardly any idea who she is or who her people may be. Of course I could not resist the idea that there might be some one who might profit by her death, but I have never been able to ascertain any facts."

POISONOUS QUACKERY.

THE *Lancet* gives the following account of gross carelessness on the part of a prescribing chemist:—"A painful instance of the continued laxity of druggists in the sale of poisonous medicines is reported by the *Doncaster Chronicle*. A young child died under circumstances which led the medical man called in to attend upon it, Mr. Withington, to express the opinion that it had been poisoned by opium. It appeared that the child had been given, for a cold, with cough, seemingly, two doses of a medicine prepared and sold by a druggist in Doncaster, and called 'Black Currant Elixir.' This medicine was advertised, or rather the label on the bottle described it, as 'a safe and efficient cure for asthma, consumption, whooping and other coughs, colds, hoarseness, difficulty of breathing,' etc., and directions were given for its administration in various cases, the quantities for children being stated in drops. On analysing this

medicine, Mr. Thomas Scattergood, the lecturer on forensic medicine at the Leeds School of Medicine, found that it contained a small quantity of *morphia*, with sugar, vegetable red colouring matter, nitric acid, a little acetic acid, and a trace of alcohol. In evidence before the jury summoned for inquest on the body of the child, Mr. Scattergood confirmed Mr. Withington's opinion that the child had died from opium-poisoning, and he expressed himself very strongly on the use of morphia in a medicine which might be given to children, and on the prescription to give the medicine to them in the loose form of drops. The jury gave a verdict to the effect that the deceased had died from an overdose of the medicine described, and expressed "their strong disapproval of the use of opiates, such as morphia, except under medical supervision."

This is one more example of the dangers incurred by those who trifle away their children's lives with a few shillings' worth of dangerous quack medicine.

PREMATURE DEATH OUR OWN SEEKING.

TAKE a young girl brought up delicately in town; shut up in a nursery in her childhood, in a boarding-school through youth, never accustomed to air or exercise, two things which the Most High renders essential to health. She marries, and perhaps dies when her life is essential to her children. "What a strange Providence," say some of her acquaintance; "how mysterious that a mother should be taken from her children!" Was it a Providence? No! Her Maker had assigned her threescore years and ten, a term long enough to rear her children, and to see her children's children; but her parents did not obey for her the laws on which life depends, neither did she obey them. A father is cut off in the midst of his days. He is a distinguished and useful citizen, and eminent in his profession. A general buzz rises on every side, of, "What a striking Providence!" Not at all. This man studied half the night; he ate luxurious dinners, and drank various kinds of wine; he daily violated the laws of nature. Did Providence cut him off? Assuredly not; he cut himself off. Young ladies often walk in thin shoes and thin stockings when the ground is frozen. You may see a healthy, blooming girl thus dressed, in violation of Heaven's laws; well, she catches cold, becomes feverish and dies. "What a sad

Providence!" exclaim her friends. Was it Providence, or her own folly? A beautiful young bride goes to parties made in honour of her marriage. She has a slight sore throat—perhaps the weather is inclement; but she must wear her arms and neck bare, for who ever saw a bride muffled up to the chin? An inflammation of the lungs ensues, and she dies before her bridal days are over. "Alas, alas! what a strange Providence!" most people exclaim, "cut off in the midst of happiness!" Did she not herself cut off the thread of life? A country girl, exposed to this changing climate, gets for herself a new, smart bonnet when she ought to purchase flannel; a rheumatism is the consequence. Ought that girl to sit down and say the Lord has afflicted her? or should she charge it to her vanity, and avoid the folly in future? Look, my friends, at the mass of misery—of piteous diseases, which are incurred by intemperance in eating and drinking; by neglect of exercise, cleanliness, and pure air; by intense study or close application to business, without early rising, and the morning walk; by tight lacing and scanty dress, for fashion's sake. And this is imputed to Providence! Is there not impiety as well as ignorance in this? Were people to obey the laws of nature from generation to generation, many frightful diseases that cut short life, and lingering maladies that make life a torment or a trial, would be prevented. Those who best understand the human structure, and are qualified to judge, assert that this wonderful machine, the body—this goodly temple, would gradually decay; and that men would die as if falling asleep, if they were but wise.—*Modern Physician.*

COLOURED PRINTING-PAPER.

M. JAVAL has given some further explanations, at the Société de Biologie, at its sitting of February 22nd, of the reasons why the yellow colour is the best for printing-paper. The eye is not achromatic. All light comprising various colours of the spectrum produces on the retina circles of diffusion. The only means of avoiding these would be to employ monochromatic light; but this, whatever it might be, would be insufficient. Since it is not possible to suppress, without inconvenience, six of the colours of the spectrum, it is at least possible to eliminate them to the utmost extent by attacking them either on the side of the red or on the side of

the violet. In the first case, we are deprived at the outset of too considerable a quantity of light, and we fall again into the inconvenience of monochromatic lights. In the second, one can without any disadvantage cut off the violet, the indigo, or the blue. The truncated spectrum which then remains will necessarily give less numerous and less extended circles of diffusion on the retina. Now the colour which results from the composition of this demispectrum is just the yellow colour, and not yellow of every tint, but that which is naturally seen in the yellow colour of wood paper or chamois leather; and, for this reason, this colour is recommended by M. Javal for printing-paper, as being the most healthy from the point of view of hygiene of the eyes.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 169.)

(8) *Medical Times and Gazette*, 1852, New Series; vol. iv.
p. 273.

By M.D.

I have often taken from 20 to 30 drops of the ethereal tincture. Within half a minute a slight excitement followed, lasting for a few seconds (from the ether). Generally in a quarter of an hour a feeling something allied to the early stage of intoxication came on; everything was for the moment forgotten, and usually a hearty laugh followed, the whole occupying a minute. No effect would then be felt for from three to five minutes, when the same symptoms recurred. Two doses were preferred; there was a longing for the second dose, if the first had not as full an effect as usual. The recurring periods of excitement were exceedingly pleasant,—a calm forgetfulness; ideas passed with great rapidity, but were instantly forgotten; the mind had no power of recalling them. From nearly a drachm of the tincture I experienced for three hours a sense of oppression in præcordial region, with somewhat restless sleep. Appetite was always

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good next morning. After three grains of the extract, the above feelings came on in half an hour; in one hour, a dull forgetfulness, immense rapidity of thought, all instantly forgotten; cheerfulness and depression constantly succeeding each other. I felt myself getting more and more bound: I intensely tried to throw off the load, to command my thoughts, but could not. This state continued more or less for one hour. There was no inclination to move. A sudden but slight giddiness came on; a desire to drink something cold. I took a glass of cold water, I was suddenly impelled to run round the room on my hands and knees, and in the same way got to the front door, having an instinct for cold. This fit lasted two minutes, when I recovered perfect consciousness for about the same period, and again was impelled to the same actions. I was less lost in the succeeding fits than the first; lucid intervals were also less distinct. I roamed half an hour on my hands and knees in the open air. I was all this time conscious of what I did, but had not the desire to do otherwise; my actions were instinctive. After this, for ten minutes I recovered, re-entered the house, explained the cause, and went off in hysterical laughing and crying for a few minutes. For one hour after this I suffered great susceptibility of mind, was distressed beyond measure at any suggestions my friends made as to coming into the house, etc., etc. This sensitiveness was the most striking of the phenomena. I most earnestly implored, in the softest whisper, that no request or suggestion should be made. Loud speaking was too great an effort. The rapid thoughts, in most confused order of succession, so instantly forgotten, were very painful. I made the strongest efforts to fix the attention to some train of thoughts in the mind, or in conversation with another, but without avail. This state lasted one hour.

(9) *Medical Times and Gazette*, 1852, New Series; vol. iv. p. 450.

By Mr. Charles F. Hodson.

From 1 to $1\frac{1}{2}$ grains of extract taken five or six times daily for tetanus caused in a boy considerable pyrexia and conjunctivitis.

(10) *Pharmaceutical Journal and Transactions*, 1846, vol. v. p. 83.

By Adolph Steeze. From *Repertorium für die Pharmacie*, Band 37, Heft. 2.

The preparation of *Haschisch* called *Esrar* is smoked; the

first pipe will cause cerebral congestion in beginners. *Hashish* is said not to produce stupor, but the most pleasant species of intoxication. The person under its influence feels with perfect consciousness in the best of humours; all impressions from without produce the most grateful sensations; pleasant illusions pass before his eyes, and he feels comfortably happy; he thinks himself the happiest man on earth, and the world appears to him Paradise. From this imaginative state he passes into the everyday state, with a perfect recollection of all sensations, and of everything he has done, and of every word he has spoken. The effects of its continuous use are emaciation and nervous debility.

(11) *Pharmaceutical Journal and Transactions*, 1847, vol. vi. p. 70.

By Mr. Bartlett.

A young man took a very small dose of the extract, its action was powerfully narcotic; he felt all the symptoms of intoxication.

(12) *Pharmaceutical Journal and Transactions*, 1847, vol. vi. p. 127.

Editorial note.

The effect of *opium* is increased by repose; but the reverse is the case with *Indian Hemp*. A medical friend who has tried it in several cases says that the peculiar sensation of giddiness produced by it is increased by walking about; and subsides during rest.

(13) *Pharmaceutical Journal and Transactions*, 1847, vol. vi. p. 171.

By Messrs. T. and H. Smith.

Two-thirds of a grain of the resin acts on ourselves as a powerful narcotic, and the grain causes complete intoxication. It contracts the pupil.

CILIARY BLEPHARITIS—Encouraged by the success which has followed the application of bands of vulcanised caoutchouc in eczema, M. Roy has employed them in the treatment of the above obstinate affection with good results. He applies to the eyelid in the evening a compressive caoutchouc band, and leaves it on all night. Its efficacy is probably due to the presence of the sulphur in the caoutchouc, and to the complete absence of all irritation of the globe and the conjunctiva during the application of the band.—*Union Méd.*

HOMŒOPATHIC PRACTICE.

"If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others."—DR. SAMUEL FENWICK.

NOTES BY THE WAY.

By DR. USSHER.

Facial Neuralgia.

No one should suffer from neuralgia if we could only hit on the right remedy ; the same is said of headaches in the last number of the *World*. To relieve agonising pain speedily is no small triumph ; then it is that our medicines become magical, and our most bitter opponents admit that there is something in globules, for neuralgia, as well as pains in the head, linger about the doorway, and unwillingly depart. The first of my cases is a very severe sufferer, often attacked by neuralgia, and occasionally with great severity ; her agonising pain is sad to witness, and of course I am expected to subdue it promptly. Often as this patient has been attacked, she always requires some new remedy, and on the last two occasions I have made a note of the surroundings of her ailment. In this first case and the second one, one dose relieved. "*The pain began in the evening, about 7.45, intense for half an hour, then went off. Again the next evening at six o'clock, and remained till after twelve o'clock. Next evening at six o'clock more intense than ever, always on the left side of the face (the entire side), worse lying down, better sitting up, in other respects very well.*" *Aconite 30* in pilules promptly relieved. At no long interval, not a month between, there was a maddening return. Then the pain was still on *left side, relieved by eating, and also by heat* ; the head wrapped up in flannel ; pain very much worse on motion, and a feeling of emptiness in abdomen. *Phos. 3x* promptly gave help, and was not taken long after pain ceased, up to and a little beyond being, as I judge, a safe rule. Both sides of the face, with this lady, have been the seat of pain, mostly in the trifacial nerve, sometimes in the infra-orbital, and in the globe of the eye. Sometimes we have failed at first, and succeeded better on reconsideration of the case, and with the same patient striking benefit accrued on former occasions from *Calc.-Carb.* and *Coloc.* It is a curious fact that some of these severe cases are the better for port wine in free quantities, with a toleration.

of it at the time that fairly astonishes one. I think it leaves a kind of paresis of the nerves behind. When from other symptoms there is an obvious uterine connection with the pain, I have seen *Sepia 3x* give prompt help; this again in the *left side* of face. With this said lady I did not succeed nearly so well in an attack that lasted days, but she had freely applied for herself externally "Pain-Killer" and neuraline. Those people who are always dosing themselves with such articles and Eno's Fruit Salt give us an infinity of trouble.

Here is another case strikingly benefited by the appropriate medicine. To those of us who do not already know too much, I would strongly commend Johnston's "Therapeutic Key," a pocket-book cram full of homœopathic lore. It will many times tell you why you should *not* give the remedy you have selected, thus saving you from disappointment. Like the other case, this patient was of dark complexion, bilious temperament, a great invalid, *the right side of the face* had been chilled, and the result unendurable pain, and this, to a sensitive sufferer, was agony. A worn-out, dark-haired woman, of a foreign type, she had suffered from nausea, the breath was foul, the tongue grey, white, and flabby. *Aconite 30* was as prompt here as in the other case. Within an hour agony was exchanged for quiet, the skin was quite dry.

Blepharitis.

We will so call the collective phenomena; the subject of it a "little vulgar boy," fat and unwholesome looking. This case, worked out by Lilienthal, may be shortly summarised, each of the conditions leading up to *Sulphur*, which, in the sixth potency, is behaving admirably. *Inflammation of upper lids, especially left*—*Sulphur*. *Better in warm weather*—*Sulphur*; *worse in wet weather*—*Sulphur*; *Chronic Blepharitis*—*Sulphur*; *Blepharospasmus*—*Sulphur*; which symptom is marked at some times more than others. *Agglutination of lids, worse at night*—*Sulphur*; *all eye symptoms aggravated by bathing the eyes*—*Sulphur*; *temperament plethoric*—*Sulphur*. His remark to me this evening was: "The last remedy, *Sulphur 6*, did me more good than all the rest;" before that he had taken *Sulphur φ* and *3x*. The occupation of the youth is against him, having a good deal of drawing to do in a hot gas-lighted office. I inquired if there were any arsenical papers about, and find there is a green one moderately sprinkled in his bedroom. This *may be* at the bottom of the mischief, and

I have urged him to remedy it if he can. The immense amount of mischief and misery brought about by these arsenical wall-papers of all colours, so well shown in an admirable brochure by M. O., published by Mack, of Bristol, will, we hope, be forced on the attention of allopaths by Act of Parliament. It is by no means improbable that gas may be a means of conveying arsenic; it is a source of mischief to health, and would be well stamped out of every house. Any one who has seen the "Haion lamp," which has a metal indestructible wick, and gives a beautiful white light, will desire no better; they are in the form of the Queen's reading-lamp, made of brass, at the price of one guinea, and burn kerosene oil. We do not sufficiently make comfort the rule of health; our houses may be well drained, but badly ventilated, the means at hand not even used. A good device is an opening fanlight over the hall door, a louvre, in fact, worked by a cord and secured with a button or two. The air is soon drawn through it, and with an open window at the top of the house you get a thorough purification.

ULCER OF THE LEG.

By DR. EENENS, of Hal.

Translated by the EDITOR from *L'Homœopathie Militante*

ON the 1st November, 1875, Mr. H. begged me to go and see his brother, who had been suffering for a long time with an ulcerated leg. He also wished me to remove the injured limb if, like the other medical men who had seen it, I found the case hopeless. On the 3rd of November I found the patient, C. H., a tavern-keeper and blacksmith, at Tubise, aged 48, with the left leg resting on a chair. This leg was enormously swollen from the foot to the knee, the skin showing a dirtyish-grey ulceration, with violet streaks, and studded with little spongy granulations, bleeding easily on the slightest touch, the intervening spaces being filled with a purulent detritus. I noticed also soft reddish fungous, mushroom-like vegetations. There were traces of gangrenous inflammation. In a word, the whole limb (truly an elephant's leg in size) presented one vast and hideous wound, from which trickled an ichorous fluid of an unpleasant smell. The ulceration at first commenced with little pustules, which poured forth a fluid, this forming a kind of crust, which, on removal, left the skin bare. In

fact, there was an ulcer of impetiginous form complicated with gangrene. The patient's face was puffed, and his complexion earthy and pale, his pulse was weak, his heart-sounds were scarcely audible, the heart impulse was very feeble, the second sound was heard with great difficulty, which indicated fatty degeneration of the heart. He had taken a great deal of alcohol, and had quite lost his appetite. He had been seven months ill, and the local affection as well as his general condition had been growing daily worse.

Treatment: Six globules of *Arsenicum*, 6 centesimal, in the morning, and 6 globules of *Lachesis*, 6 centesimal, in the evening, to be continued. The ulcer to be bathed with lukewarm water. It had been covered until then with ointments and pomades of all kinds. The whole ulcer to be dusted over with powdered starch, as soon as every trace of local irritation had disappeared; a bland and nourishing diet; absolute abstinence from alcohol, and a horizontal position for the limb.

Under the influence of this treatment, carried on from the 3rd of November to the 1st of December, a complete change had taken place in the patient, the appetite had returned, and the leg was going on as well as possible. For his general condition I prescribed on the 1st of December eight doses of *Calc.-C.*, 6 centesimal, one dose every day. By the 22nd of December the leg was cured, but the patient continued weak. Slight attacks of daily intermittent fever occurred before midday. The spleen was abnormally enlarged. A dose morning and evening of *Arsenicum* and *China* for a week removed the fever, and my patient, whose leg had been condemned by my allopathic colleagues, resumed his occupation as a blacksmith, to the great astonishment of his comrades.

Is it not sad to see means of cure, which are as simple as they are speedy in their effects, systematically excluded from hospitals swarming with every variety of ulcers considered chronic and incurable? The patients die, but there is no Homœopathy for them; at least, no Homœopathy in the hospitals.

HEADACHE.—CONSTIPATION.—BRYONIA.

By FRANK T. BURCK, Frederick, Md.

MRS. W. J., aged twenty-six, married and a mother, had for four years an obstinate headache accompanied by con-

stipation. The headache would be felt almost every day, immediately on arising in the morning, increasing during the day, aggravated by mental exertion, always worse from coffee, with frequent vomitings of a little bilious-looking fluid. Stools dry, hard, as if burnt.

Bryonia 200 relieved at once. No second prescription necessary.

I have been taught by experience to always think of *Bryonia* in cases barren of striking symptoms, but more especially when there appears to be a feverish condition of the intestines, causing *dry, hard stools*.—*American Homœopathist*.

A CASE OF CHRONIC CATARRH OF MUCOUS MEMBRANE OF NOSE.

By DR. L. S. HERR, Evansville, Ind., U.S.

MR. V., æt. 55. This gentleman came to my office to consult me about his case, and told me that he had had catarrh for thirty years, with all the symptoms common to this disease, and had spent a great deal of money, but had received little if any benefit; and for the last two years he had been troubled with polypus of the nose, which troubled him much. He told me that he had it torn and burnt out several times, but it would return soon after, always in a worse form than before; and for the last six months he had not been able to breathe through his nose at all. I examined his nose and found it entirely filled up, so that it bulged out on either side; but, on close examination, I found but one attachment, on the right side, high up; and found, to my surprise, the cartilaginous septum entirely gone. He informed me that it had been destroyed for several years, but wanted to direct my attention to the polypus, as he wanted to breathe through his nose once more. So I made my first attack upon this. I took a hypodermic syringe, filled it with the *Tinct. Sanguinaria Can.*, inserted it close to the attachment, and discharged its contents. This I did in several places at the same sitting. It pained him but little. This I repeated in four days after, and in ten days there was not a vestige of the polypus to be seen, and he breathed as freely through his nose as he ever had done. He was highly pleased, as well as myself; and this ended the polypus treatment.

After that he wanted me to treat his catarrh. After the

polypus was removed, it left a large cavity for exploration. I found the *septum* entirely gone, and a portion of the lamella of the turbinated bones with it, the surrounding membrane very much inflamed and hypertrophied, and evidences of exfoliation of the bone going on. He suffered a great deal with frontal and supra-orbital pain, for which I gave him *Nux Vomica*. I made several applications to the bone and posterior nares, with chromic acid, first dilution, once every six or ten days, for five or six weeks; and, for the constitutional treatment, gave *Kali Bichro.* and *Aur.-Mur.* 2 cent. I gave the *Kali* once a day for two weeks, then gave the *Aur.-Mur.* the same way; and in eight months he expressed himself well; but to make sure I made him take the remedies for three months longer, but higher and at longer intervals. This is over a year ago, and he considers himself well; and he and his family are now on a tour around the world. I would say, in concluding this case, that I have treated two other cases of mucous polypi of the nose with *Sang.-Can.* injection, and with equal success. This is not a new remedy for nasal polypi, for it has been used for many years by many physicians, but only in the shape of powder topically or as a snuff. But never has it been used as I have used it by any one else that I am aware of. I shall certainly use it in all similar cases that fall into my hands. It has been faithful in a few cases, and I shall stick by it as long as it proves as reliable as it has done, or until something better turns up. I hope the profession will try it, and if found worthy let us hear from you.—*St. Louis Clinical Review.*

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World.*

SPONGIO-PILINE.

DEAR SIR,—A poultice made according to Dr. Brunton's instructions would be quite unsuitable for many cases, owing to its bulk and weight, to say nothing of the time required in its preparation. The Impermeable Spongio-Piline introduced by me more than thirty years ago possesses so many advantages over linseed that I am induced to mention a few of them. It merely requires to be wrung out of very hot water

to be ready for use; it retains its warmth and moisture for a considerable time; it can be medicated as cases may require, say with *Aconite*, *Belladonna*, *Hemlock*, *Veratrum Viride*, etc.; it is very considerably lighter; it is more cleanly and more economical.

In addition to its uses as a poultice or fomentation, it may be made the medium for applying lotions of all kinds, and when moistened with some stimulating application, such as *Ammonia* or compound camphor liniment, forms a capital and cleanly substitute for mustard plasters.

Yours truly,

ALFRED MARKWICK.

1, Leinster Square, W.

ISOPATHY VINDICATED.

DEAR SIR,—If Dr. John Wilde will refer to Hahnemann's "Organon," Section 56, note, and also the two concluding paragraphs of the first volume of Hahnemann's "Chronic Diseases," he will find an answer to his question about the system of Isopathy, wrongly so-called.

It is a fact that the injurious effects of drugs can be antidoted by *very* much higher potencies of the same drug, though it must not be overlooked that if the symptoms are complicated with those arising from other drugs or from ordinary disease, this one remedy may not be sufficient to cure the patient completely.

Mercury *may*, by trituration, be converted into an oxide, and so rendered more active, but no such change is chemically possible with *Natrum Muriaticum*, which is one of the most stable of compounds.

I have greatly relieved a case of chronic arsenical poisoning with very high potencies of the same medicine, though other remedies were subsequently required. It was a case which had resisted the treatment both of allopaths and homœopaths, or at least of those who called themselves by the latter name.

This practice therefore received the sanction of our master, so far as it had thus been tried; his true followers have still further developed it, and now one of the most distinguished of them, Dr. Samuel Swan, of New York, declares it to be a *law*—*i.e.*, of universal application.

Dr. Wilde objects to the tint of Dr. Burnett's paper. By a curious coincidence, six pages farther on we read, "The printing-paper ought to be of a yellowish (washleather)

colour." I quite agree with Dr. Burnett's "Whistlerian symphony in yellow and black," and hope his forthcoming work will be issued in the same style; it is far less trying to the eyes than white paper, which must have been invented for the benefit of the oculists.

Let me take this opportunity of saying that I hope the title of Dr. Burnett's forthcoming work on "Aurum" will prove prophetic, and that his excellent work on "Natrum Muria-ticum" will bring him, by its rapid sale, an abundance of that necessary metal. It should be in the hands (and minds) of every homœopath, lay or medical.

Yours truly,

E. W. BERRIDGE, M.D.

4, Highbury New Park, London, N.

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the seven weeks ending April 10th, 1879, gives the following statistics:—

Remaining in Hospital February 20th, 1879	47
Admitted between that date and April 10th	82
	—
	129
Discharged between February 20th and April 10th	86
	—
Remaining in Hospital April 10th, 1879	43

The number of new out-patients during the above time has been 978.

The total number of out-patients' attendances for the same period has been 3,037.

BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Ordinary Meeting of this Society will take place on Thursday, the 1st of May, 1879.

Public business will commence at eight o'clock.

A paper will be read by Dr. Murray Moore, of Taunton, entitled, "On the Pathogenetic Analogies of Isomorphous Drugs."

A paper is promised for June by Dr. Richard Hughes, of Brighton and London, entitled, "Some Further Considerations on Local Applications."

THERAPEUTIC NOTES.

**The Hot Bath as
a Restorative.**

In a recent number of the *Philadelphia Med. Times* Dr. Charles Hunter's "new treatment of shock" by means of the hot bath is spoken of. After having referred to the uselessness of the treatment by the ordinary stimuli, the writer observes:—"Enough has been said to illustrate the principle that *whenever the bodily temperature falls below the normal, pyretic treatment is demanded.* The vigour of this treatment should always be in direct proportion to the suddenness and extent of the fall of temperature. In regard to the methods of applying heat, it must first be understood that wrapping in blankets, etc., is only useful as a means of preventing cooling of the body, and that when the animal temperature has already fallen they will not suffice. The same may be said of air-heated to temperatures which can be readily obtained, or can be borne by the attendants. Radiated air is somewhat better, and often the use of a good, brisk, open fire is of service. The *hot bath*, however, is the only pyretic remedy which can be relied on when a Turkish bath is not at hand. It should be always a full bath, in as warm a room as can be procured, and should be at a temperature of about 103° Fahr. when the patient is put into it. The duration of the bath must vary with the circumstances of the case. Frequently ten minutes will be long enough, but if the mouth-temperature do not rise to the normal, a much longer duration may be advised. During the bath the heat of the water should steadily be increased as fast as it can be borne, if the patient be conscious. It will be found that 110° is about the limit of endurance for most persons, and in unconscious subjects this limit should not be passed."

**Stramonium in
the Dyspnœa
of Goitre.**

Dr. A. Shannon, in writing of the difficulty of breathing which is so distressing in cases of enlarged thyroid gland, speaks with great confidence of the relief given by a powder containing the following ingredients:—Powdered *Stramonium* two drachms, *Nitrate of Potash* one drachm, and *Opium* one scruple. A teaspoonful of this powder should be burned in the room of the patient when the difficulty of breathing causes great distress. As we have a mechanical cause for this form of dyspnœa, a palliative should be acceptable.

A Digestive. Herr Wittmach tells us that the creamy juice of the unripe papaw (*Cerica papaya*), when boiled with tough meat, whether fresh or salted, renders it tender and easy of digestion. Hard boiled eggs are also said to be rendered soft and friable by being digested for twenty-four hours in warm water to which a few drops of the juice have been added; and that, if taken in large quantities without solid food, the juice acts most injuriously on the mucous membrane of the stomach and intestines. In Quito, the juice is smeared over the meat before cooking, and is in very general use; and in Barbados, pigs who ate largely of the fruit suffered considerably in health unless they had a considerable amount of other food. The fruit, when fully ripe, is of a bright yellow colour, is seven or eight inches long, and has the flavour of a citron with a slight admixture of turpentine. If the papaw really possess these qualities, the inspissated juice of the unripe fruit would be a valuable addition to our means of treating various kinds of dyspepsia, and be a cheap substitute for pepsine.

Warm Fomentations in Uterine Hæmorrhage. Dr. Koehler (*Allg. Med. Central-Zeitung*) states that he has for the last seven years, in cases of uterine hæmorrhage, applied warm fomentations to the head to prevent anæmia of the brain, and also to the heart. Hot sand-bags are also very efficient, and the patients often will bear sand which is so hot that it can scarcely be touched with the hand. As soon as the fomentation or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased, and that she likes the appliance. As soon as it becomes cooler she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in most dangerous cases of hæmorrhage by this proceeding, by which the physician never loses time, as the fomentations may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hæmorrhages produced by wounds, etc. We have repeatedly insisted upon the value of hot fomentations to the scalp in cases of neuralgic headache, and as in severe neuralgic headache there is an anæmic condition of the brain, we can fully understand how valuable heat is to the brain in the anæmia produced by uterine hæmorrhage. In many cases of cerebral hæmorrhage, we feel sure that heat would be infinitely more useful than the traditional cold; the cold is too much of a depressant.

MISCELLANEOUS NOTES.

The Medicated Mutton Broth. King Louis Philippe was, it seems, in the habit of physicking himself on the last day of each month, and on the evening before had brought to him a basin of cold broth, in which he mixed his castor oil *secundum artem* ready for the early morning. In the middle of one night some one attached to the palace rushed consternated into the post at the Tuileries, which in those days was occupied by the National Guard, exclaiming, "Is there a doctor here?" "I am a doctor," replied the captain of the post. "Oh, doctor, an attempt has been made to poison the king, and a servant who drank the potion prepared for his majesty is now dying amidst excruciating tortures." "Take me to him, and awaken the king." On the doctor being taken to the bedside of the unfortunate valet, the latter, on seeing the captain, cried out for mercy, and a priest. The king arrived almost immediately, and the case was explained to him. "Pardon me, sire," exclaimed the dying man, "it is I who drank the fatal poison, but I have saved the king's life. Oh, sire, do not forget my wife and orphans." "*Gourmand*," exclaimed the king, smiling, "you will do very well. It was most excellent castor oil you swallowed, and you must let me know how it acted."—*Union Méd.*

Smoking against Fog and Damp. We quote from our contemporary, the *Lancet*, the following practical remarks. The hygienic lesson given cannot be too generally learned. "The smoker fortifying himself against fog and damp with the cheerful glow of a cigar in front of his face and the fragrant incense-beguiling his nostrils, is apt to forget that nicotine is a potent depressant of the heart's action. We do not assert that it even commonly acts as such when used in moderation, or that a good cigar is to be despised. We have no sympathy with prejudices against wine or tobacco, used under proper restriction as to the time and amount of the consumption. A mild and sound stimulant with meals, and a cigar when the mood and the circumstances are propitious, are not only to be tolerated, but approved. Meanwhile it is desirable that these things should be used with an intelligent appreciation of their effects, and it is beyond question that one of the most formidable effects of

tobacco is its influence on the heart's action. Now it is upon the integrity of this function the heat of the body depends, and nothing could be more short-sighted than to weaken or hamper the central organ of the circulation at a time when it is especially necessary that its work should be performed with due celerity and completeness. In warm weather a cigar exercises a cooling influence by lowering the heart's action. In the cold season it may—we do not say it will—possibly depress, and so increase the mischief it is sought to mend. Fogs and cold vapour tend to reduce the oxygenating properties of the air taken into the lungs, besides exercising a specific influence on those delicate organs. Tobacco-smoke may warm the air; it is scarcely possible that it can affect its quality or render it innocuous. There is, however, a peril that it may depress the circulation. Hence the need of moderation and care." Respected contemporary, "we owe you one," and we thank you for your hygienic help.

The Climate of the Balearic Islands. Dr. Knauthe, of Meran (Tyrol), has published in the *Oesterreich. Badezeitung* a short account of the climatic conditions of these islands, which have been recommended as a favourable place for patients suffering from disease of the lungs to spend the winter in. The group of islands is situated to the east of the Mediterranean coast of Spain. The principal are Iviza, Majorca, and Minorca. The climate of Iviza is very mild. During the coldest months the glass never sinks below 53° to 55° Fahr., and during the hot season it seldom rises beyond 87° Fahr. West and north-west winds generally blow during the winter, and south winds in summer; but the latter do not have the depressing influence on man which is so common to them in other countries. Iviza, the principal town of the island, has a charming climate, owing to its situation on a healthy soil near the seashore, where it is protected from winds and storms. The temperature during the winter is very temperate, and not subject to sudden changes; the sky is blue, and the air comparatively dry. The climate of Majorca is as mild, but less damp, and not stormy. The mean temperature is 62° to 64° Fahr.; the maximum, 98·6° Fahr. The minimum is 30·4 Fahr., which has been noticed eight times during seven years. The capital of Majorca is Palma, a beautiful winter resort, abounding in palm-trees and oranges.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

We regret to say that the Reports of the London Homœopathic Hospital and London School of Homœopathy were received too late for insertion in our issue for May, but they will receive attention in our June number.

NOTICES OF REMOVAL.—Our worthy colleague Dr. Harmar Smith has removed from Magdala Villas, Margate, to 22, Augusta Road, Ramsgate; and an old contributor, Dr. W. Morgan, has removed, we understand, to 23, Welbeck Street, Cavendish Square, W.C.

BOOKS AND JOURNALS
RECEIVED.

The British Journal of Homœopathy, April.
Chemist and Druggist, April.
Homœopathic Times, March.
The New England Medical Gazette, April.
The Hahnemannian Monthly, April.
The Dietetic Reformer, April.
Archivos de la Medicina Homeopatica, Nos. 32 to 35.
La Reforma Medica, Vol. III., No. 8.
The Monthly Homœopathic Review, April.

United States Medical Investigator, March.

Hahnemannian Monthly.

Revue Homœopathique Belge, April.

El Criterio Medico, April.

Report of the Homœopathic Relief Association, with valuable papers on Yellow Fever. By the leading Homœopathic Physicians of New Orleans, La., 1878.

CORRESPONDENTS.

Drs. W. Bayes, E. W. Beridge, A. C. Clifton, Markwick, Murray Moore, Harmar Smith, A. Stokes, Ussher. Messrs. Deane, Butcher, A. E. Chambré, Denton, Masters; Capt. Maycock.

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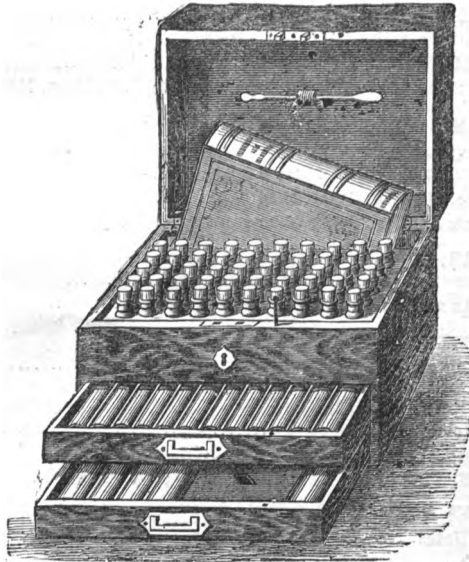
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MAY BE HAD OF ALL HOMEOPATHIC CHEMISTS.

THE HOMŒOPATHIC WORLD.

JUNE 2, 1879.

HOMŒOPATHIC AIDS TO DOMESTIC SURGERY.

I.—IN-GROWING TOE-NAIL.

By W. DEANE BUTCHER, M.R.C.S., Reading.

“Cut your finger-nails for appearance, if you will; cut toe-nails for comfort only, and square at the end.” This should be written up on every nursery wall, and impressed on the minds of nurse and mother. Indeed, every one who has nails to cut should be warned never to cut down the edges and corners of toe-nails—never to imitate on the foot “the beautiful filbert-shaped nails” which are supposed to be such ornaments to the hands. Good, honest, square-toed boots, and good, sensible, square-cut nails, would have saved many a corn and bunion, and many an in-growing toe-nail, with its attendant miseries.

If, as is the usual custom, the nail be cut down at the side, it naturally grows faster in that direction. It also grows thicker and stronger at the edges, and consequently more curved. Besides, the nail is not supported sufficiently at the edges, and that, too, contributes to increased curvature. After a time, in very many cases, an in-growing toe-nail results.

Directly the nail shows symptoms of in-growing the sufferer generally shaves away its edge, giving temporary relief, it is true, but causing it to grow still faster, just as shaving the beard or cutting the hair increases its growth. After a time the sharp edge of the growing nail begins to press on the soft tender fold at the side of the toe, the edge from being frequently shaved grows thicker as well as broader, and in consequence curves downwards still more, pressing on the quick and giving exquisite torture. Knife and scissors are again called into requisition, or worse still, the corn-cutter is consulted, some “chiroprapist to her Majesty and the Royal Family,” who delights in the filbert-

R

shaped and rosy-tinted toe-nails of his *clientèle*. The shaving process is repeated, and the case goes on from bad to worse. A surgeon is ultimately called in, who perhaps slices off a bit of the offending nail, after splitting it down with a pair of strong scissors, one blade of which is forced under the quick. Or perhaps the case looks so bad that the whole nail is removed, a most horribly painful operation, and not always successful. This, I will allow, is not now the usual practice, although a few years ago it was the only one in use in severe cases.

Now both the malady and the cure may easily be avoided by a very simple process, so simple that every one should know it, and any one may practise it. The toe first begins to be tender in consequence of the fold of skin at the corner pressing on the edge of the nail. If now we take a tooth-pick or ivory nail-trimmer and gently press in between the edge of the nail and the tender flesh a little pledget of cotton wool it will give immediate relief. This of itself will generally be sufficient if done early enough, before the nail and surrounding tissues have been irritated by injudicious treatment. The wool should be moistened with oil or glycerine or a little Hydrastis lotion, and the dressing should be renewed every day or two. If, however, the case is more serious, and an ulcer has already formed, then proper surgical treatment will be necessary.

A paper on this subject has lately been read by Dr. Charles Hunter before the Philadelphia Medical Society. He gives Gosselin as his authority that there have been advocated seventy-five different methods of healing in-growing toe-nail. The avulsion of the nail and cauterising the matrix he considers a very painful and sometimes dangerous procedure. He advocates the method of packing with cotton wool as introduced into America by Dr. Neill, Professor of Surgery in the University of Pennsylvania, which is itself a modification of the mode of treatment attributed to Fabricius de Aquapendente, and employed ever since his time. Professor Neill's method consists in cutting or scraping a longitudinal groove in the nail in order that the edge may be more easily raised from the ulcer. The surface of the ulcer is then cleansed, dried, and painted over with collodion. When a film is formed over it jeweller's cotton wool is gently pressed well under the edge of the nail, and a roll of wool is placed between the outer margin of the nail and the contiguous nail-fold, after which glycerised collodion is freely brushed over the

whole. A narrow strip of adhesive plaster is wrapped round the toe two or three times, care being taken to carry it from the nail to the swollen nail-fold, so as to press the nail-fold away from the nail. The dressing should be changed once a week. In other cases, where exuberant granulations cover the corner, glycerised collodion alone will by its contractile power press the granulations away from the nail. The worst cases are cured by this method in six weeks, and the patients need not be confined to their bed or even to their room.

The instrument Professor Neill uses is an ordinary No. 16 knitting-needle, one end of which is flattened, thinned, rounded, and slightly curved to correspond with the convexity of the lateral margin of the nail.

Although English surgeons still have recourse occasionally to the more heroic treatment alluded to above, yet I find the plan of packing the cleft or groove with oiled cotton wool was advocated in London hospitals more than fifteen years ago.

In practice I have found that the success of the treatment depends in great measure on the care and gentleness used in successive dressings of the toe. I disagree with Professor Neill in one point, however. He says: "It is essential that the first application should be most thorough, and especially that the cotton wool should be pressed well under the margin of the nail." Now in the worst class of cases this is impossible at the first sitting without inflicting most acute pain; in slight cases it is quite unnecessary. Quite unnecessary, too, is the longitudinal groove in the toe-nail advocated by Dr. Neill. It does not meet the cause, which is due to abnormal growth and thickening of the edges rather than to an increased curve of the whole nail.

It may be remembered that during the trial of the Tichborne claimant some evidence was brought forward as to a malformation of the Claimant's thumb-nail, and one of the medical experts reproduced in the course of a few days an exact imitation of the alleged malformation on his own thumb. The idea has been a useful one to me in subsequent treatment of in-growing nail. Since then I have been able by gentle manipulation and frequent dressing to cure several cases of a very bad type without making my patient even wince. This I take it should be the aim in all surgical procedure. I followed this plan with perfect success in the case of a lady of seventy years of age, details of whose case I take

from my case-book. The ulceration had extended so deep as to attack the bone. Half the nail was hidden in a mass of fungous granulations, from whence oozed a thin offensive discharge, the ulcer evidently having involved nearly the whole of the last phalanx of the great toe, which was already necrosed. The toe-nail was curved, incurved, and recurved like the talons of Nebuchadnezzar, and hard, and horny, and black. It had been cut, and recut, and shaved by a chiropodist, and a portion excised again and again. The case was complicated with gouty inflammation of the foot and obstinate eczema. Here there could be no question of meddling with the nail, which stood up like a rock, as immoveable and as hard. On the other hand, the question of amputation had been raised, and there seemed little prospect of saving the toe. The whole foot was acutely sensitive, the slightest shake or tremor of the room causing savage attacks of pain. It was with great difficulty that I got permission to examine it, and then with clenched teeth and tightly screwed-up eyes the poor lady awaited the dreaded and inevitable operation. The first application of a pledget of lint soaked in *Carbolic Acid* relieved her considerably, and after about a fortnight's daily dressings with *Collodion*, *Hydrastes*, and *Carbolic Oil*, and the internal administration of *Silicea*, *Arsenicum*, etc., she was able to put her foot to the ground. This was accomplished with hardly any pain, but the greatest caution was necessary not to go too fast. Afterwards, for many years, she was able to use the foot, although I had to teach her maid to apply the lint pledget every week or so, and the toe-nail-trimming was a periodical and dreaded ordeal.

I have not time to dwell on the therapeutic agents which Homœopathy holds as it were in reserve, for the treatment of the cachexias, the ulcerations, and other accidental accompaniments of the local disorder. Among others I might briefly notice *Silicea*, *Mercurius*, *Graphites*, and *Arsenic*. *Perchloride of Iron* is a good external application to the morbidly sensitive and rapidly growing skin, as also are *Thuja* and *Hydrastis*. It should be remembered, too, that there is often the syphilitic, or scrofulous, or gouty, or some other diathesis contributing to the softening of the nail and the excessive sensitiveness of the skin.

The above mode of treatment cannot in any way be termed homœopathic; it is necessarily a measure of hygiene, not of therapeutics, having to do with a physical cause and its removal. Nevertheless, there is much that is of interest from

a theoretical point of view. The human body is wonderfully plastic. As surgeons we have too often to guard against and contend with the plasticity even of the densest and toughest tissues. The pressure of faulty dress, the exigencies of civilised and savage custom and fashion, will mould and deform the very bones and ligaments. The surgeon is frequently called on to exercise all his skill in preventing its ill effects, but rarely can he summon to his aid this plasticity so easily and successfully as in the case of an in-growing toe-nail.

In medicine Homœopathy has introduced us to a more refined and delicate treatment, a more tender and sympathetic interference with the human machinery. So the spirit, if not the precise modes of Homœopathy, may be introduced into the province of surgery—viz., that of infinitely delicate and graduated adjustments.

NOTES OF CALIFORNIAN TRAVEL AND EXPERIENCE.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Continued from page 143.)

VIII.—THE GLORY OF CALIFORNIA—YO-SEMITÉ.

THIS crowning glory of Californian scenery, now so well known by name at least, I have reserved to the last of my sketches as a *bonne bouche* for my readers. Volumes would be required to describe in detail the extraordinary mountains, columns, domes, waterfalls, and geological curiosities of this wonderful "Valley of the Great Grizzly Bear," for so the name *Yo-sem-i-té* denotes; but, within the modest limits of my present space, I will do the best I can to enable any future tourist to reach the place by the best road, and to recognise what he there meets with. It is best to form a party of four or six in San Francisco, and if under the leadership of J. M. Hutchings, the original settler of the Valley, so much the better. I adopted his suggestions as to route, and took a circular return ticket (42 dollars) before starting. The history of the discovery of *Yo-semité* is briefly this. The earlier settlers, Mexican and American, in Mid-California were continually being plundered of their cattle by the native Indians, who drove them off to some obscure nook in the Sierras, where no white man could trace them. At length

an expedition was organised to root out these marauders, and being guided by Tenaya, the Indian chief of a hostile tribe, in 1851, the entrance to the Valley was discovered, and it was opened up to white settlers. In 1864 it had become so much admired by visitors from far and near, that Congress adopted the whole Valley, and also the Mariposa Grove of Big Trees, as a National Park in perpetuity.

Having left San Francisco by the 4 p.m. train on the Central Pacific, we arrive at Merced, 139 miles south by east, the nearest railway station to the Yo-semité, at half-past 10, in good time for a comfortable supper and bed in the El Capitan Hotel. This is the first visible indication of the Valley, for El Capitan is the name of one of the most striking cliffs in the Valley, and is sometimes visible far down on the plains. At 7 on the following morning I formed one of the first regular stage-coach party of Yo-semité visitors of the season, April 2nd, 1877. There is some excitement about going at this time of year, inasmuch as one may get snow-bound on the road or in the Valley, and the waterfalls are all in glorious abundance, while the gullies and lowlands are bright with flowers. For about twenty miles out of Merced the country is flat and tame. We drive through a field of corn *twelve miles in length*, showing that we are in a country of large dimensions, and it is not bounded by fence of any kind. A pastoral region then follows, and we gradually ascend along the lower foot-hills, till, at the distance of 68 miles from Merced, we arrive at our night's rest, Clark's Ranche. Snow is on the ground, and the cold reminds us that we are now 3,000 feet above sea level. Next morning our party start out on horseback to explore the Mariposa Grove of Big Trees—immense specimens of *Sequoia* or *Wellingtonia Gigantea*, a coniferous tree, which carries minute spiky leaves. These are certainly one of the wonders of the world. The *Sequoia* is from 90 to 325 feet high, and has attained to the circumference of 100 feet at its base. The largest I saw here was 92 feet 7 inches in circumference near the ground. The trunk is quite bare of branches for the first 40 or 50 feet; the bark is soft and thick, and has been much plundered for *souvenirs*, etc., so that it is getting extremely scarce. Each of our party rode through one prostrate hollow trunk, and only one of us, a tall lady, had to stoop the head. We climbed by a ladder on to the top of another prone giant, and looked down on the ground as it were from a house-top. Their age is undoubtedly very great. One tree,

in full vigour of growth, being cut down and its annual rings carefully counted, was found to be 1,300 years old. Their immense strength is shown by their perfect uprightness amid all the terrific winter and spring storms of the Sierras. Their younger offspring are the invaluable and hardly inflammable red-wood pine of which nearly all Californian cities are built.

Resuming our trail the next morning, we ascended for more than twelve miles, and made a long descent into the Valley itself, after pausing at Inspiration Point, where a magnificent view of part of the Valley is obtained. From this height Bierstadt has given the world a powerful and truthful picture of Yo-semité. On the left one's eye is arrested by an immense white granite cape running sheer down to the bottom of the Valley, and towering up far above our level, to the height, we are told, of 3,300 feet. This is El Capitan (The Captain), in Indian parlance "Tu-toch-ah-nu-lah," or "Great Chief of the Valley," seeming, as it does, to guard this, the only entrance to the Valley, like a stern sentinel, on whose white head the storms beat and the snow and ice melt without the smallest visible wear or tear. On the right we see other giant sentinels of rock, each from 2,300 to 4,000 feet in height *above the valley*, which itself is 4,060 feet above sea level. Cathedral Rock, Cathedral Spires, Sentinel Rock, Glacier Rock, and the Half Dome, are their names, and each has its distinctive beauty. The silvery sheet of the Bridal Veil Fall, Po-ho-no, 630 feet in one leap, and 300 more below along a steep slope, is the only fall we can see from this point, but it is about the most beautiful of the Valley. The River Merced winds along the valley, which is level, well forested, and carpeted with the greenest of grass. It is only from three-fourths of a mile to two miles wide, and its walls are three-quarters of a mile high. On the same day of our arrival in the Valley, where we put up at Leidig's Hotel, I walked to the base of the highest fall in the world, namely, the Upper Yo-semité Fall, which leaps over a precipice of rock in one clear bound of 1,600 feet, about ten times the height of Niagara (163 feet)! The same river flows onward and downward, forming two more falls of 600 and 434 feet each, thus making the enormous depth of 2,634 feet vertical from summit of cliff to base. The exquisitely clear and still Mirror Lake is afterwards formed by this water. Closing up the north-eastern end of the Valley are the remarkable mountains the North Dome and the South

or Half Dome, which look exactly as if an earthquake had riven them apart, the sides of the Half Dome being scarped as if with a chisel; and also the Cloud's Rest, which towers up into the sky. Mount Starr King and Mount Watkins complete the panorama. During my explorations on mule-back along dizzy paths, over snow and ice, in a gloriously Californian-Alpine air, I visited the Vernal and the Nevada Falls, each of which far exceeds in size the finest waterfalls of Switzerland or Germany. Yet in the Yo-semité the charm of the châteaux, the glaciers, and the foliage is wanting. But in its own peculiar fascination Yo-semité scenery is unique. As a geological formation also, this Valley, only about eight miles long, yet containing nine large falls and more than fifteen distinct peaks, having no subsidiary valleys, and no moraines, nor any distinct traces of glaciation, is full of wonder. The United States Geological Survey, after a most careful exploration and a minute examination of various theories of its formation, announced that this Valley must be clearly the effect of *subsidence* solely—a rare phenomenon in modern geology—in connection with the primeval volcanic upheaval of the chain of the Sierra Nevadas.

The grizzly bear is still to be met with in winter, and the wild deer, catamount, puma, and rattlesnake are far from extinct, but travelling by daylight is as safe as in England, and with a trusty Mexican mustang or mule is both pleasant, healthy, and interesting. I left the Valley with much regret, as being the most remarkable district I had ever seen in the whole course of my life. I cannot too warmly urge those whose roving and adventurous instincts lead them in summer to explore Norway, climb the Alps, the Tyrol, etc., to extend their peregrinations to California, undeterred by the briny ocean, and they will be amply repaid by the wonders of the Yo-semité.

And now I must close this series of fragmentary sketches, thanking my readers for the favour with which they have received them, judging, as I do, from many kindly expressions which have been sent me. If I have aroused any fresh interest in that wonderful land and people, and diffused some new information useful to subsequent visitors, these pages will not have been vainly filled.

East Street, Taunton, May 24th, 1879.

THE INFLUENCE OF CLIMATE ON PHTHISIS
AND RHEUMATISM.

DR. H. PETERS, of Elster, Saxony, has published in the *Berliner Klin. Wochenschrift*, Nos. 2, 3, 1879, some very interesting and careful observations on the influence of the chief meteorological elements of climate on chronic diseases of the lungs, and on chronic rheumatism of the muscles and joints, made by himself in 1865 at Bad Ottenstein, Saxony, where a large number of phthisical and rheumatic patients passed the summer under his care. Ottenstein lies 1,350 feet above the sea, and is sheltered on the north, east, and west by the mountains of Saxon Switzerland. The climatic elements of which notice was taken were (1) the temperature; (2) the relative humidity; (3) the barometric pressure; (4) the direction of the wind; (5) the quantity of ozone. And with regard to each of these the following data were utilised: (1) the daily mean; (2) the mean of each period of five days; (3) the daily difference between the maximum and minimum readings; (4) the mean of these differences for five days; (5) the daily maximum; (6) the daily minimum; (7 and 8) the means of both. The observations were made at 6 a.m., 2 p.m., and 10 p.m., but the wind was only observed twice daily, and the daily mean and the five days' mean were calculated according to a method described in the original.

The symptoms to which attention was directed in the phthisical and chest patients were (1) the onset of pains in the chest and back; (2) increased cough; (3) the occurrence of bloody sputa; and of (4) the well-known feeling of oppression, which most chest patients designate by the name of tightness (*Beklemmung*). No attempt was made to analyse separately the effect of weather on chronic disease of the substance of the lung and on simple chronic catarrh. In the case of the rheumatic patients the fact of increased pain was noted.

The number of chest cases observed was fifty-six, and of these thirty-five had chronic phthisis, all except one in the first and second stages; fourteen chronic bronchitis, and seven laryngeal catarrh. There were fifty cases of chronic muscular and articular rheumatism. The chest cases were under observation for seventy-six days, from May 17th to July 31st, and the rheumatic 105 days, from May 9th to August 21st.

The two sets of parallel observations were arranged in the form of curves, of which Dr. Peters gives a complete analysis

in his paper. Photographs of the actual tables can be obtained by any one interested in the subject from E. Tietze, Bad Elster, for 3s. Here we can only give a *résumé* of the main results. In chronic phthisis and chronic catarrhs of the respiratory organs, aggravation occurred on the colder days, and concurrently with a rapid fall in the mean daily temperature. It also occurred with a high atmospheric humidity, with a prevalence of northerly and westerly currents, and (contrary to the ordinary opinion) when ozone, or the substance giving the so-called "ozone reaction," was present in large amount in the air. The days on which no aggravation took place were those with low relative humidity, a greatly diminished mean relative humidity, a prevalence of southerly currents, and a low percentage of "ozone."

In the cases of chronic rheumatism the patients got worse when the mean temperature fell considerably from one day to the next day or days, when the relative humidity and the amount of "ozone" were high, and the wind blew from a westerly direction. They were unaffected, on the other hand, on days of high mean temperature, with a low relative humidity and but little "ozone" in the air. With regard to barometric pressure, the only positive result made out in the chest cases was that in "the majority of the patients their disease was aggravated or much intensified on the days when the pressure was high." No positive conclusion, on the other hand, could be arrived at as to a connection between aggravation of chronic rheumatism and pressure. On the whole, these observations appear to us in conformity with the general experience of clinical observers.

SUGARED DRUGS.

"THE Maryland College of Pharmacy has, we read in the report of the *Transactions*, adopted formulæ 'for preparing diluted forms of officinal drugs, chemicals, etc., by thoroughly mixing *one part* of the respective *alkaloid*, or any other drug, chemical, or preparation, with ninety-nine parts by weight of sugar-of-milk,' to be known as sugars of the respective drugs. By placing the word 'saccharum' before any officinal drug or preparation, it will be recognised as meaning one part of the drug or preparation named to ninety-nine parts of sugar-of-milk. The use of these formulæ by the profession will, it is considered, add much to the convenience of prescribing."—*British Medical Journal*.

HOMŒOPATHY IN CHRONIC DISEASE.

By A. BEAVER BROWN, L.R.C.P., Etc., Edge Hill, Liverpool.

ON reading Dr. Clifton's paper on Homœopathic treatment in chronic diseases, in the January number of the *World*, I was reminded of a case which has been under my treatment for several months, and which may serve to illustrate the principles laid down by Dr. Clifton. Every homœopath will agree with Dr. Clifton that the successful treatment of a few cases of chronic disease will lead an intelligent allopath to think and reason upon the subject far more than three times the number of cases of acute disease. The following case fulfils every condition laid down by Dr. Clifton—viz., in the first place, it is a case of a special form of chronic disease; in the second place, it had been, previous to coming under homœopathic treatment, subjected to much and prolonged orthodox medical treatment, and that by men of good position and reputation; thirdly, there had been for some time the advantages of rest, diet, etc., in a large and well-known hospital; and finally, and best of all, the case is now thoroughly cured (this paper having been delayed for some time that the case might be watched after the successful issue had been attained), and has been treated since it came under my care without these favourable accessories, the man being in a very humble station in life, and not able to afford special diet, appliances, etc. I think, moreover, that the case cannot be classed as one of those slight affections which might get well by nature's help alone, of which Dr. Clifton speaks.

The minute details of medicinal treatment from week to week will not be given, nor would it be desirable in a limited paper; but the general outline will be sufficient to show the principles on which the treatment was based.

G. T., æt. 52, cabdriver, came under treatment as a patient at the Hardman Street Homœopathic Dispensary, Liverpool, on the 29th of August, 1877, with the following history. Five years before, two "lumps" had appeared, one on each side of the left knee; these were very painful, and in a short time burst, forming two ulcers, which gradually increased in size, the joint at the same time enlarging and becoming stiff, any attempt at walking giving severe pain. After about twelve months' treatment by an allopath the ulcers healed up; the joint, however, still remained stiff and painful. At the expiration of about eighteen months from this time

ulcers again formed on the knee, and became rapidly worse. He was treated by several allopaths, by one of whom he was told that his knee would never be better without an operation, and that any other treatment was useless. Whether excision was contemplated or not one cannot say; certainly it would not have been advisable at the man's age. He finally entered one of the principal hospitals of this town, but received no benefit. He was then informed that the only thing left was to amputate the limb; he refused to submit to the operation, and was removed home. Here he remained for some time, never leaving his bed, and never expecting to leave it alive. As a last resource his wife came to the Hardman Street Dispensary, asking that he might be visited and, if possible, relieved of his suffering to some extent. A cure was not expected by any of his family after the unfavourable opinions already given. He was visited and found in the following condition. The anterior and lateral aspects of the knee-joint were occupied by an ulcer, which extended about two inches above and three inches below the edges of the patella; at the sides, the ulcer extended almost to the edges of the posterior aspect of the joint. The ulcer had a very foul, gangrenous appearance, the edges being ragged, bluish, and excavated. The surface was covered by unhealthy, spongy granulations, easily bleeding, and exuding a thin, semi-purulent, and very offensive sanious matter. The joint was much enlarged, and stiff, any attempt to flex the leg being attended by severe pain. The patient complained of constant pain, especially severe at night; was much emaciated, and expressed himself as being quite weary of life. A carbolic lotion was ordered (one part in 30) as a disinfectant, and *Arsen.-A.* 6 given internally three times a day. In the course of a fortnight the ulcer assumed a more favourable appearance, and the severe pains were slightly relieved. *Silicea* 12 was then given twice a day. In the course of a few weeks a healthy action was set up, the granulations were much reduced in size, the discharge became more purulent, the edges lost their ragged outline and showed a disposition to heal. This healthy action continued uninterruptedly; the patient's general health was much improved, and he began to gain flesh. In the course of three months he was able to leave his bed during the day, sitting with the leg laid up on a chair. Soon after this he unfortunately, and contrary to orders, began to walk about from one room to the other. The newly formed edges of the ulcer broke down,

and it became almost its original size. He was sent back to bed, and ordered to keep the leg perfectly at rest. The *Silicea* was continued for a time, and then followed by a short course of *Sulphur*. *Graphites* was then given with very good effect. The knee had now assumed the following appearance. Over the patella was an ulcer the size of a half-crown, round this were three or four small ones; the enlargement of the joint had almost entirely disappeared, there was no pain, but an occasional itching round the ulcers, and the patient could bend the joint slightly. His general health was very good, he having gained a great deal of flesh. *Phosphorus* was given for the indication "small ulcers round a larger one." The effect was remarkable. All the ulcers very rapidly healed, the new skin became healthy-looking and firm, and the man is now walking about (according to his own statement better than he has been able to walk since the first appearance of the disease, seven years ago), is perfectly well, and looks the picture of health and strength; he is able to bend the knee without the slightest pain or stiffness, and the joint is its natural size. I should have said that the carbolic lotion was discontinued when the gangrenous tendency of the ulcer disappeared, and a simple water dressing was substituted. The various remedies were given in different dilutions, varying from the 6th to the 30th—that is to say, when a medicine seemed to lose its effect, a higher attenuation of the same was employed, and nearly always with very good result.

THE ART OF DIGESTING.

By the EDITOR.

IN the first place let us state the following axiom: "No person in health should feel that he possesses a stomach, except at meal-time." Now this axiom can be adapted so as to fit almost any organ of the body. The healthy man or healthy woman should be able to think as though there were no brain by means of which thoughts were evolved—should breathe as though there were no lungs to fill with air, and should digest as though there were no stomach to fill with food. Each one of us should be able, when in perfect health, to think with ease, to breathe with ease, and to digest with ease. As soon as any one of these natural acts is accomplished with pain or with difficulty, then we may rest assured

that there is some screw loose in the machinery of life. It may be the small screw, which has been shaken by a cold in the head; or it may be a very large and important screw, which has got misplaced by an attack of lung inflammation. It may be the little screw of slight indigestion, or the large screw of malignant disease. Be it what it may, whenever any natural process of life causes discomfort the screws want looking to, the beautiful machinery of our framework requires attention. The medical engineer must be asked to look it over, find out the weak points, and, if possible, get things right again.

So that the stomach must not be neglected any more than the lungs, nor the lungs any more than the brain; though the less dignified organ, the stomach, works for the more honourable organ, the brain, yet this humble servant of the brain must receive due care and attention, as is most meet.

But of all neglected, abused, and overtaxed organs, the stomach, in our opinion, is the one which has the least pity, and which gets the hardest work. If we would only think for a moment of the varied food which is offered to it, and with what cheerfulness it accepts these varied offers, we should be indeed surprised if it did not occasionally strike work, or faint under the burdens which are so mercilessly laid upon it. The stomach has been asked to digest meat which is about as tender as shoe-leather, meat which is putrid, meat from which a cat would turn away with almost a sneer on its face. The stomach has been offered nuts to digest—nuts which are about as digestible as the leg of a dinner-table; and the stomach takes the nuts and says, politely, "It is a tough job, master, but I will try." It does try, the mill grinds away, and with some spasms of pain the nuts are pulpified and passed on to the bowels to finish making food of. What a fine set of teeth the stomach must have!

The stomach, again, is offered raw spirits, hot enough to set the Thames on fire with. It takes the spirits, not without many blushes, however, for it feels ashamed to have offered to it a something which is neither food nor physic, which neither quenches the thirst nor helps the digestion. But yet it takes up the spirits, diluting it as well as it can with gastric juice and all the harmless fluid it can stand possessed of.

"The stomach," say physiologists, "likes variety of food. Man is a carnivorous and a herbivorous animal; his stomach

must have variety of food." It gets this variety with a vengeance. In the short space of an hour and a half the afflicted organ is often deluged with food and drink of every possible kind. This kind of flood takes place when one friend goes out to another friend's house of an evening, and "a little dinner" is the object of his visit.

"A little dinner," forsooth! What hypocrisy there is in the remark! Why can we not call these "little dinners" by their right names, and dub them "heavy suppers"? We should then speak correctly, and we should give the poor stomach some idea of its duties and its responsibilities. In the short space of an hour and a half this organ is alternately heated with hot, fiery soup, and chilled with iced wines and iced puddings; it is gently coaxed at first with a few table-spoonfuls of soup and a mouthful of fish, and in its innocence of heart—that is if a stomach has a heart, and I for one firmly believe it has—it imagines that its duties for the evening will be light and gently refreshing. "Men were deceivers ever." It is only the prologue, this playing with soup and fish; the serious business of the evening has yet to follow. The solid joint, the savoury *entrée*, the playful pudding, the game, the morsel of cheese, the ice, and then—oh, then!—that finishing touch, the dessert; all this has to be endured by the stomach, and patiently endured moreover. I have spoken of the solids, but fashion wills it that, in the matter of drinks, man must also have variety. He has imitated the lion as a meat-eater, and the ox as grass-eater; he has taken beef and cresses; but neither the lion nor the ox vary their drink. Water is enough for both to moisten their tongues with, and to quench the thirst that follows exercise and meal-time. But "man, proud man," seeks variety; he therefore provides fresh means for torturing the stomach at dinner-time. The traditional glass of sherry, without which soup is insipid and fish falls flat, is the first punishment decreed by man to give the stomach at dinner-time. Then a German wine comes to rescue the *entrée* from disgrace. This, perhaps, quarrels with the first glass of sherry: a glass of champagne comes frothing into the stomach in a saucy fashion, taking up every little nook and cranny with its gas, and disagreeing speedily with sherry and hock. However, a glass of red wine with the game may possibly help to right matters, but then it has to fight three other wines and a mince pie, and it hopelessly fails. Matters are now becoming serious. The liqueurs appear, a combination of glycerine

and spirits-of-wine. Sugar enough has already been swallowed, and the spirits-of-wine only inflame. Ah! but wait another three-quarters of an hour; port, sherry, and claret now take up an important position, and divide the honours of the evening with sour oranges and sticky abominations in the shape of crystallised fruit.

Is the play over? No, not yet; there is a short act coming. The first part of this act consists in drinking a cup of coffee to clear the brain and lighten the digestion, and the second consists in drinking one more glass of sherry to undo the good the coffee might have done, or another dessert-spoonful of glycerine and spirits-of-wine in the shape of a glass of Grande Chartreuse, which is pleasingly called "a *chasse-café*." Poor kindly, fragrant, well-meaning bean from Mocha! why should we chase away your delicate aroma with the results of applied chemistry? It is inhuman—nay, it is worse; it is inartistic. Let us keep our physic until we get home: we shall want it after all this reckless feasting on variety.

Here, then, is a slight sketch of the difficulties a human stomach—I do not speak of that of an ostrich—has to contend with when civilised beings meet together to play that solemn and sickening farce of "dining out." Is it remarkable if some of the actors occasionally play their parts indifferently? or is it wonderful if others who enter more fully into the spirit of the thing suffer for their enthusiasm?

Having shown how the stomach is trifled with and abused, I will now add a few remarks on the natural consequences of this trifling and abuse—namely, Indigestion. If we overdrive a horse, what can we expect but lameness to follow? If we overtire the eye, what can we expect but blindness to follow? And if we overtax the stomach, what can we look for but indigestion? And as there are more ways of overtaxing the stomach than by eating rich dinners, the result is that indigestion is protean in character, and the treatment must consequently be varied.

Indigestion is a trouble which may attack patients at any time of life, no age being too tender, no constitution too tough, to enjoy perfect immunity from this wearisome evil.

The symptoms may range in severity from a mild stomach-ache, which passes off in a few hours, to a terrible colic, accompanied by cramp and diarrhœa or deadly faintings and prostration. The subject, therefore, is elastic, and admits of

wide range. But let us be modest, and only consider some of the most common forms of indigestion.

Gastric dyspepsia shall head the list. By this, to be very accurate, we mean gastro-duodenal dyspepsia, when not merely the stomach itself is affected, but also the duodenum or second stomach.

The symptoms vary from a sense of fulness and weight at the pit of the stomach, to absolute pain between the shoulders, a pain as if one had been struck by a heavy stone on the back by some friendly Irishman, for with the pain there is difficulty of breathing and sometimes faintness. Nausea is also complained of, and the tongue is furred, with variety in the shades of colour, and variety in the degrees of dryness.

The patient suffers also from a good deal of flatulence, which causes great distress, and leads to those symptoms called by dispensary patients "the windy spasms," a kind of colic brought on by the distended state of the bowels, due to excessive fermentation of the food. Heartburn is another accessory to the troubles of indigestion. It is due to a kind of rough acid fluid which rises from the stomach, suddenly filling the mouth and giving the patient an idea that his stomach has been turned into a kind of cider-press for the time being, and that unless he is exceedingly careful the whole solid contents of the press may follow the acid. The sharp, hot, sudden sensation of heartburn that goes from the stomach to the mouth is most acutely felt just at the back of the pharynx at the root of the tongue, is so pungent and so unmistakable, that further description is unnecessary, and in itself is sufficient warning for dyspeptics to eat with caution and metaphorically "put a knife to their throats." Besides heartburn and flatulence, the patient whose digestion is weak has very often to contend with headache, a dull kind of ache over the forehead, which is worse in the morning and worse after dinner, but better in the open air and improved by exercise. It is a kind of ache that makes the patient feel ill-tempered or down-hearted, more often the former.

Then we notice that the dyspeptic gets palpitation of the heart, which comes on about an hour after mealtimes, when digestion is going on, and when it is not going on smoothly. The heart is sympathetically and sometimes so powerfully affected as to cause faintness or even swooning. These alarming symptoms can all be traced to some article of food which has disagreed with the patient, or more justly

we should say with the patient's stomach. A piece of new bread, for instance, a new potato, a mouthful of beloved pie-crust, or a fragment of stringy pork-chop. Then comes that trying concomitant of dyspepsia, which patients dread so much, and with so little reason—namely, constipation, an evil for which old physic has no real cure, and for which its classic palliatives in the shape of aperient pills are only aggravations. The constipation is part and parcel of the dyspepsia, and must be treated simultaneously with it. It is a trouble which will pass away when the indigestion disappears, and even before it, if the patient will try simple means for relief.

Diarrhœa is a much more baneful accessory than constipation, as it implies a state of great irritation of the mucous membrane of the bowels, and as long as the bowels are relaxed, so long will the food not be properly taken up into the system, and consequently the sufferer will be only half fed, a half-fed patient being invariably weak, and an ever-ready prey for infectious disease. Last but not least in the train of evils induced by a faulty digestion is nightmare, and this may certainly be indulged in by persons of a romantic turn of mind, who can turn their nightly terrors into a thrilling tale of adventure and blood; but to beings of a more prosaic temperament, the nightmare is a nuisance too intolerable to bear repetition.

But if prosaic beings will persist in eating cold pork-pie for supper when their stomachs will only with comfort digest gruel, they deserve to be startled in their dreams, with a feeling of weight on the chest, as though the Tichborne Claimant had made a chair of their breastbone, or with an agony of terror as though they were being pursued by a herd of buffaloes and there was no hope of escape, and the only thing left for the pursued one was to scream for "Help," which could not come, and to wake with a groan, in a bath of perspiration, and with his heart beating at 120 to the minute. And after all this dream of impending tragedy, to be told by his wife, in a somewhat fretful tone of voice, "Do you know that you nearly kicked me out of bed?"! The patient murmurs something about "Buffaloes, dear, buffaloes," but in his heart of hearts acknowledges that it was all owing to the cold, hard, stringy beef which he had eaten for supper.

NOTES ON SOME OF THE NEWEST REMEDIES.

By E. M. HALE, M.D.,

Professor of Materia Medica and Therapeutics, Chicago Homœopathic College.

(Continued from page 198.)

Jaborandi.—The botanical name of this plant is *Pilocarpus Pinnatus*. It belongs to the same family as the *Ruta graveolens*. Its physiological analogues are supposed to be *Aconite*, *Gelsemium*, *Veratrum Viride*, etc., but in many respects it differs remarkably from them. A remarkable antagonism exists between *Jaborandi* and *Belladonna*, notwithstanding many of its objective symptoms appear to resemble those of the latter. A few minutes after a large dose is taken, the face and whole body become hot, flushed, and red, the temples throb, and soon a profuse perspiration breaks out, which in some cases become enormous in quantity. Simultaneously with the sweat, or soon after, the salivary and buccal glands begin to pour out great quantities of saliva, and this hypersecretion of the mucous membrane extends all through the intestinal tract, causing in some cases vomiting and diarrhœa. If it does not act in this manner on the skin and mucous membranes, it acts on the kidneys, causing copious diuresis. The sight becomes dim and the pupil contracted. It causes, primarily, increased action of the heart with vasomotor paralysis with the peculiar dilatation of the arterioles. In this it resembles *Amyl* and *Belladonna*. But unlike these medicines, copious sweat attends its primary action. The secondary action of *Jaborandi* is just the contrary to its primary. The heart beats slowly and feebly, the skin is pale, cool, and *dry*. The salivary glands cease to pour out even a normal amount, and the mucous surfaces are *dry*. As showing the antagonism between *Jaborandi* and *Belladonna*, we have only to mention that the copious sweat and salivation caused by it is immediately arrested by the administration of *Belladonna* or *Atropine*.

Homœopaths have made but little use of this drug. It is used in a very empirical manner by the old school.

By consulting the symptoms in the excellent pathogenesis in Allen's Encyclopædia it will be seen that its symptomatology is very large and wide.

Primarily it will prove curative because homœopathic to the following symptoms:—

Abnormal sweats, which occur from paresis of the vasomotor nerves. I have had many cases of abnormal sweating

which greatly taxed my skill. Some of them I have cured with *China*, *Veratrum Alb.*, *Sambucus*, *Aconite*, or *Cimicifuga*. Others were relieved by *Belladonna*, or *Atropine*, or *Quinine*. *Jaborandi* in the attenuations ought to cure these cases, for in the provings it is recorded by some of the provers that it arrested the copious and easy sweats to which they were subject.

Flushings, followed by sweats at the "change of life," should be relieved by *Jaborandi*, for they have a very close similarity to its primary action.

Salivation, when due to cold, to nervous disorder, or even mercurial poisoning, ought to come under the curative influence of this medicine in small doses.

Vomiting and diarrhoea, when due to acute gastric catarrh, should be arrested by this drug, also those intestinal affections which follow checked perspiration, or suppressed salivation during teething.

Secondarily, the *Jaborandi* may be used successfully in just the opposite conditions of skin and mucous membranes, provided always, that the condition has been preceded by symptoms simulating the primary effects of the drug.

It has been used successfully in some skin diseases when the skin was harsh and dry. It has cured uræmia from desquamative nephritis, whether occurring after scarlatina or during pregnancy. It relieves chronic bronchitis and asthma, and has cured bad cases of ophthalmia. Dr. Ringer uses with success the *Jaborandi* to increase the secretion of milk. Dr. Laycock has cured, by its use, some cases of diabetes insipidus. There are many other disorders which may be cured or palliated by this unique medicine.

Remember, however, that if the symptoms resemble those of its primary effects, the attenuations from the third to the sixth must be prescribed; while for secondary effects, the lower dilutions will act efficiently.

Picric Acid.—Since the publication of my Therapeutics of New Remedies, I have used this acid a great deal, and have learned to value it as one of our best restoratives of a wasted and worn-out nervous system.

In many cases it is far superior to *Phosphorus*, *Phos. Acid*, *Nux Vomica*, or *Zinc*. It has the pathogenetic power of causing (primarily) excessive congestive irritation of the cerebro-spinal nerve centres, and even the cerebrum. This primary action is soon followed by an excessive irritation, with loss of sustained power. The patient or prover finds

that the least mental or physical effort exhausts. This irritation and congestion, and also the exhaustion, are attended by pain in the occiput, cervical region, and sometimes the whole head. It differs from the bromides in causing cerebral anæmia, with irritation. It is homœopathic to the brain-fag of students, school-girls, and literary or business men and women.

With the 10th dilution I have cured many cases of chronic headache, generally located in, or proceeding from, the base of the brain. The characteristic symptom which guided me in the selection has been, that the slightest excitement, mental labour, or overwork, would bring on the cephalalgia.

In the treatment of certain morbid conditions of the sexual organs of both sexes, it is indispensable. These conditions are—(1) over-excitement from irritation of the cerebellum; (2) impotence, or weakness, with irritability. The drug needs further investigation, but may be used even more with advantage.

Salicylic Acid.—In the April number of the *North American Journal of Homœopathy* I gave a history of this acid and its uses in disease. It has somewhat disappointed the expectations of surgeons as an external or topical application for the purpose of a disinfectant, and instead of superseding *Carbolic Acid*, it now occupies an inferior position. It has this advantage, however, over *Carbolic Acid*, that it is odourless. While it may not be as powerful as a destroyer of disease-germs, parasites, cryptogamous organisms, etc., occurring out of the body, it is certainly superior to *Carbolic Acid* when it is necessary to administer a germ-destroyer, internally, to purify the blood and internal secretions. It is a very pleasant remedy for fetid sweats, fetid odours from the skin, hair, or clothing, when combined with cologne. Ten grains of *Salicylic Acid* to a pint of cologne, and used as a wash, or by means of a spray. One part of the acid to 1,000 of water is an efficient correction of fetid breath from decayed teeth or any other local cause.

My experience with its internal use has been principally in pyæmic or puerperal fever, where I consider it so invaluable that I would not now dare to treat a case without it.

When pus or other morbid matters have been absorbed into the blood in any manner, and develop the characteristic violent chills, followed by equally violent fever (or more properly, combustion), and where the bodily temperature runs up to 105, 106, and even 107 degrees, this remedy is indis-

pensable. It must, however, be given in appreciable doses, for it does not act as other remedies do in disease, *i.e.*, dynamically. It is taken up by the absorbents and diffused through the blood, and destroys the disease-germs by actual contact. Given in doses of one or two grains an hour (in coated granules), it rapidly brings down the extreme temperature, and allows specific dynamic remedies to have a chance to act.

In acute inflammation and rheumatism it has achieved more prompt cures than any remedy yet known.

In Chicago inflammatory rheumatism is rare, except among the lower classes, and I have therefore had but a few cases to treat with this medicine, but in the four or five under my care its action was simply magical, for after six or eight doses—of three grains an hour—the pain, fever, and soreness subsided. In the allopathic hospitals, wherever it has been used it has had the same happy effect in nearly all cases. They give ten to twenty grains an hour, and consequently cause many unpleasant and unnecessary medicinal symptoms. These symptoms much resemble those caused by overdose of *Quinine*.

The *Salicylate of Soda* is said to act better and more rapidly even than the acid. Several cases of violent sciatica are reported cured by the *Salicylate*, in doses varying from one-tenth to one grain every hour or two.

Salicylate of Quinia.—*Salicylate of Quinia*, recently introduced, may become a valuable remedy in the treatment of malarious diseases. If I practised in a district where ague in its various forms abounded, I should certainly test it. I should try it first in the 1x and 2x triturations, and if these failed, give a grain at a dose.

One of the most useful applications of *Salicylic Acid* and its salts, is the prevention of *flatulence from fermentation of food in the stomach or bowels*. A fraction of a grain will often prevent this troublesome symptom, or dissipate it when already present. In diseases of children it is invaluable in disorders of the stomach and bowels.

Five grains in an ounce of alcohol constitutes the mother tincture, from this make the dilutions.

The 3rd in single drop doses, for very young infants, is an excellent remedy for flatulence. In children fed from the bottle, the acid may be used to advantage in preventing vomiting and diarrhœa from spoiled and acid milk. A teaspoonful of the mother tincture made with *water*, mixed with

a quart of milk, will prevent acetous fermentation, both within and without the stomach.

Viburnum.—The *Viburnums* comprise a large family of shrubs indigenous to this country and some parts of Europe. Only two are at present used in medicine, the *Viburnum Opulus* and *Viburnum Prunifolium*, the former known as "Black Haw," the latter as "High Cranberry." The fruit of both is edible. The common ornamental "Snowball Tree" is a *Viburnum*, changed by cultivation.

The bark of the *Viburnum* is the medicinal portion. It contains *Valerianic Acid* in large quantities, and other important constituents not yet fully studied.

The *Viburnum Opulus* has long been known to the country people as "cramp bark," showing that some correct idea of its medicinal uses has long been known. My first knowledge of it was by observing the backwoods people using a strong infusion for cramp-colic in women and children, especially in women during pregnancy and at time of menses. From this observation I am satisfied that its primary effect in large doses is that of a sedative to the nervous system which presides on the organs of the abdomen and pelvis. Like *Valerian*, it lessens reflex irritability, and thus obtains a power to control spasm and cramps in other and remote organs, when depending on uterine irritation.

We have absolutely no satisfactory provings, and the medicine is so mild that I have never seen or known of any unpleasant pathogenetic symptoms from its use. It is very important that we have some systematic attempts at proving the *Viburnums*, especially by women.

We have, however, a large and trustworthy amount of clinical evidence of its usefulness in several painful affections, namely, dysmenorrhœa, neuralgic and spasmodic; false pains during the whole term of pregnancy; miscarriage, actual and threatened; premature labour; and probably spasmodic and neuralgic pains in the ovaries, intestines, ureters, and bladder.

In the absence of special keynote symptoms, I can only say that it appears to me to be indicated when the pain is neuralgic and spasmodic, combined, that it comes on in rapidly succeeding paroxysms, and is attended with general nervous agitation, which may result in hysteria with reflex spasmodic symptoms. Some of the most brilliant cures I ever made were dysmenorrhœas; with *Viburnum Opulus* I have prevented habitual miscarriages when they had often

occurred in spite of all other means, and have warded off miscarriage when it seemed inevitable. In all of these cases the pain was of the character described. Its nearest rivals are *Cannabis Indica* and *Caulophyllin*. I would earnestly advise its use in very painful labour, *not* at the time of labour, but for a week or two before, in those cases in which we have reason to expect such painful labour.

When a woman, previous to her pregnancy, has been a victim to a dysmenorrhœa such as calls for *Viburnum*, it may be predicted that her labour will partake of a similar painful character. In such cases prescribe that she take ten or fifteen drops of the tincture, three times a day, for two weeks before her expected confinement. We know that *Caulophyllin* and *Cimicifuga* have prevented certain varieties of dystochia when given in this manner, and I believe *Viburnum* will have the same effect. When we fully understand the sphere of action of these medicines, and get hold of characteristic pathogenetic symptoms, they will doubtless be very extensively used by our school. It appears to me to be the opposite of *Ergot* in some of its effects, and may be useful in antidoting that medicine.

Dysmenorrhœa has been cured with the attenuations—the 1x and 2x—but I am not aware that it has been used higher. The best effects in my practice have been gained by the tincture in doses of one to five drops, and on rare occasions, fifteen to twenty. Other schools use it more freely—in teaspoonful doses of the tincture and fluid extract, or wine-glassfuls of the decoction, and apparently without causing any unpleasant effect except what would arise from its unpleasant taste and odour, and its bulk.—*American Homœopathist*.

Our orthodox colleagues are not quite so dead asleep as some of us fancy. They have annexed *Aconite* for the febrile state; they have laid a hand on *Ipecac.* for vomiting; they have pilfered *Pulsatilla*; they have toyed with *Hepar Sulph.*; they have reduced their doses and adopted our medicine chests, and now they are taking up our sugar-of-milk, and introducing our centesimal scale for drug dilutions. How nice it is to be able to pilfer respectably, but how unfortunate it is to be discovered in one's malpractices. Poor dear old orthodoxy, shall we blush for you, or shall we pity you?—
R. S. V. P.

HOMŒOPATHIC PRACTICE.

"If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others."—DR. SAMUEL FENWICK.

DEAFNESS CURED BY THE POLITZER INFLATION AND APPROPRIATE REMEDIES.

By ROBERT T. COOPER, M.D., T.C.D., Physician, Diseases of the Ear,
London Homœopathic Hospital.

W. BROWN, a manager in a business house, aged thirty-one, came to me on 15th March, 1879, suffering from deafness, which had been coming on gradually for two months, but which had inconvenienced him more especially, and increasingly so, the two previous weeks.

The patient is light-haired, of a catarrhal disposition, and is subject to accumulation of phlegm in the throat, as well as to slight constipation.

The tympanic membranes look fairly natural.

Hearing distance—R., 5½-30ths; L., 3-30ths. After inflation considerable improvement—R., 12-30ths; L., 17-30ths.

To take *Hydrastis Canadensis* ϕ 1-3rd drop doses three times a day.

March 19th.—Slight improvement: R., 8-30ths; L., 4-30ths. After inflation—R., 20-30ths; L., 18-30ths.

Hydrastis, as before, in drop doses.

March 27th.—Was much better after the inflation, but has gone back again: L., 4-30ths; R., 5-30ths. Inflation is again performed, and with considerable improvement.

To now take *Soda Chlorata* ϕ , 1-3rd drop doses three times a day.

April 9th.—Called to thank me for the recovery of his hearing. Is now quite well; watch and voice hearing perfect.

Any explanation that may be required as to the above case will be found in my treatise upon the Diseases of the Ear. I have only to remark that to the *Soda Chlorata*, and not to the inflation simply, is due the permanence in the improvement to the hearing powers. The inflating of the tubes had a decidedly beneficial, but a transitory influence. For further remarks as to the *Soda Chlorata* see my papers in the *British Journal of Homœopathy*, vol. xxx., p. 691, and vol. xxxi., p. 625, and again my proving in vol. xxxv., pp. 337-

361, of the same journal. *Soda Chlorata* has a very powerful influence upon deafness arising from causes purely catarrhal, the indication for it being a constant accumulation of phlegm in the throat, and, *ergo*, in all probability in the middle ear, and Eustachian tube, the ventilating canal of the ear.

ERYSIPELAS.

By P. K. GUILD, M.D., Santa Barbara, California.

IN the January number of the *Homœopath* is an article on the treatment of Erysipelas, which suggests a word or two not wholly in accord with the views therein expressed. And to be as brief as possible, I proceed at once to say that my experience for the last ten or twelve years is decidedly in favour of both general *and local* treatment. As a rule, if I may say rule without believing in rules, I apply an infusion of *Hydrastis Can.*, made by putting about two teaspoonfuls of the pulverised root to a pint of hot water, letting it stand till tepid, or moderately cool, when I dip cloths in it and apply to the affected part, keeping them wet (but covered with dry cloths) for a longer or shorter time according to the degree of heat, the course of the disease, etc., which, by the by, is usually very short. *Gels.* 1st and *Rhus Tox.* 3rd dec., in at least three-fourths of cases, together with the local treatment indicated, will be all that is needed. This, I am aware, sounds like routine and unscientific treatment. It may be so. But whether so or not, it has proved, with me and my patients, wonderfully comfortable. Some of the most severe attacks I ever saw (and I have seen a great deal of it) have been arrested at almost the point they were found by this method. I would not, of course, claim infallibility for this, and have purposely avoided going into any discussion of *regularity*, or any other point pertaining to the matter. I simply put it forward as a *fact*, as I would many others that would be ruled out by the martinets of our school. The article above referred to calls for one other observation. The doctor—and he is not peculiar in that respect—mentions *seventeen* remedies which may be good and useful in the treatment of erysipelas. I do not propose to raise any question touching these except this, How much better off are we for his citations? One of our chief troubles in practice is an overgrown, *unsifted* Materia Medica. What we most need, it seems to me, are concise and reliable therapeutic facts. Even if we cannot always give a satis-

factory reason for them, let us by all means have the facts, whether they harmonise with our preconceived notions or not. For instance, if *Apis* works just as well following *Rhus Tox.* as when *Rhus* has not been given, let us say so. And, for one, I do say it. We have a thousand items of traditional nonsense that we ought to be rid of.—*American Homœopath.*

OPHTHALMIC STUDIES.

By E. W. BERRIDGE, M.D.

OUR literature is sadly deficient in illustrations of the homœopathic action of medicines in ophthalmic affections. For some reason, or rather *want of reason*, many persons who habitually resort to Homœopathy for ordinary ailments no sooner find their *eyes* affected than they rush off to some allopathic specialist, who, by assuming the title of "oculist," and writing on that subject exclusively, has managed to effect in the minds of the public a general belief that he is one of the few physicians who can be trusted to treat so important an organ. As we have said before, so far as surgery is concerned, specialism is appropriate, for different operations require different varieties of mechanical talent. When we arrive at medicine, however, all is changed. Specialism is here out of place, for in each case of disease we must treat not only the one organ which may seem to be the most affected, but the *entire constitutional state* of the patient as manifested by the *totality* of the symptoms. While it is true that the homœopathic physician who sees a large number of cases of a given class of diseases will necessarily gain greater experience and facilities for curing them, because he will be continually verifying the symptoms of the *Materia Medica*, and adding new ones and clinical observations, yet, in the allopathic sense of the term, specialism in Homœopathy is an anomaly, and one against which Hahnemann would have sternly set his face. The late Mr. Skey once told us, that on asking a friend whom to consult for deafness, he was told, "Don't go to an aurist." Experience of the *butchery* (for it is often nothing else) to which patients with affections of the eyes are often subjected, not to mention the useless and dangerous drug-medication, has convinced us that similar advice is here applicable.¹ The

¹ A friend of ours once consulted one of the most celebrated of London oculists for defective sight. The oculist gave him large doses of *Opium*. After a time he said the patient was better; as the pupils acted more naturally. *The pupils acted naturally before he consulted him!*

following cases will show, not only the folly and inutility of such practice, but also the efficacy of homœopathic treatment when strictly carried out according to the directions of Hahnemann, and at the same time will afford illustrations of the mode of selecting the *simillimum* in each case:—

Case 1.—*Allium Cepa*.—1877, Dec. 19th. Mr. — caught cold during the first week of December, with frontal pain, lachrymation, pain in left eye, weakness, and loss of appetite. For these symptoms he took *Sepia*. On the 14th he went out of doors, there being a cold wind. His cold improved, but the eye became worse. On 15th had pain and lachrymation of left eye, with running from left nostril; took *Euphrasia* with relief. On 16th, at noon, the pain returned, with watering from left eye and left nostril; this lasted till 7 p.m., then went off. On 17th the symptoms returned at 12 or 12.30 p.m.; again he took *Euphrasia*, and in the evening they went off suddenly. Yesterday the attack came on at 1 p.m., lasting till 5 p.m., then decreasing. To-day eye felt nearly well in morning, except photophobia. There had been a little lachrymation during night. At 1 p.m. aching pain in left eye and left brow; after thirty minutes bland lachrymation, heat and redness of left eye, with running from left nostril; this lasted till 5 p.m., then decreased.

Diagnosis of the remedy.—In this case, the periodicity of the symptoms, and the time at which they came on, were of great importance, but no *simillimum* thereto has been yet discovered in our Mat. Med. Another aspect of the case had therefore to be taken as the keynote or starting-point. There was little characteristic in the symptoms themselves, but in their *combination* was found the key to the problem: the symptoms of the *eye* were conjoined with those of the *nose*. At page 214 of my "Eye Repertory," under the rubric "With Symptoms of the Nose," we find:—

- Left Eye, Photophobia—*Allium Cepa*.
- „ Redness—*Allium Cepa*.
- „ Lachrymation—*Allium Cepa*, *Carbolic Acid*.

Accordingly I gave one dose of *Allium Cepa* 200 (Leipzig) at 6.30 p.m.

20th. No redness, or return of paroxysm; not the slightest pain to-day till 2.30 p.m., and then it was very slight; a little lachrymation at times.

21st. No paroxysm, but only a *little* pain in eye about

1 p.m., and then it was less than yesterday; a *feeling* of lachrymation, and still a little photophobia.

24th. Much better; afterwards eye remained a little sensitive to cold air for a few weeks, but subsequently recovered.

Comments.—(1) This case shows the value of *concomitant* symptoms in the selection of the remedy. Too much importance, however, should not be attached to them. “Care should be taken,” says C. Hering, “not to adopt the notion that a remedy can cure groups of symptoms in a patient only if they occur in the order in which it produces them; it is capable of curing groups which it does not produce in the same combination at all, whose component parts were observed in a number of different provers, and frequently in quite a different order.” (*Wirkungen des Schlangengiftes*, 1837).

(2) The remedy was given when the severity of the paroxysm had passed off. Hahnemann has given us no such rule with regard to periodical neuralgias, but in the case of agues he strongly warns us only to give *one dose*, and to give that immediately after, or towards the close of the paroxysm (*Organon*, 236-7). Analogy, therefore, teaches us to observe the same rule with all periodical diseases. In dysmenorrhœa it is best to give the remedy immediately after the cessation of the menses. This extension of Hahnemann’s rules is a *true* instance of progressive Homœopathy, and it is to his true followers that the discovery of these progressive laws—all in full harmony with the original foundation of our healing art—is due.

(3) In the above case, after the dose of the remedy, the pain returned next day *later* and very much *less severely*. Dr. Ballard says of ague:—“If the next chill (after one dose given between the paroxysms) is *lighter* and comes on *later* than the preceding ones, convalescence has begun; or if it comes *earlier*, and is *more severe*, your remedy is doing its work and will need no assistance.” (*U.S. Med. Investigator*, vol. vii., p. 250.) I have recently noticed a similar occurrence in a case of rheumatic ophthalmia, with periodical pain, cured by one dose of *Syphilinum* C m (*Swan*). It will be an interesting study to ascertain if this rule holds good in *all* periodical diseases.

(4) When in India, the patient had ague and took much Quinine; possibly this may have impressed a periodical diathesis (so to speak) on the system. Frequently, when a person who has suffered from ague (especially in tropical

climates) meets with an accident, an attack of ague comes on, so that shivering in these cases is not always a sign of pyæmia.—From the "*Organon*," Jan., 1879.

LITERATURE.

HEADACHES.¹

A NEATLY-PRINTED little volume of some sixty pages long has been issued by Messrs. Chatterton and Co., of Chicago. It deals with the subject of Headaches. It is edited by Dr. J. C. King. His preface, which is short and practical, tells us that the "work was originally undertaken by the Alleghany County Materia Medica Club; that this club transferred the work to a committee; this committee, in turn, transferred it to the author," who has put the whole matter into shape, and given us the little book with very neat, readable type. The editor truly says that "headache, of itself, is only a symptom; it is rarely, or never, idiopathic; yet frequently it is the most prominent symptom, and the one the physician is called upon to relieve." Here is the whole gist of the matter. Headache, though only symptomatic of other troubles, yet is so prominent and objectionable a symptom that the sooner a patient gets relief from it the better is he pleased, the more abundant is his gratitude, and the greater is the glory of the physician. Therefore we are thankful to get all kinds of hints and suggestions for the relief of headache. Living as we do in a century of excitement and high pressure, is it wonderful that our brains should get fagged and weary, and that the nerves should cry out for "rest," and that the brain should ask for "peace"? And when there is no rest and but little peace, is it wonderful that men should suffer? Dr. King's little book has a short repertory, which will guide the reader to the choice of the right remedy, and happy the prescriber who can touch with unerring hand the right chord in that great organ full of mysterious tones, our *Materia Medica*.

We wish the author all success in his venture, and would advise all our colleagues to get an interleaved copy, make notes in it, and in twelve months' time send their notes to

¹ Headaches and their Concomitant Symptoms: With a Complete and Concise Repertory-Analysis. By J. C. King, M.D. Chicago: W. A. Chatterton and Co. 1879.

Dr. King for enriching his second edition. Let us have plenty of clinical experience.

DIPHTHERIA AND ITS TREATMENT.¹

DR. W. MORGAN has been once more busy with his pen. A monograph on Diphtheria has recently made its appearance. It is an enlarged second edition of a pamphlet written by him some years ago. It is a welcome addition to our medical literature. It is written clearly and to the point. It gives a short history of the rise and progress of the terrible disease which Aretœus in the second century called the "Syrian ulcer," and which Bretonneau, of Tours, called in the nineteenth century "Diphtherite." It points out the weakness of allopathic and the strength of homœopathic treatment. It gives a clear description of the symptoms of this disease, and it enters fully into the subject of its treatment. Our author's treatment is confined to the internal use of a few well-known remedies and the topical application of *Hydrochloric Acid*. The internal remedies on which Dr. Morgan places chief reliance are *Belladonna*, *Mercurius Sol.*, *Mercurius Bimod.*, *Arsenicum*, *Bichromate of Potash*, *Lachesis*, *Hepar Sulph.*, and *Spongia*; and he has the greatest confidence in the local use of a solution of dilute *Hydrochloric Acid*. He gives some clinical cases illustrative of the value of his mode of treatment, and certainly they speak well in favour of his views. All clinical experience is of value to us in our attempts to build up a sound theory, and the more cases we read which clearly illustrate the beauty of the law of similars, the stronger will be our hands for dealing with disease.

Dr. Morgan writes from a large experience of diphtheria, for he tells us that he has treated some fifty cases of this malady, and therefore it is well to read his experience. We find that he has not taken any notice of the *Cyanuret of Mercury*, which in America has been so highly spoken of by Dr. W. Burt, and which was used most successfully in Russia by practitioners of both the Old and New School, the Old School practitioners, with their usual generosity, never having spoken of the source from which they had taken this thoroughly homœopathic remedy. We

¹ Diphtheria: its History, Causes, Symptoms, Diagnosis, Pathology, and Treatment. Illustrated with numerous cases successfully treated. By William Morgan, M.D. Second Edition. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1879.

should have liked to have seen a word about the local application of *Glycerine* to the diphtheritic membrane; in our own hands this has been found of great value in softening and detaching the patches of false membrane.

Dr. Morgan gives a tabulated analysis of the peculiar features which distinguish scarlatina from diphtheria, which is useful and interesting, but we should also like to have seen a short account of the close affinity there is between these two diseases. The late Dr. Walker, of Tunbridge Wells, used to say that "Diphtheria was only a latent scarlatina," and he treated his diphtheria cases by first giving the patient large quantities of hot water to swallow, and sponging the chest and arms with hot water, giving *Bryonia* internally at the same time, and by this means he, in nine cases out of ten, produced a scarlatinous rash, and a marked amelioration of the throat symptoms. Dr. Morgan has nevertheless given us a neat, useful little book, and we can make notes of his experience and profit by his suggestions, for in many cases they are very good.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

AN OPENING AT CORK.

SIR,—May I beg from you the favour of inserting the following lines in your Homœopathic journal?

There is an anxiety among several respectable families at Cork to procure the residence of a Homœopathic physician in the city, and I might add that those most anxious for the presence of such a gentleman would also wish to unite Hydropathy and the use of the Turkish bath with his practice. It is, however, right to say that he would have some difficulty in forming a satisfactory connection at first, as he naturally would find considerable opposition to his mode of treatment.

I am, Sir, your obedient servant,

RICHARD DONOVAN.

Lee Road, Clanloghlin, Cork, 14th May, 1879.

REPORTS OF INSTITUTIONS.

BRITISH HOMŒOPATHIC SOCIETY.

The Ninth Ordinary Meeting of this Society will take place on Thursday, the 5th of June, 1879.

Dr. Byres Moir will be balloted for as Inceptive Member. Proposed by Dr. Bayes and Dr. Galley-Blackley.

Public business will commence at eight o'clock.

A paper will be read by Dr. Richard Hughes, of Brighton and London, entitled, "Some Further Considerations on Local Applications."

The Annual Assemlby will be held Wednesday and Thursday, June 25th and 26th.

A paper by Dr Blackley, of Manchester, is promised for the meeting, entitled, "On Progressive Pernicious Anæmia and its Successful Treatment," and on Thursday, the 26th, an address will be given by Dr. Hamilton, V.P.

LONDON SCHOOL OF HOMŒOPATHY.

THE Second Annual General Meeting of the London School of Homœopathy was held at 52, Great Ormond Street, London, W.C., on Tuesday, April 8th, 1879.

There were present Drs. Black, Dudgeon, Drysdale, R. Hughes, Pope, G. Wyld, Carfrae, Yeldham, Macintosh, Hewan, and Bayes. Messrs. Boodle, Cramporn, F. Rosher, Chambre, and Rev. W. Curtler. Capt. Vaughan Morgan in the chair.

The notice convening the meeting was read by the secretary, Mr. F. Maycock.

A letter from the Right Hon. Lord Ebury, regretting that he was unable to be present, was read.

The treasurer was then voted to the chair.

The balance-sheet and draft of proposed Report were submitted. The hon. sec. (Dr. Bayes) said that since sending the draft of proposed Report to the medical governors, he had received several letters, from governors held high in estimation, objecting to the principle advocated in paragraphs 3 to 10; as the opinions expressed in favour of these clauses were less in point of number, he (the hon. sec.) proposed to omit these paragraphs, and to read the Report so amended.

Dr. Drysdale objected to the withdrawal of the paragraphs from the Report. He wished the paragraphs 3 to 10 to be discussed seriatim, and to have them rejected by the meeting. He strongly objected to the principle of voluntary licentiatehip, and to the granting of any separate degree to homœopathic practitioners, and he wished to have an opinion against such degree pronounced by the meeting.

Dr. Dudgeon thought it important that the question raised in this

draft Report of the granting of a licence to practise Homœopathy should be discussed, and an expression of opinion on the subject given, which should prevent it from being ever afterwards raised. To him it appeared as a retrograde step, as an attempt to place ourselves voluntarily in the sectarian position the orthodox school had endeavoured to assign to us, but against which we had always protested. Clause No. XXIII. of the Medical Act rendered it penal for examining bodies to refuse their diplomas to any candidate on account of his therapeutic creed. And would they now endeavour to perpetuate difference of therapeutical belief, and confer a diploma or licence on their students which would brand them as beyond the pale of medicine proper? Did they not believe that Homœopathy was the truth in therapeutics? If so, had they not faith in the ultimate triumph of truth? They would not look at the course of events in medicine during the last forty years without seeing that all things were tending to secure the acknowledgment of Homœopathy as the truth in therapeutics. The little leaven of Hahnemann was fast leavening the whole mass of medicine. Almost all the old methods had been discarded, and scarcely a day passed without some of our homœopathic remedies and methods being adopted by the so-called orthodox. Everything happens to him who knows how to wait, says the French proverb. Can we not wait for the time—no very distant one apparently, to judge by the progress already made—when the homœopathic will be acknowledged as the true therapeutical rule? Let us not perpetuate our differences, and employ our apparent sectarian position, by trying to obtain separate degrees or licences to practise Homœopathy, which will ultimately—if we do not do anything to prevent it, such as this important scheme—be generally acknowledged to be true medicine itself.

After a good deal of somewhat desultory discussion, on the motion of Dr. Drysdale, seconded by Dr. Black, it was resolved that—

“A draft of the proposed Report having been submitted to the meeting, the following paragraphs—viz., 3 to 10 inclusive, were by general consent withdrawn.”

The Report, as amended, was then unanimously adopted.

It was then proposed by Dr. Drysdale, seconded by Dr. Black, and carried:—“That a special committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures by the present or future licensing bodies.” The following gentlemen were nominated members of the committee:—Drs. Black, Dudgeon, Drysdale, Hughes, and Blackley.

The following gentlemen were then elected as officers of the School for the coming year—the president and other officers, viz.:—Chairman of committees, treasurer, trustees, hon. secretary, lecturers, curator and librarian, secretary, and auditors.

The following gentlemen, members of the committee, who retire in accordance with Rule IX., were unanimously re-elected—viz., Messrs. T. Scott Anderson and J. B. Crampertn, Drs. W. Bradshaw and A. C. Clifton.

It was proposed by Dr. Bayes that Drs. Drysdale and Dudgeon should be elected members of the committee, but both declined.

The following members of the council, who retired by rotation, were, on the motion of Mr. Chambre, also re-elected:—A. E. Chambre, Esq., Dr. Drysdale, Dr. Dudgeon, and A. R. Pite, Esq.

A vote of thanks to the president and other officers of the society, and to the lecturers for their valuable services to the School, was proposed by Dr. Bayes, and unanimously accorded.

The reports of the London School of Homœopathy contained the following details. There has been steady and continual progress in the School as an educational establishment. The members of the School have confined their efforts to the teaching of the homœopathic *Materia Medica* and Therapeutics in relation to the principles and practice of medicine. The paragraphs 3 to 10, which have given rise to considerable discussion, embodied the following idea—namely, that the lectures given by the School were not intended to take the place of the ordinary courses of *Materia Medica* and Therapeutics, as taught in the ordinary medical schools, but rather to be supplementary.

It is not only on scientific grounds that a School of Homœopathy demands and deserves support; a very large proportion of the laity of our country elects to be treated homœopathically.

For the protection of the laity against ignorance and charlatanism, we have a right to demand that the medical practitioners who attend them shall be duly qualified to treat them homœopathically, shall be fully instructed not only in the ordinary branches of medical study, but shall also be well acquainted with the special therapeutics of Homœopathy.

Our numbers, our weight of influence, may not be sufficient to obtain the introduction of courses of lectures on Homœopathy into the legally constituted and recognised schools of medicine as part of the compulsory education of every medical student; but we may fairly ask, that as an *additional and voluntary subject*, Homœopathy may be recognised as a supplementary branch of medical study, and that any medical man, desiring to be examined in Homœopathy, may be so examined, and if found competent, may be licensed, by the legal medical authorities, for its practice. We have a precedent in the L.M. (Licentiate in Midwifery) which can be added, after special voluntary examination, to the ordinary M.R.C.S. degree.

This voluntary Licentiate ship might be granted by the existing universities or licensing bodies to such of their graduates or licentiates as may desire to possess this extra qualification.

Sixty-four lectures have been delivered during the year on *Materia Medica* and Therapeutics by Dr. Hughes on Mondays and Thursdays during the winter and summer session. Sixty-nine lectures on the principles and practice of medicine have been delivered by Dr. Dyce Brown on Tuesdays and Fridays during the winter and summer session. At the commencement of the winter session, 1878, Dr. Dyce Brown, of London, delivered an introductory lecture to a large and deeply interested medical audience on the 2nd October. Clinical lectures have been delivered during the year by Dr. Dyce Brown, Dr. J. Galley Blackley, Dr. James Jones, Dr. Richard Hughes, and Dr. Cooper, both in the wards of the Hospital and in the out-patients' department.

The prize of ten pounds to be given at the end of each winter session to that student who should pass the best examination in Homœopathy was awarded to Dr. Clark, of Ipswich; a second prize of five pounds was awarded to Dr. Goldsborough, of London, and to each prize was added an engraved portrait of Hahnemann.

A course of lectures to female missionaries on the rudiments of Anatomy, Physiology, and Minor Surgery, by Dr. James Jones, was delivered during the months of May, June, and July; and a course on hygiene and the rudiments of the practice of medicine, by Dr. J. Galley Blackley, was delivered during the months of May, June, and July. It is in contemplation to deliver a similar course during the present year.

ANNUAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers of this Institution was held at the Hospital, Great Ormond Street, on Tuesday afternoon, 8th April, 1879, the Lord Ebury presiding. There were present the Earl of Denbigh, Captain Vaughan Morgan, the Rev. John Gough, Dr. Hamilton, Dr. Yeldham, Dr. Mackechnie, Messrs. Boodle, Crampertn, Pite, Slater, Hinde, Ellis, and many others.

The proceedings were opened with prayer by the Rev. John Gough.

The Secretary (Mr. G. A. Cross) read the circular convening the meeting, and the minutes of the last meeting, which were formally adopted.

Mr. Alan E. Chambre (Official Manager) read the Annual Report, of which we give some of the principal details, as follows:—

“On the 24th November Dr. Quin, the chief founder and promoter of the Hospital, succumbed to a severe illness. By his own personal donations and those of anonymous friends through him, between the years 1850 and 1871 inclusive, no less a sum in the aggregate than £6,300 was contributed to the funds for the maintenance and support of the Hospital, besides large sums towards the Building Fund. Dr. Quin never ceased to take a lively interest in all that concerned its welfare, and he allowed the provisions of his will to remain undisturbed. By this will the whole of his property, calculated to amount to not less than £17,000, has been left in trust for the benefit of the Hospital.

The statement made in the last Report that the receipts fall short of the expenditure is, unfortunately, applicable to the year 1878. But the extraordinary exertions put forth in the latter part of 1877 and the early part of 1878, produced, for the ‘Special Purposes Fund,’ a total sum of £1,815 19s. 6d. Of this, £1,574 4s. 6d. was received up to April in last year, and was included in the Report for the year 1877. And the Fine Art Distribution organised in the autumn of 1878, and carried to a successful issue on the 21st February last, has realised a sum of 1,020 guineas, from which amount various expenses have to be deducted.

The total income of the Hospital for the year 1878, from all *ordinary* sources, was £3,272 14s. 2d., as against £3,231 19s. 10d. in 1877, showing an increase of £125. To this sum of £3,272 14s. 2d. must be added £1,377 10s., the balance of the Special Purposes Fund; legacies (exclusive of the bequest of the late Dr. Quin) amounting to £27 10s.; £102 7s. 4d., the first portion of the receipts from the Fine Art Distribution (after paying preliminary expenses), and a loan of £500; making (with the balance of petty cash from 1877—£6 12s. 6d.)

a total of £4,786 14s. From the 1st January to the 31st March, 1879, the total income has been £859 10s. To this should be added the subscription of the London School of Homœopathy (£367 10s.), received in February, 1878, but not yet received for 1879, making a total of £1,227. A comparison with the receipts for the same period of 1878—£995 3s. 4d.—then shows an increase of £231 16s. 8d.

The expenditure on account of ordinary income in 1878 has been £3,843 13s. 9d. The expenditure on account of ordinary income during the same period of three months in 1879, has been £853 2s. 11d., as against £1,029 19s. 3d. in 1878, or a saving of £176 16s. 4d.

The annual subscriptions actually received in 1878 amounted to £1,661 0s. 6d., and show a *net* increase upon those of 1877 of about £95 a year. A further sum of £43 10s. 6d. represents subscriptions due in 1878 and not yet paid. The annual subscriptions paid in the first three months of 1879 amounted to £389 19s. 6d.

The fees for the registration of out-patients have resumed an upward tendency, and amounted to £286 15s., as against £264 3s. in 1877; so that the anticipations held out in the last Report that an improvement might be looked for in this respect have been realised.

According to the anticipations put forward in the last Report, the Nursing Fund receipts in 1878 were nearly double those of 1877, and from the amount already paid in since the close of the year, it may confidently be anticipated that there will be a further considerable increase in the current year. The amount paid in on this account in the three first months of 1879 is £267 4s., as compared with £94 8s. 6d. in 1878.

The experiment of organising a number of trained nurses for nursing private patients may, therefore, be considered to have proved a decided success, and not a little of that success is due to the admirable judgment of the lady superintendent in selecting young persons with the necessary qualifications and aptitude, and to her skill and tact in training them.

The working expenditure of the Hospital during the year 1878 was: £3,843 13s. 9d. against £4,029 7s. 4d. in 1877; showing a sensible reduction.

The Invested Funds of the Hospital at the 31st December, 1878, exclusive of the Hospital premises and furniture, and the freehold house, No. 1, Powis Place, consisted of—

Consols	£3,101 8 2
New Three per Cents.	4,757 17 10
	£7,859 6 0

an increase of £538 15s. 4d. upon the amount at the 31st December, 1877.

The total number of in-patients treated in the Hospital in the course of the year was 552; an increase of 21 on the number in 1877.

The number of out-patients shows an increase, viz., 6,419, as compared with 5,814 in 1877.

The aggregate number of in and out-patients treated since the opening of the Hospital to the 31st December, 1878, amounted to 146,208, and to the 31st March, 1879, to 148,178.

The experiment of visiting out-patients at their own homes has proved successful.

The Board regret that one of their colleagues, Lord Borthwick, having left London permanently, has resigned his seat; but they have much pleasure in announcing that Mr. Samuel Gurney and Captain Gardner have accepted seats at the Board, and the ratification of their appointments will be proposed to-day. The Board is now, for the first time for some years, constituted within one of the full number of twenty-one members, as provided by the laws of the Hospital. The Earl of Dunmore has kindly consented to act as Vice-Chairman.

In accordance with the laws, the following gentlemen retire by rotation, but, being eligible, they offer themselves for re-election, viz.:—Mr. Williams, Mr. Hughes, Mr. Humphries, Mr. Chambre, Mr. Scott Anderson, Capt. Davies, Mr. Debenham.

The Board regret to announce the death of Mr. Trueman.

Changes have taken place in the medical staff. Dr. James Jones has resigned the appointment of Surgeon on the Internal Staff, and Dr. George Lade that of Medical Officer in charge of Out-Patients. To both the regret and thanks of the Board have been conveyed. Dr. Clarke having also resigned the post of Resident Medical Officer, Mr. A. P. Torry Anderson, the Assistant Resident Medical Officer, was appointed to succeed him.

To fill the vacancies thus created, Mr. Thorold Wood, Mr. F. G. Stanley Wilde, and Mr. C. Lloyd Tuckey have been appointed Surgeon and Medical Officers in charge of Out-Patients. Mr. Horace Flint was appointed to succeed Mr. A. P. Torry Anderson as Assistant Resident Medical Officer, and has performed the duties to the entire satisfaction of the Board; but he is about to resign the post, and the offer of Mr. Byres Moir—who is eligible to undertake the duties of the post—has been accepted.

The Medical Staff of the Hospital are entitled to very warm thanks for their constant attention and kindness to the patients brought under their care, whether as in or out-patients.

To the Lady Visitors also are due the thanks of the Governors and Subscribers, as also to the Honorary Solicitor—who has given valuable time in connection with the bequest of Dr. Quin and other matters.

Of the Lady Superintendent of Nursing, the Lady Dispenser, and other officials mentioned in laudatory terms in the last Report, the Board can only reiterate what they then said.

The Board of Management deeming that the time had arrived for filling up the vacant post of Consulting Physician, for many years held by the late Dr. Quin, have appointed to that post Dr. Edward Hamilton, who was connected with the Hospital as one of the physicians in charge of in-patients from its foundation, in 1850, until the month of April, 1866, when, owing to his private professional engagements, he was compelled to resign.

The Board cannot close their Report without inviting the Governors and Subscribers to join sincerely with them in offering to the Almighty a heartfelt expression of gratitude for the many blessings vouchsafed, for permitting their efforts for the welfare and success of the Hospital to be crowned with so much success, and for the brighter prospect for the future of the Hospital which has opened with the year 1879."

The Chairman, in moving the adoption of the Report, referred in graceful terms to the fact of ladies being present, and to their necessity and usefulness in connection with the working of a hospital. It had been his duty and his difficulty on many occasions like the present to notice several circumstances which required a good deal of explanation, which, when given, was not, he feared, always perfectly satisfactory. But he never experienced greater pleasure than upon the present occasion. They had, as a Hospital, had a very severe winter, yet "Now was the winter of their discontent made glorious summer by this sun of York." Although the Report had, for the first time, been circulated to all the Governors and Subscribers some time previous to the meeting, he was glad it had been read *in extenso*; it did the Official Manager great credit. The first thing he noticed was the sincere regret which he was sure occupied the minds of all present at the loss of Dr. Quin, whom he (the Chairman) had known for forty or fifty years. They were always friends, and had a great deal to do with the foundation of the homoeopathic system in this country. Dr. Quin suffered so much during the last two years of his life that he believed his death was to him a happy release. However, they could but feel his great loss, although his name would always be a name of strength to the homoeopathic medical treatment; and they all felt deeply what a debt of gratitude that system would have to acknowledge in respect of that magnificent legacy which he had left to the Hospital. The Board would take means to secure a good portrait of him—which was all they could do—and hang it up in the most conspicuous part of their establishment. Nothing, continued the speaker, could be more successful than the training of nurses in the Hospital. These were in the highest possible demand; and so good were the nurses who were trained there considered that they almost command the market wherever they can be got. His lordship alluded to an instance of considerable devotion displayed by one of their nurses in dealing with a case of considerable danger and difficulty. She had nursed the patient with the greatest care and attention, and ultimately caught the disorder herself, and nearly met with her death through it. Her name ought to be mentioned for the wonderful perseverance and self-exposure manifested; and the Board would have great pleasure at their next meeting in presenting her with an adequate testimonial on her leaving the service under unavoidable circumstances. Gratitude was a very rare thing, but they had a case in which the gratitude of the patient and the excellency of the medical treatment were alike displayed. A professor of music broke his arm opposite the Hospital during the late severe frost, and in acknowledgment of his cure, which had been effected at the Hospital, had offered to give a concert for the benefit of the Institution. They had also a promise of some excellent theatricals at St. George's Hall, on the 5th June next, on behalf of the funds of the Hospital. They were happy to have the presence at the meeting of Lord Denbigh. The attendance, however, of Governors and Subscribers was limited, and altogether showed the most unbounded confidence in the management. They had begged and prayed the Governors and Subscribers to be present, to show some little distrust in the General Committee, but they seemed so perfectly satisfied with every arrangement, that it might be taken as a great compliment that so few had assembled. He wished they would come and show a little

interest; it would encourage the Committee in their exertions. Though he could not, unfortunately, attend at the meetings of the Board quite as often as he would like, yet he could vouch for it that on all occasions his colleagues were as painstaking and successful a set of people as he had ever met. (Applause.)

The Report was then formally adopted.

FIRE AT MESSRS. BOERICKE AND TAFEL'S.

WE regret to learn that this well-known and respected firm of manufacturing homœopathic pharmacists and publishers in the United States have sustained a heavy loss through a great fire which recently occurred in Philadelphia. In this city Messrs. Boericke and Tafel have a large branch establishment, and, as many of our readers are aware, they have branches also in Baltimore, New Orleans, San Francisco, and Oakland, California, the headquarters of the firm being in New York. The fire broke out, it appears, at one o'clock on the morning of the 6th of April, in a five-storey building, at the corner of Race and Crown Streets, and, strange to say, immediately adjoining the district of the city consumed in the great fire which occurred in Philadelphia last summer. In a very short time about forty business premises were completely destroyed, and many more damaged; two lives were lost, besides several persons seriously injured. The destruction of property is estimated at the value of \$1,000,000, and so thoroughly did the fire do its work that, to quote the *New York Herald*, nearly all the sufferers lose everything they had on the spot, some of the firms not having even a piece of paper to show. Our friends, Messrs. Boericke and Tafel, had almost their entire stock of unbound books destroyed, entailing a loss of \$30,000, which is only about one-half covered by insurance. They further inform us that the ninth volume of Dr. T. F. Allen's "Encyclopædia of Pure Materia Medica," 1,200 copies of which were consumed in the flames, will be delayed for several months, although the printers are busy reprinting it. An additional volume, making the tenth, has been found necessary to finish the Encyclopædia, and the publishers announce that volume nine will probably be reprinted by the end of next month, volume ten about two months afterwards, and that the work in its entirety, concluding with the *Index or Symptom Register*, will be completed by the end of the present year.

THERAPEUTIC NOTES.

A New Treatment of Shock. Dr. Charles Hunter, of the Medical School of the University of Pennsylvania, has lately introduced a new and successful mode of treatment for the great shock following railway injuries, etc. The patient is at once placed in a bath at 98°, its temperature then being rapidly raised to 110°. As is well known, the temperature of patients suffering from shock is as low as 96° in the axilla; but by his mode of treatment Dr. Hunter is enabled to raise it from 96° to 98.5°, and to reduce the number of respirations from 36 to 20. Prior to the bath the skin is cold and clammy; but on taking the patient out of it after ten or fifteen minutes the skin is warm and dry.

Eucalyptus for a Cold in the Head. Prof. Strambio, in a note in the *Gaz. Med. Ital. Lombard.*, says that, notwithstanding the failure of all the remedies hitherto recommended for the immediate cure of a cold, he wishes to communicate to the profession the great success he has found attending a new one in his own person, and to ask them to test its efficacy. He found prolonged mastication and swallowing of a dried leaf or two of the *Eucalyptus Globulus* almost immediately liberated him from all the effects of a severe cold.

Ice in the Sick-Room. Mr. Burdett, in his book on *Cottage Hospitals*, quotes this simple plan for the preservation of ice in the sick-room. "Cut a piece of flannel about nine inches square, and secure it by a ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed, pieces of ice may be preserved many hours; all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it, and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup; otherwise it holds the water, and facilitates the melting of the ice, which is nevertheless preserved much longer than in the naked cup or tumbler." In a tumbler containing a flannel cup made

as above described, of cheap open flannel, at tenpence a yard, it took ten hours and ten minutes to dissolve two ounces of ice, whereas in a naked cup, under the same conditions, all the ice was gone in less than three hours.

The Bromide
Eruption.

Dr. Barlow is of opinion that very young children are more likely to present bromide eruption than adults. He mentions a case of an infant, in which three grains of *Bromide of Potassium* given three times a day produced it. He has also observed the appearance of the eruption after the stoppage of the drug in a young woman with hysterical laryngismus. In that case also the peculiar villous appearance of the spots on the neck was presented at the seats of friction.

HYGIENIC NOTE.

Physical Educa-
tion at Schools
and Colleges.

The introduction of physical exercise and instruction on hygiene as a part of a college curriculum has been realised at Amherst College, United States, for the last twenty years, and with results that are highly instructive. Only distinguished members of the medical profession are appointed to the department, and they have the same footing as the other professors. Their first duty is to know the physical condition of each student, and to see that the laws of health are preserved. In case of sickness, the student applies to this officer for a certificate, whereby he is excused from college duties and put under suitable treatment. Statistics of the bodily condition of the students are regularly secured. All the classes are required to attend the gymnasium exercises four times a week. The performances are accompanied with music, and arranged to give full play to the animal spirits. They are fully as popular and well-attended as the literary exercises. The intelligent co-operation of the students is secured by instruction on the means of preserving health, physical and mental, with supplementary lectures on human anatomy and physiology. Writing on the chances of life of the young men under this hygienic discipline, as compared with men of the same age elsewhere, Professor Hitchcock says: "It is regarded as an established law that the chances of life grow less and less from about

the fifteenth to the twenty-third year, and the rate of decrease is very rapid. But the tables of health kept at Amherst show that there is an improvement in health from year to year through the course, the ages being from nineteen to twenty-three; for, taking the number of sick men in the freshmen class as unity, the number in the sophomore class is 0.012, in the junior 0.759, and in the senior but 0.578; the percentage during the college course diminishing to nearly one-half." In the light of these twenty years' experience, he urges on colleges generally the formation of a similar department.

MISCELLANEOUS NOTES.

Fatigue from Pen-holding. Muscular fatigue from prolonged use of the pen may be pleasantly relieved by holding the pen after the manner of phonographers—namely, between the index and second fingers, keeping it in place by means of the top of the thumb. The distal end of the holder should point away from the body. The strokes are reversed, but one can write in this manner for hours without weariness.

Insurance against Blindness. This subject having been recently mooted for discussion, Mr. Cornelius Walford, author of the *Insurers' Cyclopaedia*, writes to say that insurance against loss of sight is not a new idea. As far back as 1765 the "Honourable Friendly Society," established in Cambridge, insured a superannuation to its members who became blind, and he believes the society is still in existence. Several other modern insurance companies have undertaken the risk, or, at least, announced themselves prepared to do so, viz., the Professional Life, founded 1847; the English and Irish Church Insurance Company, founded 1853; and the Constitution Life, founded 1856. These companies have all passed out of existence long since, and he believes the actual rates of premium they proposed to charge were never published—they probably were never calculated. This would constitute a very legitimate branch of business, and might be transacted at a very trifling cost and for a very small premium, sufficient data now being obtainable.

Absinthe. According to the deposition of Dr. Blanck, absinthe produces 60 per cent. of the cases of insanity in France. Dr. Magnan states that absinthe is produced by the distillation of alcohol with wormwood (*Absinthius vulgaris*), either pure or mixed with other herbs. Several are used for the purpose of varying the flavour—for instance, the anise (*Anisum*), the angelica (*Angelica archangelica*), etc. M. Magnan, in a series of experiments on animals, has found that the poisonous properties of absinthe are much greater than of any other liqueur—even alcohol. The leading members of the medical profession in France are strongly opposed to teetotalism. They not only prescribe alcohol in various cases, but recommend the use of such stimulants to their patients in moderation; but they unanimously condemn absinthe.

The Practice of Medicine in Algiers. Dr. Georges Daremberg describes a visit to the most famous medicine-man of Algiers, an irregular practitioner much resorted to by European and especially English residents in that city. To reach his domicile Dr. Daremberg had to clamber up a steep hill-side to the escarpments of Mount Boudzariah. The ascent was relieved of its irksomeness by the beauty of the lentiscas and thuyas which flourished luxuriantly upon it, till at last a little Arab house, white as chalk, announced the abode of the medicine-man. Having run the blockade of the savage dogs, which seem the indispensable adjuncts of Arabian rural life, Dr. Daremberg reached a hall of primitive simplicity, where patients wait their turn. On passing from this to the consulting-room, the first thing to meet the eye of the visitor is the vast number of vials and flint-stones which seemed to constitute the stock-in-trade of the medicine-man. The moment you enter, the master of the house and his family prostrate themselves on the ground. After this invocation and *tableau*, the women and children retire, and the interrogatory begins. "I confess," says Dr. Daremberg, "I was not prepared for such ignorance and absurdity as greeted me. Having satisfied myself that the medicine-man's knowledge was *nil*, I told him that I had an ailment of the stomach. Then, with imperturbable gravity, he told me to put a bit of meat upon my chest. 'You have,' he said, 'a dog which gnaws your system; give him a good bit of meat, and he will gnaw that instead of your inside.' Never," adds Dr. Daremberg, "was

there a more original example of 'la médecine substitutif.' When an internal organ is irritated, you apply to the outside a revulsant, which substitutes a superficial for the deep-seated inflammation. Thus you kill the evil. But the Arabs find it answer better to feed it."

Shape of Hands. Hands have been divided into three sorts; the first sort having fingers with pointed tops; the second, fingers with square tops; the third, fingers with spade-shaped tops. By "spade-shape" is meant fingers that are thick at the end, having a little pad of flesh at each side of the nail. The first type of fingers belongs, it is alleged, to characters possessed of rapid insight into things—to extra sensitive people; to thoughtful people; to the impulsive; and to all poets and artists in whom ideality is a prominent trait. The second type belongs to scientific people—to sensible, self-contained characters. The third type pertains to those whose instincts are material; to the people who have a genius for commerce, and a high appreciation of everything that tends to bodily ease and comfort; also to people of great activity. No matter how the hand is shaped, each finger has a joint representing each of these. Thus the division of the finger which is nearest the palm stands for the body (and corresponds with the spade-shaped type), the middle division represents mind (the square-topped), the top, soul (the pointed). If the top joint of the finger be long it denotes a character with much imagination or ideality. The middle part of the finger, if large, promises a logical, calculating mind—a common-sense person. The remaining joint, if long and thick, denotes a nature that clings more to the luxuries than to the refinements of life—one which appreciates the fleshpots of Egypt.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

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BOOKS AND JOURNALS
RECEIVED.

American Observer, March.
The Monthly Homoeopathic Review, May.

Homoeopathic Times, May.

The New England Medical Gazette, May. ;

The Hahnemannian Monthly, May.

The Dietetic Reformer, May.
United States Medical Investigator, April.

The Cincinnati Medical Advance, April.

The St. Louis Clinical Review, April.

The American Homœopath, April.

The Medical Record, March.
Index Medicus, March.

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An Illustrated Repertory of Pains in Chest, Sides, and Back; their Direction and Character. Confirmed by Clinical Cases. By Rollin R. Gregg, M.D. Second Edition. Chicago: Duncan Brothers, 1879.

Medical Observations Abroad. An Address delivered at the Hahnemann Medical College and Hospital of Chicago, on invitation of the Hahnemann Medical Institute, December 19, 1878. By C. H. Vilas, M.A., M.D.

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tory-Analysis. By John C. King, M.D. Chicago: W. A. Chatterton and Co., 1879.

Hoynes's Annual Directory of Homœopathic Physicians in the State of Illinois for the year 1879.

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The Homœopathic World

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- Coloured Printing-Paper.
- Pathogenetic Record: Cannabis Indica (continued).

HOMŒOPATHIC PRACTICE:—

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THE HOMŒOPATHIC WORLD.

JULY 1, 1879.

ON THE RELATION BETWEEN POISONS AND MEDICINES.

By Dr. HARMAR SMITH, Ramsgate.

It is at once a remarkable fact, and an illustration of the beneficence of the Creator, that those deadly poisons whose very names are held in fear and abhorrence by mankind, possess properties, which when wisely and skilfully used, are fraught with life and healing to the sick.

It is a further important and interesting fact, that the manner in which these poisonous substances derange health and destroy life, furnishes to careful and diligent observation, guiding principles for their use in the treatment of disease.

In fact a great therapeutic or curative law has been thus enunciated, which although obscurely hinted at in the writings of some of the medical sages of antiquity, yet was left for the genius of a modern medical philosopher to develop and illustrate, and thus to confer incalculable benefits on the human race. The result, however, of Hahnemann's labours has been greatly marred and frustrated, (such is human perversity) by the circumstance, that those who have assumed the place of custodians of the public health, have persistently stood in the way of the development of this great therapeutic principle, and thus immeasurably retarded the progress of practical medicine.

A collateral discovery of the great medical reformer whom I have named, is, that the doses of the poisonous or medicinal substances which have been alluded to, may, with advantage to the sick, be reduced, not only far beyond the range of any possible poisonous influence, but to a degree which heretofore had appeared incredible, and still does to those medical men who refuse to make experiments on the matter, and whose judgment is therefore founded on *a priori* considerations alone.

We shall find as we proceed, that the remedies most valuable and most frequently used by the physician, who regulates his practice in obedience to nature's law of healing, are selected from amongst the deadliest and most rapidly fatal poisons found in the list of the toxicologist. As examples of these we may instance *Aconitum Napellus*, or Monk's-hood; *Atropa Belladonna*, or Deadly Nightshade; *Mercurius Corrosivus*, or Corrosive Sublimate; *Nux Vomica*, *Ignatia Amara*, and their active principle, *Strychnia*; and *Arsenious Acid*, or white arsenic, more commonly known by its Latinised name *Arsenicum Album*.

I shall now proceed to speak on the mode of action of this last named most deadly poison and most useful medicine. There is not an organ of the body exempt from liability to its attacks. Like a wild beast which, in seizing its prey, may have ordinarily a preference for one part of the person of its victim, but yet may at times make its chief onslaught on some other vital organ, so with the action of this poison. By whatever medium taken into the system, it usually sets up intense irritation going on to inflammation of the lining membrane of the stomach and intestines; at other times it fastens on the heart or lungs, or the brain and cerebro-spinal nerves may be the organs specially attacked; or, again, the vasomotor nerves, or the muscles, or the kidneys, or the reproductive organs, may come under its fell influence.

If such be the extensive range of the deadly toxical power of this metallic oxide, not less ample is the sphere of its beneficent influence in the hands of the physician, who has gained the talisman whereby this weird and foul enchantress, is converted into a benign and health-restoring goddess.

Many years ago, when but newly cognisant of the great therapeutic law to which I have referred, and whilst still a union medical officer, I cured (I use the word advisedly) two infants who were apparently *in articulo mortis* when first visited, by means of *Arsenicum*. Very soon after my attendance on these cases it became known to the authorities that I had become a homœopathist, and my enforced relinquishment of the parochial harness speedily followed, and if I have not attended one such case since, it is because it is very rare in private practice for mothers to delay sending for the doctor until the vision of the coroner's inquest looms before them.

On November 29, 1858, I was summoned by an order from

the relieving officer late in the evening to visit an infant a few months old, and found it labouring under the following symptoms. It was semi-comatose, and could not be roused; its face deadly pale, the jaw and eyelids fallen, the nose pinched, surface cold, pulse threadlike. This state of collapse had followed a series of convulsive attacks, and was so profound that I viewed the case as hopeless; in fact, with the exception of the death rattle, there was every external sign of approaching dissolution. As a forlorn hope, however, I ordered a drop dose of the 2nd or 3rd centesimal dilution of *Arsenicum* (my notes do not say which) to be given every quarter of an hour.

30th. Partial return of sensibility and of warmth; countenance more lifelike, and pulse stronger; able to take small quantities of nourishment. The child's mother assures me that she has sat up all night to give the medicine regularly.

December 1st. Great improvement in all the symptoms.

8th. Discharged cured.

A few weeks after the above date I was again requested by the relieving officer to visit a case which was almost a *facsimile* of the preceding one. The infant was only a month old, and the entry I made in my case-book at the time was headed, "Convulsions, collapse, appears sinking." By the diligent administration of the same remedy which had proved so successful in the previous case, there was a decided improvement manifested on my visit on the next day, and in six days the little patient was discharged cured.

These cases reveal a mighty yet perfectly manageable curative power in the medicine which was given to the little sufferers, and yet the very same agent which is only known to the mass of mankind by its pernicious and destructive power. If now we turn to the records of a few cases of poisoning by arsenic, we shall find the closest analogy between the symptoms it produces in the healthy, when acting as a poison, and those which it cures in the diseased when acting as a healing medicine.

I will first refer to two cases bearing on those which I have just related.

At page 319 of the first edition of "Taylor on Poisons," we find the following case:—

"A child, aged twenty months, ate some paste consisting of honey, flour, and arsenic, prepared for destroying mice. He was caught in the act of eating it, and a considerable portion was forced from his mouth. Some ipecacuanha

wine was given to him, and he vomited freely, the ejected matter consisting chiefly of mucus of a yellowish colour, with some of the paste suspended in it. The vomiting was encouraged, and milk was freely given. Between the fits of vomiting he appeared lively. In about two hours he had two natural motions, and was sleeping calmly as usual. He had had no pain; respiration a little hurried. In about six or seven hours he became somewhat restless, but there was no expression of pain. Soon after this *he became worse, the surface was cold, lips livid, eyes sunk, the pupils fixed and rather dilated, pulse scarcely perceptible, respiration feeble*, accompanied with sighing. After lying for half an hour in this condition he expired without a struggle nearly eight hours subsequent to the accident."

On page 321 of the same work occurs the following case:—

"Girl, aged two and a half years, when first seen was in a *comatose state*. She had been sick and *convulsed*, and had suffered severe pain, but now there was *complete insensibility*; the face was swollen, and of a livid hue; the pupils dilated; the breathing difficult; *the extremities cold*. She was, in fact, in a *complete state of narcotism*, and died about half-past eleven, not more (probably less) than two hours after taking the dose of *Arsenic*."

THE EFFECTS OF FRIGHT.

A VERY interesting paper "On the Effects of Fright," as exemplified in cases occurring during the bombardment of Strasbourg in 1870, has been communicated to the Medical Society of the Bas-Rhin by Dr. Reibel, who states that he was in charge of one of the ambulances established at that time for the wounded, and that the cases he describes fell under his own observation. The exercise of the medical profession at this period was, he says, no desirable occupation, since, besides the charge of the ambulances, the surgeons had to visit, at least once a day, under a shower of bombs and shells, those who were injured in their own houses. Besides many curious and interesting cases of injury, he saw a class of cases of internal disease which at the time he entertained no doubt, and subsequent consideration has only confirmed his opinion, were due to the effects of terror, induced partly by the fearful shrieks of the shells, partly by the sense of ever-present danger, partly by the fires that were

of constant occurrence, and partly by the perpetually flying rumours of the number and sad condition of the wounded.

The first case he records is that of a physician, Dr. Teinturier, well known it appears to the members of the profession in Strasbourg, whose house was set on fire by a shell. Terrified, he rushed into the street, and was immediately attacked by a form of nervous delirium with hallucinations; every possible care was bestowed upon him, but sleeplessness and agitation gave place to coma and paralysis, which were followed by collapse, and he died five days after the shock. Another remarkable case, calling to mind the "wind contusions" of the older writers, occurred in a boy about ten years of age, who was crossing the Place d'Austerlitz when a shell whizzed past his head. Greatly alarmed, he ran into his own house, saying he had been frightened, and wished to lie down, as his legs trembled under him. He was put to bed; had a rigor followed by vomiting, which was succeeded by delirium and convulsions, and death ensued in five hours. In a third case a patient liable to migraine, and therefore probably a nervous subject, suffered frequent attacks of her ordinary complaint during the first days of the siege. A month later the attacks became intermittent, and yielded to sulphate of quinine. Nevertheless, her appetite failed, she became progressively weaker, with perspirations, an outbreak of sudamina, and symptoms that resembled those of a low fever. In the course of another month sleeplessness, agitation, and delirium supervened, followed by coma, and death took place evidently from an attack of meningitis. A similar case is recorded of an elderly woman who had lived through six weeks of the siege in continual harass and anxiety, and who was suddenly seized with epileptiform convulsions, and died in a few hours. Another woman buried all her ready money in her cellar. Her house was struck and set on fire, and she had to fly for life. An attack of delirium supervened, in which the predominant idea was that she was ruined, which, however, was not the case. An apoplectic seizure with hemiplegia occurred, followed by a second and third, and death took place shortly after she had fallen into a state of great depression and complete dementia. M. Reibel gives a number of other cases of nervous affection, the disease or death where this occurred being in each instance traceable to the effects, direct or indirect, of the explosions of shells. Thus there were five cases of cerebral apoplexy, seven cases of paralysis of the cord, four cases of mental alienation, two of

epilepsy, four cases of uterine hysteric convulsions, two cases of exophthalmic goitre, and one of extreme neuralgia of the mamma. Besides these affections of the nervous system, M. Reibel observed a case of pneumonia, one of angina pectoris, one of diabetes, one of purpura, many cases of diseases of the liver, and two cases of cancer developing with extraordinary rapidity, and all more or less clearly associated with the terror and excitement of the seige. The case of pneumonia occurred in a lady fifty years of age, who was recovering from a slight attack of that disease. On the seventh day, a shell exploded in an adjoining room. The patient, excessively alarmed, felt a sudden oppression of the chest; the inflammation returned with extreme violence, and in ten hours she was dead. Though John Bull pays heavily in one shape or another for his security, the story of such occurrences as these may well lead him to give cheerfully if it effect the security of his house and home; for if so large a series of distressing cases fell under the observation of one man, how many must there be who are still suffering from the sudden and utter loss of friends and of property, and who, reduced to poverty and distress, still experience, in shattered nerves and disordered functions, the effects of that terrible bombardment.—*Lancet*.

MILK A PROPHYLACTIC IN SCARLATINA.

By W. H. BURR, M. D., of Chicago.

(Read before the College of Physicians and Surgeons of Michigan.)

MR. PRESIDENT, AND GENTLEMEN OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN,—Having recently been elected an honorary member of your society, I know of no better way of thanking you for this honour than by contributing to the interest of the society something useful and practical for its members in everyday practice. I have selected for your consideration a few moments the *prophylactic virtues of milk in Scarlatina*, and hope you will give the subject a practical trial before making up your minds *for or against* the remedy. A prophylactic for this fatal and dreaded disease should not only be simple, but in abundance, so that all, both rich and poor, could be well supplied. God, in His providence, has given us this prophylactic in such inexhaustible quantities, and so simple, that physicians have overlooked it because of its great simplicity. Ages have

been spent in hunting among the three kingdoms of nature for a drug to act as a prophylactic in scarlatina, and many have been used to prevent the spread of this disease, but not one, as yet, has stood the test in actual practice when used in malignant epidemics. In the mild form many remedies have seemed to act as prophylactics, the most prominent of which is *Belladonna*, suggested by our immortal Hahnemann. But in our last epidemic in Chicago, during the last two and a half years, there have been about twenty thousand cases with a mortality of about one to six. *Belladonna* has proved to be utterly useless, and the same may be said of the long list of remedies which our text-books and journals recommend as prophylactics.

When studying up this disease about one year since, I found that all writers upon this subject claimed that nursing infants were almost exempt from this poison, and asked the question, *Why this exemption?* There being a cause for everything, there must be a cause for this non-predisposition of infants. This problem, I believe, is now in a fair way to be solved, and consists in the fact that infants live upon a milk diet; therefore I believe that *a milk diet is the true prophylactic for scarlet fever.*

This fact was given to the profession a few months since in the Chicago daily *Tribune*, and in the *American Homœopathist*. At that time I had only tested its virtues in nine cases in actual practice, and from the almost absolute immunity of nursing infants, I thought I was justified in claiming that *milk* would finally prove to be the true *prophylactic* in this fatal disease. Since then I have further tested it in thirty-one cases, making in all forty, where milk given as a diet has proved an *absolute prophylactic*. This occurred, notwithstanding the parties remained constantly in the house where the atmosphere was loaded with the scarlatina poison, given off constantly by the one suffering with the disease.

These facts justify me in bringing this agent before this honourable body as well worthy of your candid investigation. And if upon further trial it should prove to be the *prophylactic* for scarlatina, our labour will be of untold value to the world.

I wish it distinctly understood that I do not claim that milk is an absolute and certain prophylactic in scarlatina, but that the evidence in its favour is so positive and abundant that we are justified in hoping that it will finally prove to be the *true prophylactic*. And I hope that you will

all give it a fair test before passing judgment upon its virtues.]

The world accepts vaccination as a true prophylactic in variola, notwithstanding about one-third of those who are vaccinated have varioloid, and many have died with it. Now a milk diet bids fair to prove more of a prophylactic in scarlatina than vaccination in smallpox. If the daily use of milk will prevent lead colic in the manufacture of white lead, where the manufacturers suffer the most violent colic without its use, where the system is so thoroughly and constantly saturated with the lead poison, why may it not prevent the poison that produces scarlatina from acting, when there is not the one-millionth part as much of the contagion absorbed as there is lead in its manufacture?

The question now arises, How shall we use it to get its prophylactic virtues? I have ordered, according to the age of the child, from one half-pint to one pint at each meal, three times a day, and more if the child would take it. A full milk diet would be better.

If the milk disagrees, add one teaspoonful of lime-water to the pint of milk.

Of course the milk should be kept out of the sick-room, and well covered to prevent its acting as a contagion-carrier, but I do not believe it would carry the contagion so as to give the disease, especially if it is its antidote. Open vessels of water are far more to be avoided in this disease than milk. It has been recently demonstrated in Europe that water does act as a contagion-carrier from open vessels in houses where there are infectious diseases.—*American Hom. Observer.*

THE ART OF DIGESTING.

By the EDITOR.

(Continued from page 248.)

IN my last paper I made a very slight sketch of the dangers and difficulties which beset the diner out. The sketch could be filled in more completely, but even the few outlines which have been given I think are sufficient to show the absurdity of mixing food and drink to the extent practised by civilised beings of the present day. Let us grant that man is a carnivorous animal, and that he is also herbivorous; but does it then follow in natural order that he should mix up bitters and sweets, acids and syrups, fire

and water, in his stomach in a couple of hours' time? Is it reasonable, at a time when the stomach is a degree or so warmer than usual for the purpose of digestion, suddenly to chill it with ice? Or again, when the stomach is already congested with the effort of digestion, is it wise to pour in strong wines, to make this natural congestion a morbid process? Let us try to find out some better scheme for happiness than compelling our friends to eat what is not good for their stomachs, or to drink what is ruinous to their nervous systems. I shall have something more to say on the subject of indigestion further on, but let me tarry a little by the wayside and discuss this most important subject of eating and drinking. How does the matter stand?

A certain number of educated people in Europe agree to give their friends dinners, and they agree to give these meals in a certain way, partly guided by old gastronomic traditions, and partly swayed by the temper of the times. Men must dine, they say, and it is better that men should dine well. Now, here is the "kittle pint" of the Scotch theologian—the ticklish question, "What is it to dine well?"

Is it to have a leg of mutton and trimmings for dinner, with the pudding familiarly known as "Spotted Dick"?

Or is it to have seven courses and a dessert?

Is it necessary to have six different alcoholic fluids to mix with the seven different courses, or can man be satisfied bodily and mentally with one kind of beverage, whether this owes its inspiration to an infusion of malt and hops, or whether it claims nobility from the pure juice of the grape? Or can he digest his food best of all, and enjoy it best of all, with water? Here is a vexed question, for has not Brillat-Savarin, a great gastronomer and a most intelligent thinker, laid it down as an aphorism that wines may be mixed at dinner with advantage? His very words are, "To pretend that we must not change our wines is a heresy: the tongue gets satiated, and after the third glass the best wine only awakens a dull sensation of taste." So says Brillat-Savarin, but he does not say that we may drink six or seven different kinds of wine during the same evening. He is a Frenchman, and possibly would allow hock and champagne to go amicably together during dinner-time, or claret and burgundy, or claret and hock, but he would not mix three wines together of totally different race, and add to these malt liquor as well. However, I must differ with Brillat-Savarin when I write for the

sake of those who have weak digestions. They may certainly take a little wine for their stomachs' sake, but then they must not mix their wines. Moreover, I would say, on purely æsthetic grounds, that to mix one's wines at dinner is absolutely wrong. The tongue may certainly get accustomed to the taste of one wine if that wine is taken in too frequent libations, but when two or three wines are mixed of opposite characters, the frequent result is undue fermentation in the stomach, and consequently no pure taste at all remains for either wine or food. I say that if we wish to eat and drink with judgment and with comfort, we must look for simplicity in our fare rather than that wearisome variety which is so much the fashion both at home and abroad. Walker, the author of "The Original," quite leans to simplicity, and he was a gastronomer of no mean reputation. He had studied the subject of delicate fare and of wholesome fare; he moved in the best society, and therefore had ample opportunities of seeing and tasting every kind of dish, from a simple neck of mutton to the last refinements of a French *cuisine*; we must, therefore, let his opinions have due weight. At times he erred perhaps on the side of Spartan simplicity, but this, in my judgment, was a fault in the right direction. Now the first thing to be considered in this matter of dining and digesting is ordering the dinner, and, as Walker truly says, "To order dinner well is a matter of invention and combination. It involves novelty, *simplicity*, and taste; whereas in the generality of dinners there is no character but that of dull routine according to the season." These words are as true to-day as when he wrote them at the beginning of this century. We have not advanced one whit in the art of gastronomy, though I believe we do know a little more about the physiology of digestion. Now we see that Walker uses the word "*simplicity*," which I have italicised, and he felt that this was an important item in all good dinner-ordering, as indeed it is in all matters where good taste is concerned. Look at a really well-dressed woman; she is simply dressed, she has studied the harmonies of colour, and she has not forgotten the value of certain adaptability of lines of dress to the lines of the body. So it is in the Fine Arts, the grandest pictures have generally the simplest theme with a large simplicity of treatment. What were Turner's materials in his "Frosty Morning"? or Old Crome's subject in his "Mousehold Heath"? In the one an English roadside iron-bound with frost, some three rustic figures,

and a simple sky. In the other the solemn lines of a bare heath, and a grand cumulus cloud rising majestically over the last bounding line of the heath. And yet these two pictures may be justly counted as two of the finest landscapes painted in the English School of Art.

But Walker, though claiming for "simplicity" in dinner-giving an important position, yet opens his subject by saying that "To order dinner well is a matter of invention and combination." Therefore, to ensure establishment of this very simplicity, the dinner-giver, male or female, must have an inventive mind, and because this talent of inventiveness is so rare, is why the bulk of dinner-givers are dull routinists; and, in spite of the variety of food which is heaped upon an European dinner-table, I contend that, in this country at least, "routine" is the order of the day, and not "inventiveness and originality." To quote a little more of Walker by the way, he is so delightfully practical: "The same things are seen everywhere at the same periods, and as the rules for providing limit the range very much, there are a great many good things which never make their appearance at all; as, for instance, game in the third course. This reminds me of a dinner I ordered last Christmas Day for two persons besides myself, and which we enjoyed very much. It consisted of crimped cod, woodcocks, and plum pudding, just as much of each as we wanted, and accompanied by champagne." What would some of the gastronomers of France or England say to that? The Frenchman would raise his hands and eyes to the ceiling, and would consider that such a day had been desecrated by the simplicity of Walker's bill of fare; and the Englishman would mutter something about "Rather short commons for Christmas Day," or "I wonder he did not allow a bottle or two of port."

Let us then try and study simplicity in our dining, and we shall be more successful in our digesting; this piling up of the gastronomic agony must end in defeat of some sort. Either the guest will not enjoy a tenth part of what is put before him, or if he should enjoy a dinner at seven he will in all likelihood suffer for it at twelve o'clock at night—that is if he has allowed his palate to overcome his judgment.

Some of my readers may be disposed to think I am a species of anchorite myself, and that I do not enjoy a good dinner, or perhaps fancy that, according to my views, there is

a certain amount of immorality in eating a good dinner. This is by no means the case, I am thankful to say, for a well-cooked elegantly-served dinner makes a strong appeal to my senses, perhaps as forcibly as any refinement of the French *cuisine* may have touched a tender chord in the heart of Brillat-Savarin, wittiest and most practical of writers on the art of dining.

Let us, then, meet this difficulty of a simple yet toothsome meal. The great gastronomers of Europe will smile at the idea of a medical man—and an Englishman, forsooth!—suggesting anything on the subject of gastronomy; but they are content to smile; so far, it is an easy way of evading a difficulty.

In reply, I would say that, of all men in the world who should be picked out to study the art of dining, are those who have been half their lives long studying the art of digesting. The medical man who has studied the physiology of food should be able to write on the physiology of taste, provided he has not ruined his digestion when a young man by smoking strong tobacco or drinking strong wines. Let a medical man come forward to the rescue, as it were—one who has a clean tongue, a sound set of teeth, a good digestion, and a moderate practice. Let him say his say on the subject of dining out, and the world of dinner-givers may profit by his remarks, if he is not prejudiced in favour of either English or French cookery traditions.

In the meanwhile, as very little has been written by medical men on the subject of dinners and digestion during the last few years, I will myself come forward with a few suggestions. In saying this, I must not forget that Sir James Eyre's work on "The Stomach and its Difficulties" is agreeable reading, but his therapeutic suggestions and his ill-timed remarks about Homœopathy show that the book is barely *au courant du jour*.

To make a beginning, the true gastronomer must be in the possession of good health. Brillat-Savarin strongly insisted upon the importance of this health quality. I might add that he should also, if possible, be in the possession of some private means, or should have sufficient professional work to set his mind at rest from anxiety, but not too much to spoil his digestion or interfere with his dinner-hour. What does Walker say? "A healthy palate is the crown of a cool stomach." Walker was once a confirmed invalid. An invalid is generally a dyspeptic. Paralytics, by the way,

are an exception to this rule. Walker looked after his health interests so well that in course of time he entirely lost his dyspepsia, and became one of the greatest authorities on dinner-giving. He united in his person the attributes I require a true gastronomer to possess—good health, private means, and also employment. He acted as a magistrate, and wrote "The Original." I am not quite sure whether a previous course of dyspepsia does not qualify a man more thoroughly for gastronomic insight, as a short illness makes the robust man value health all the more, and gives him an insight into the subtilities of hygiene. But the gastronomer in action, when ordering a meal or when sitting in judgment on the merits of the same when brought to table, must be in perfect health. He must not come to table with a pale, anxious face, or a headache; he must never come with a stomach-ache; he must leave his business behind him, and his mind must be filled with gratitude for the good health he stands possessed of and the good food which lies before him.

PLANTAGO MAJOR—A TOBACCO ANTIDOTE.

By H. C. ALLEN, M.D., Detroit, Mich.

WHEN in New York about two years ago, my attention was first called to the fact that *Plantago* was a tobacco antidote by E. M. Kellogg, M.D., who, however, threw upon Dr. Swan the responsibility of the statement.

A careful study of its pathogenesis, and the result of numerous clinical experiments on medical men and others, where its exhibition has been attended with the happiest results, have induced me to bring this fact to the attention of the profession. I do not recommend it as a "cure-all" for the tobacco disease; neither do I expect that it will even receive a fair and honest trial by many who may be "wedded to their idol," as I know there are none so incredulous as those who decline to investigate a statement or fact simply because it may conflict with their preconceived opinions, or interfere with their personal tastes or gratification.

Nevertheless it may become the means of assisting a few who may be compelled by necessity rather than choice to abandon the use of "the weed." Where there is a will, *Plantago* may help to find a way. Its greatest relief will probably be found in its ability to furnish a means of relief

from the terrible craving and longing for the accustomed narcotic stimulation. That *terrible restlessness* from which the victim suffers when he first abandons the narcotic, is a very pronounced mental symptom of *Plantago*, and will probably afford the keynote for its administration in the majority of cases. I append a few of its more prominent mental symptoms from Hale's *Symptomatology*, fourth edition.

"General depression and despondency, though the weather is bright and beautiful.

"Impatient and restless mood, with dull stupid feeling in the brain; very irritable and morose temper; worse in the evening.

"Feeling of great prostration, with a meditative mood, and inability to associate the mind with any external object.

"Attempting to exercise the mental faculties would increase the depression.

"Great mental anxiety, pacing backward and forward in the room; then throwing one's self on the bed and rolling from one side to the other in the greatest mental agitation.

"Sleep with the most horrible and frightful dreams, which awaken me.

"Mind inactive, with a dull muddled feeling in the head."

The symptoms of the head and face also resemble the *nicotine* disease; but it is in the neuralgic group of the jaws and teeth that great benefit will be derived even by the inveterate tobacco user; it is as certain to relieve the tobacco odontalgia as *Nux Vom.* is the headache of the debauchee. In fact, it is almost without a rival in our *Materia Medica* for neuralgic affections of the jaws and teeth; but they, of course, must have the characteristics of *Plantago Major*.

Dr. Reutlinger says, "About seven tenths of the cases of odontalgia which have come under my treatment, have been cured by the administration of this remedy, *in about fifteen minutes.*" (Verified by Prof. Hale.)

Dr. Humphrey says, "I have for many years used the *Plantago* successfully in various forms of odontalgia. I doubt not that this use of the *Plantago* has been confirmed by all who took part in the proving during these intervening years."

In addition to this the admirable array of symptoms given by Prof. Hale in the last edition of his work, ought to satisfy the most sceptical, and justify its trial, at least in tobacco toothache.

I have usually prescribed it in the third or sixth dilution,

but it may be used in drop doses of the tincture. I have never used it in the higher dilutions, but should not hesitate to do so if the remedy was indicated, and the lower dilutions failed me.—*American Observer.*

HOMŒOPATHY VERSUS ALLOPATHY.

By F. R. SCHMUCKER, A. M., M. D., Reading, Pa.

ALMOST a century upon trial, and yet, as in the famous chancery suit of Jarndyce *versus* Jarndyce, we can do little more than "report progress." From our consciousness of the truth of the law of *similia similibus curantur*, which alone, and not necessarily coupled with infinitesimal doses, or high potencies, as some would have it, constitutes Homœopathy, we are apt to be oversanguine. Like the second-adventists, some excellent brethren are even now looking forward to the speedy coming of the homœopathic millennium, when all shall worship at the shrine of Samuel Hahnemann.

Is there ground for such a hope? In the Philadelphia *Medical Times* of January 4th, 1879, we find an article headed "Decline of Homœopathy." In proof thereof the author quotes from the *Homœopathic Times*, the London *Homœopathic Review*, and the Michigan *Medical News*. Is this so, that Homœopathy is declining? If its principles are true, its therapeutic law as fixed as the stars that shine, how can it fail to grow and spread? If they be false, as we know they are not, its existence will not be of long duration.

The only way in which we can prove to the world that Homœopathy is not a failure, but superior to any other practice, is by *results*. Abstract reasoning will not do it. No amount of reasoning would convince any unbelievers that the 200th, or even the 30th potency of a drug will ever relieve a pain or cure a disease. That it does so is a therapeutic fact impossible of scientific explanation. Our experience convinces of the fact, and *facts*, and not *theories* alone, are what we want in medicine. We accept it, as even our opponents accept the facts of electricity, magnetism, the telephone, etc., notwithstanding even greater unexplained mysteries connected therewith.

Now, how does the case in hand stand? The only question at issue is the comparative success of the two modes of practice. If this, in course of years, can be shown beyond a

doubt, the duty of every conscientious physician will become plain. Laying aside all bigotry and prejudice, it will become his duty to adopt that mode of practice, call it by what name you will, by which he is able to save the largest percentage of human life.

According to the summary of statistical tables given by Von Grauvogl, in his "Text-book," we learn that in European hospitals the rate of mortality has been uniformly less under homœopathic than under allopathic treatment. From statistics taken in New York city, and elsewhere in this country, the same result is shown. If I can add one grain of statistical evidence to corroborate these facts, the object of this article will have been accomplished.

In the beginning of the year 1876 our city was visited by an epidemic of scarlatina. This was followed, in the fall of the same year, by an epidemic of smallpox, of unusual malignancy, and it continued, with greater or less severity, throughout the year 1877. During this latter year diphtheria also made fearful havoc in our midst. Unfortunately, no reports of diphtheritic cases have been made to, or required by, the Board of Health. Of the remaining two diseases, a faithful record has been kept by the Secretary of the Board. I have lately devoted considerable time to making a very careful abstract from these records, covering the two years, 1876 and 1877, with the following results:—Of scarlatina cases, 701 had allopathic treatment, of whom 77 died, or one death to every $9\frac{7}{7}$ patients; 246 had homœopathic treatment, of whom 17 died, or one death to every $14\frac{8}{7}$ patients. Allopaths lost about eleven per cent. of their cases, homœopaths about seven per cent.

Of smallpox cases, 687 had allopathic treatment, of whom 151 died, or one death to every $4\frac{53}{51}$ patients; 185 had homœopathic treatment, of whom 39 died, or one death to every $4\frac{8}{5}$ patients. Allopaths lost about twenty-two per cent. of their cases; homœopaths about twenty-one per cent. During these two years there were in active practice, in this city, fifty-two allopathic and thirteen homœopathic physicians, from which it will be seen that the latter had under their treatment more than their proportionate number of all the cases reported.

In this calculation I have excluded all cases reported by three practitioners who profess to practise Homœopathy, but who notoriously resort to allopathy in a large proportion of their cases. It would be impossible to determine *by the aid of*

which practice their patients died. It should be stated in this connection, that a large proportion of the allopathic physicians of this city are men of wide experience and many years of practice, while the homœopathic profession here is composed almost exclusively of young men of but limited experience. Then, too, it should not be forgotten that our "regular" brethren, in their therapeutic efforts, may draw upon the accumulated wisdom of over two thousand years, while we poor homœopaths have only a slice of a century to glean from.

With the above showing I am not willing to admit that Homœopathy is a failure, nor to believe in the "decline of Homœopathy."—*Hahnemannian Monthly*.

EXTRAORDINARY DISCOVERY.

In a colonial paper, the *Queenslander*, is the following curious account of a new freezing process conjoined with a suspended animation process. It reads like a fairy tale of science, and, indeed, like most fairy tales, is almost too good to be true. We give it to our readers more on account of the romanticism which pervades the idea than for its scientific merits. There is a smack of Jules Verne about the "Extraordinary Discovery" which is most refreshing. Here it is:—

Any of your readers who know Sydney Harbour will remember the long inlet opposite the heads known as Middle Harbour, which in a succession of land-locked reaches stretches away like a chain of lakes for over twenty miles. On one of these reaches stand on about an acre of grassy flat, fringed by white beach on which the clear waters of the harbour lap, two low brick buildings. Here in perfect seclusion, and with a careful avoidance of publicity, is being conducted an experiment the success of which, now established beyond any doubt, must have a wider effect upon the future prosperity of Australia than any project ever contemplated. The gentlemen engaged in this enterprise are Signor Rotura, whose researches into the botany and natural history of South America have rendered his name eminent, and Mr. James Grant, a pupil of the late Mr. Nicolle, so long associated with Mr. Thomas Mort in his freezing process. Next to the late Mr. Nicolle, Mr. James Grant can claim pre-eminence of knowledge in the science of generating cold, and his freezing

chamber at Woolhara has long been known as the seat of valuable experiments originated in Mr. Nicolle's lifetime. It appears about five months ago Signor Rotura averred that he had discovered a South American vegetable poison, allied to the well-known *woorara*, that had the power of perfectly suspending animation, and that the trance thus produced continued till the application of another essence caused the blood to resume its circulation and the heart its functions. So perfect, moreover, was this suspension of life that Signor Rotura had found in a warm climate decomposition set in at the extremities after a week of this living death, and he imagined if the body while in this inert state were reduced to a temperature sufficiently low to arrest decomposition the trance might be kept up for months, possibly for years. He frankly owned he had never tried this preserving of the tissues by cold, and could not confidently speak as to its effect upon the after restoration of the animal operated on. Before he left Mr. Grant, he had turned that gentleman's doubts to wondering curiosity by experimenting on his dog. He injected two drops of his liquid mixed with a little glycerine into a small puncture made in the dog's ear, and in three or four minutes the animal was perfectly rigid, the four legs stretched backwards, eyes wide open, pupils very much dilated, and exhibiting symptoms very similar to those of death by strychnine, except that there had been no previous struggle or pain. Begging his owner to have no apprehensions for the life of his favourite animal, Signor Rotura lifted the dog carefully, and placed him on a shelf in a cupboard, where he begged he might be left till the following day, when he promised to call at ten o'clock and revive the apparently dead brute. Mr. Grant continually during that night and day visited the cupboard, and so perfectly was life suspended in his favourite—no motion of the pulse or heart giving any indication of the possibility of revival, the frame being perfectly rigid—that he confesses he felt the sharpest remorse at having sacrificed a faithful friend to a doubtful and dangerous experiment. The temperature of the body, too, in the first four hours gradually lowered to 25 degrees Fahrenheit below ordinary blood temperature, which increased his fears as to the result, and by morning the body was as cold as in actual death.

At ten o'clock next morning, according to promise, Signor Rotura presented himself, and, laughing at Mr. Grant's fears, requested a tub of warm water to be brought. He tested

this with thermometer to 92° Fahrenheit, and in this laid the dog *head under*. To Mr. Grant's objections Signor Rotura assured him that, as animation must remain entirely suspended till the administration of the antidote, no water could be drawn into the lungs, and that the immersion of the body was simply to bring it again to blood heat. After about ten minutes of this bath the body was taken out and another liquid injected in a puncture made in the neck. Mr. Grant tells me the revival of "Turk" was the most startling thing he ever witnessed; and having since seen the same experiment made upon a sheep, I can fully confirm his statement. The dog first showed the return of life in the eye, and after five and a half minutes he drew a first long breath, and the rigidity left his limbs. In a few minutes more he commenced gently wagging his tail, and then slowly got up, stretched himself, and trotted off as though nothing had happened. From that moment Mr. Grant became aware of the extraordinary issues opened by his visitor's discovery, and promised him all the assistance in his power. They next determined to try freezing the body, and the first two experiments were discouraging. A dog (not Turk, his master declining to experiment any further on this favourite) was put in the freezing chamber at Mr. Grant's works for four days, after being previously "suspended" by Signor Rotura; and although the animal revived so far as to draw a long breath, the vital energies appeared too exhausted for a complete rally, and the animal died. The two next animals—a dog and a cat—died in like manner. In the meantime Dr. Barker had been taken into their counsels, and at his suggestion respiration was encouraged as in the case of persons drowned, by artificial compression and expansion of the lungs. Dr. Barker was of opinion that, as the heart in every case commenced to beat, it was a want of vital force to set the lungs in proper motion that caused death. The result showed his surmises to be entirely correct. A number of animals whose life has been sealed up in this artificial death have been kept in the freezing chamber from one to five weeks, and it is found that, though the shock to the system from this freezing is very great, it is not increased by duration of time. Messrs. Grant and Rotura then determined upon the erection of the works just finished at Middle Harbour, an enterprising capitalist, Mr. Christopher Newton, of Pitt Street, finding the necessary funds. On Saturday last I was invited to go down with a member of the staff of the *Sydney*

Morning Herald to see what had been effected. The gentleman from the *Herald*, by an unfortunate mistake as to our starting-point, was left behind, and Messrs. Grant, Rotura, Newton, and myself, formed the party on board the smart little steam launch that cut through the still waters of the bay at the rate of ten knots.

Arrived at the works in Middle Harbour, I was taken into the building that contains Mr. Grant's apparatus for generating cold, which has already been, in Mr. Nicolle's time, too often and fully described to require any further notice from me. Attached to this is the freezing chamber, a small dark room about 8 feet by 10 feet. Here were fourteen sheep, four lambs, and three pigs, stacked on their sides in a heap, *alive*, which Mr. Grant told me had been in their present position for nineteen days, and were to remain there for another three months. Selecting one of the lambs, Signor Rotura put it on his shoulder and carried it outside into the other building, where were a number of shallow cemented tanks in the floor, having hot and cold water taps to each tank, and a thermometer hanging alongside. One of these tanks was quickly filled, and its temperature tested by the signor, I meanwhile examining with the greatest curiosity and wonder the nineteen days dead lamb. The days of miracles truly seem to have come back to us, and many of the stories discarded as absurdities seem to me less improbable than this fact witnessed by myself. There was the lamb, to all appearance dead, and as hard almost as a stone, the only difference perceptible to me between this condition and actual death being the absence of dull glassiness about the eye, which still retained its brilliant transparency. Indeed, this brilliancy of the eye, which is heightened by the enlargement of the pupil, is very striking, and lends a rather weird appearance to the bodies. The lamb was dropped gently into the warm bath, and was allowed to remain in it about twenty-three minutes, its head being raised above water twice for the introduction of a thermometer into the mouth, and then it was taken out and placed on its side on the floor, Signor Rotura quickly dividing the wool on the neck and inserting the sharp point of a small silver syringe under the skin and injecting the antidote. This was a pale green liquid, and is, I believe, a decoction from the root of the *Astragalus*, found in South America. The lamb was then turned on its back, Signor Rotura standing across it, gently compressing its ribs with his knees.

and hands, in such a manner as to imitate their natural depression and expansion during breathing. In ten minutes the animal was struggling to free itself, and when released skipped out through the door and went gambolling and bleating over the field in front. Nothing has ever impressed me so entirely with a sense of the marvellous. One is almost tempted to ask, in presence of such a discovery, whether death itself may not ultimately be baffled by scientific investigation.

You will see at once the benefits claimed by the discoverers of this progress. Cargoes of live sheep can thus be sent to England by large steamers, and although a freezing atmosphere will still be an essential, a temporary breakdown, necessitating a stoppage of eight or ten days in the production of cold, would be of no consequence. When the sheep are landed in England, any that fail to entirely rally will be perfectly good meat, whereas the other can be turned on to pastures or driven to market. Of course the same results can be achieved with bullocks, but their greater weight makes them more difficult to handle with safety, and the carcass is rendered brittle by freezing, making them more liable to injury. It sounded odd to hear Mr. Grant and Signor Rotura laying stress upon the danger of "breakage" on the voyage.

Signor Rotura tells me that though he has never attempted his experiment on a human being he has no doubt at all as to its perfect safety. The next felon under capital sentence he has requested Sir Henry Parkes to be allowed to operate on. He proposes placing him in the freezing chamber for one month, and declares he has no fear of the result. As to whether this temporary suspension would affect the longevity of the subject he can give no positive information, but believes its duration might be prolonged for years. I was anxious to know, if a period of say five years of this inertness was submitted to, whether it would be so much cut out of one's life, or simply five years of unconscious existence tacked on to one's sentient life. Signor Rotura could give no positive answer, but believes, as no change takes place, or can take place while in this frozen trance—no consumption, destruction, or reparation of tissue being possible—it would be so many unvalued and profitless years added to a lifetime. It occurred to me at once, what a chance for young gentlemen of fortune, who have outrun their means, allowing their finances to right themselves by the most rigid

of all personal stages! We should probably have no more impecunious governors sent out to the colonies to live on their screw, while the home estates freed themselves of debt, if these gentlemen had the option of a dreamless exile in the freezing chamber. But this of course is idle speculation. The great fact, however, remains, that live stock can now be sent to Europe by the longest route, by the aid of cold, with an absolute certainty of no loss."

LYCOPUS VIRGINICUS IN DIABETES.

By E. M. HALE, M.D., Professor of Materia Medica in the Chicago
Homeopathic College.

THIS remedy, which is chiefly used by our school in certain cardiac diseases, bids fair to prove very useful in diabetes. Dr. King (*Eclectic*) was the first to advise it. How he came to give it in this disease he does not inform us. Dr. Roy (*Eclectic*) reported several cases cured by *Lycopus*, but he does not say they were all cases of glycosuria. These cases I allude to in the second volume of my "Materia Medica of New Remedies." We do not yet know enough about the specific pathogenetic effects of *Lycopus* to enable us to hazard a theory as to its method of curative action. Dr. Morison's provings¹ do not show any violent action on the kidneys, or notable changes in the character of the urine. If the present theory of the cause of glycosuria is tenable, we are to look for some derangement of the central nervous system in that disease. *Lycopus* cannot be said to be a brain remedy, although the symptoms of the head are quite reliable. It is claimed by some pathologists that glycosuria is caused by a derangement of the functions of the liver. The symptoms of *Lycopus* do not show any decided action in those functions. Dr. Morgan² says: "The unnatural or abnormal conditions of the system which lead to the transformation of glycogene into sugar, may be conveniently considered under three following heads:—

1st. Lesions of the nervous system.

2nd. A congested state of the bloodvessels of the liver.

3rd. A change in the quality of the blood."

I am inclined to venture the opinion that if *Lycopus* can cause glycosuria, it must do so by impairing the integrity of

¹ New Remedies, vol. i., and Allen's Encyclopædia.

² Diabetes Mellitus, p. 75.

"I said to him I was going to Warren, N.H. I signed my name to the prescription, but not my residence. About the 13th of October I received a letter of which the following is a true copy:—

'Charlotte, Monroe Co., N.Y.,
'Oct 10th, 1877.

'Dr. F. L. Gerald, Hyde Park, Mass.

'My dear Sir,—You may not recognise me by the heading of this letter, but you will by my stating that I met you on the cars last summer, when I went to Vermont with my sick wife, and you gave me a simple remedy for diabetes. . . . I now write you thanking you and our Heavenly Father that we met; and that upon our arrival home we tried your remedy and it proved just the thing. She has *completely recovered*, and is in good health and spirits. . . .

'Yours, etc.,

'A. R. BALDWIN.'

"I at once wrote to Mr. Baldwin, asking him to write me the particulars in regard to his wife's case, and in due time I received the following:—

'My dear Sir,—My wife was taken about a year the last of December, 1876, and was very bad, making nine to eleven quarts of urine per day, and sometimes more than that. At the time I saw you, she was affected with a fearful thirst, and nothing but the coldest ice water would satisfy. . . .

'Yours,

'A. R. BALDWIN.'

It is to be regretted that Dr. Gerald could not get fuller particulars of this case. It would be interesting to know if there was any cardiac derangement, and how long the remedy was taken before its curative effect began to manifest itself; also, how long its use was continued. The bare fact, however, appears to be established, that it *cured*.

In treating that form of functional disorder known as cardiac irritability, I have found *Lycopus* to be the chief remedy. One of my leading indications has been *profuse flow of limpid, watery urine, especially when the heart was most irritable*. It nearly always controls this symptom, and reduces the heart's action in a week or two to its normal frequency and forces.

Among the great number of homœopathic physicians, many must have under treatment cases of diabetes of both

varieties. We request such to test the value of *Lycopus* in all kinds of doses, from the inferior to the high dilutions, and carefully report the results.—*North American Journal of Homœopathy.*

MYOPIA, AND ITS THERAPEUTICS.

By H. C. ANGELL, M.D., Professor of Ophthalmology in the Boston University School of Medicine.

HAVING no memoranda, I begin by supposing a typical case of near sight, and I will have the case sufficiently common to find its frequent parallel in the practice of most oculists. Let it be a boy of fifteen, thin, pale, growing, and looking overworked. He is in the high school, and besides his five or six hours' work there he is obliged to study at home, and his leisure moments are spent over novels or books of travel. He thus uses his eyes exclusively for the near. His myopia is acquired within two or three years, and is progressive. His parents are not myopic, and he may or may not inherit the myopic tendency. A concave glass of four dioptrics (about nine inches focus) will correct the myopia perfectly. The amblyopia is slight, the ophthalmoscope shows a moderate posterior choroiditis, and a beginning crescent. We paralyse the accommodation by *Atropine*, and find how much the spasm of the ciliary muscle contributes to the total amount of the optical defect. Under *Atropine* a lens of 3 D. (twelve inches focus) neutralises the myopia, and so one-quarter of it only is due to this spasm.

We then take the case under treatment, prohibiting *all* continuous use of the eyes on near objects, and enforcing a daily use of them for distant objects. We promote the general health by such regulations and such medication as may seem necessary, and in a few months or a year, we find that a lens of 2 D., or perhaps 1 D., is sufficient to give distinct vision.

The rationale of this is that *our treatment has made a change in the form of the eyeball*, from the myopic towards the emmetropic. In an adult eye, its tissues dense, fixed and unyielding, such a change would be impossible; in the youthful eye it is easy.

Nor does it seem to me at all unreasonable or illogical to believe that if constant use of the eyes for the near in youth causes myopia, as it certainly does, the constant use of the eyes for distance, to the exclusion of the near, may, circumstances favouring, remove the myopia more or less perfectly.

I do not wish to be understood as advocating a belief in the cure of myopia by any one, or by any number of drugs. I do not know that myopia can be absolutely cured, in the strict sense of the term, at all. Drugs may help us, in a measure, to restore the general health, and to improve the state of the choroid, but it would require more credulity than is becoming in a medical man of these days, I think, to accredit a medicine with the power of changing the shape of the globe of the eye. Yet it is easy for me to believe that a systematic and radical change in the exercise of a youthful and undeveloped organ may quickly, and more or less permanently, modify its form.

It should, of course, be borne in mind that we are not, in these cases, fighting against a congenital deformity, like a club-foot, but at the worst, only against an inherited tendency of a kind like the predisposition to rheumatism or pulmonary disease.—*United States Medical Investigator.*

INDIGO AND ITS ARTIFICIAL FORMATION.

It is claimed that indigo was known in India and Egypt before the Christian era, and Dioscorides and Pliny mentioned it under the name of *Indicon* and *Indicum*. Muratori speaks of a treaty in Latin, in 1193, between the people of Bologna and Ferrara, in which *indicum* was mentioned as an article on which duty must be paid. Marco Polo found it in Asia in 1285, and gave a description of the plant and its uses after his return to Europe in 1298. Egyptian mummies have been found wrapped in blue cloths, the colour of which exhibited all the characteristics of indigo. The Romans used it only as a pigment, not being acquainted with any method for dissolving it. Its introduction into Europe as a dye is generally attributed to the Jews, who during the middle ages practised the art of dyeing with indigo in the Levant. In the reign of Elizabeth an Act was passed authorising searchers to burn indigo in all places where it was found, an outcry having been raised against it as being a pernicious substance. This Act remained in force until the time of Charles II. Indigo was so little known on the Continent of Europe that some proprietors of mines in the Hartz Mountains obtained authority to dig for it in the hills near Halbertstadt, believing it to be a mineral substance. The use of indigo in dyeing was probably introduced into Italy

as early as the eleventh century; though it was not imported in large quantities into Europe until the establishment of direct trade with India by sea.

Indigo occurs in the leaves of several species of plants indigenous to the tropical regions of Asia, Africa, and America. It does not exist ready formed, but is generated, during fermentation, from another principle existing in the plant. Its chief source is from various species of *Indigofera*, especially *I. tinctoria*, *I. anil*, and *I. argentea*, cultivated in the East and West Indies; also from *Nerium tinctorium*, and *Calanthe veratrifolia*, natives of Hindostan; *Asclepias tinctoria* and *Marsdenia tinctoria*, of Sumatra; *Polygonum tinctorium*, *Isatis indigotica*, *Justicia tinctoria*, and *Bletia Tankervillei*, of China, and *Amorpha fruticosa*, of Carolina. The only European plant which yields true indigo blue is wood (*Isatis tinctoria*), which was itself extensively used for blue dyeing before the introduction of indigo; but it is much less rich in indigo than the tropical plants above mentioned, and is chiefly used as an addition to the indigo vat. The *I. anil* is the most cultivated in this country, though several other species are found naturalised throughout the Southern States. It has been doubted whether the plants found in this country are native, or whether they were introduced by the Spaniards. Indigo blue is sometimes deposited from human urine, both healthy and diseased, being produced by the spontaneous fermentation from indican. It has also been occasionally observed to form in the milk of cows.

Two methods are pursued to extract the indigo from the plant; the first effects it by fermentation of the fresh leaves, and the second by maceration of the dried leaves.

The Asiatic commercial indigo is brought from the several ports of India, and from Java and Manilla. It differs much in quality and in shade of colour. The best Bengal indigo shipped from Calcutta is the superfine or light blue, in cubical cakes, so light as to float on water, friable, soft, of clean fracture, and of a beautiful copper colour when rubbed with the nail. Other qualities are of violet, red, and copper colour. The African indigoes from Egypt and Senegal are fine blues, but generally contaminated with earthy matters. The best American qualities, as those from Guatemala and Carocas, are equal to the best Bengal. These countries furnish a considerable portion of the indigo of commerce. The southern part of the United States exported annually in the early part of the present century about 134,000 pounds

of indigo, worth sixty-two cents per pound. Up to the time of the civil war it was cultivated in Florida and South Carolina, where the yield was about sixty pounds to the acre, the crop requiring attention from July to October.

A very superior article is now produced at Bogota. The colouring matter of indigo, called pure indigo, or indigo blue, usually constitutes nearly fifty per cent. of the commercial article, which may be obtained by dissolving out what is soluble in boiling water, then that which alcohol will remove, and finally what hydrochloric acid will take up. The residue is pure indigo, and any silica that may be present.

Professor A. Baeyer, of Munich, Professor Liebig's successor, announced at the last session of the German Chemical Society that he had completed a twenty years' task, and discovered the last link in the chain of sympathetic reactions leading to the artificial formation of indigo.

This discovery ranks with that of Professors Graebe and Liebermann in 1868, by which artificial madder was substituted in the arts for the natural product, hitherto the only instance of the kind in the history of chemistry. As yet the operations involved in this synthesis are too numerous and too costly to allow their practical application in the arts; yet there is reason to expect that cheaper methods will be devised, as was the case with artificial madder products, and that before many years a new and important industry will be developed, and large areas now devoted to the cultivation of indigo will have to be put to other uses.

It appears that others have been experimenting on the same subject, for from the second supplement of Watt's Dictionary of Chemistry we glean the following:—

“From experiments made by Emmerling and Engler (*Deut. Chem. Ges. Ber.* iii. 593), it appears that indigo blue may be obtained artificially from acetophenone or methylphenyl ketone. This ketone, treated with nitric acid, yields two nitro-derivations—one solid, the other liquid. The solid modification is produced by adding acetophenone to cooled red fuming nitric acid, and separates, on mixing the acid liquid with water, as an oil, which solidifies to a crystalline mass on cooling.

“The liquid modification, from which indigo is obtained, is produced by the action of nitric acid aided by heat: 70 to 80 grammes of red fuming nitric are heated to 45°—50°, and 5 to 7 grammes of acetophenone are then quickly added, and the liquid, which becomes hot, is poured into water as soon

as red vapours issue from the flask, whereupon the nitro-compound is obtained as a reddish-yellow syrupy mass. At lower temperatures the solid modification is formed at the same time, and at higher temperatures, or when the action is too much prolonged, more highly nitrated derivations are obtained. To convert the liquid nitro-acetophenone into indigo blue, it is cautiously heated in quantities of five to ten grammes, till it begins to decompose; the cooled viscid mass is dissolved in chloroform; forty to fifty times its weight of a reducing agent, consisting of one pint of soda lime to nine pints of zinc dust, is added, and the dried mass is quickly heated in small, narrow test-tubes. A dark-coloured sublimate is then formed, which may be driven from one part of the tube to the other, and gives off violet vapours like those of iodine. Emmerling and Engler did not, however, obtain it in quantity sufficient for analysis, although they repeated the reduction three hundred times. They observed, however, that when the sublimate was treated with lime and ferrous sulphate and the clear liquid was exposed to the air, a purple film formed on its surface. From these facts they conclude that indigo blue is the azo-compound of a peculiar ketone, and indigo white the corresponding hydrazo-compound."—*Chemist and Druggist*.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 217.)

(14) *Pharmaceutical Journal and Transactions*, 1850, vol. ix. p. 143.

Extract from *Journ. de Pharm.*, N. S., xiv. 201, referring to the *Deiamba* of Congo, which is narcotic when smoked.

(15) *Pharmaceutical Journal and Transactions*, 1850, vol. ix. p. 363.

By Dr. W. F. Daniell.

The above-mentioned *Deiamba* is a variety of *Cannabis Sativa*; it is also called *D'Amba* or *Dikka*. Smoking it is

followed quickly by violent paroxysms of coughing, flushed face, suffused eyes, and spasmodic gestures, etc. Upon the subsidence of this temporary excitement there are soothing sensations of ease and comfort, with pleasing languor. If the inhaling is continued, inebriation shortly supervenes. Too frequent use of this plant causes considerable bronchial irritation, with repeated attacks of pulmonary congestion and inflammation; emaciation gradually ensues, while a premature decrepitude of frame, conjoined with serious organic affections of lungs, insidiously steals onward, and, under the mask of phthisis, finally destroys the victim.

(16) *Pharmaceutical Journal and Transactions*, 1861, Second Series, vol. ii. p. 225.

By Dr. Fronmuller. Abridged from *Prager Vierteljahrsschrift*, 17, 1860.

Rigler observed an accelerated circulation after *Haschisch*; Sigismund, a diminished frequency of pulse; Ley, aphrodisia; some, contraction of pupils. Experiments on healthy persons by Landerer, Beron, Rech, Wolff, Judec, Schroff, and myself, show a disturbance in the digestive tract; affection of the nervous system, with convulsive movements and sudden shocks; congestion to brain; confused ideas; excited imagination, with frequently changing pictures; torpor and sleep; the cerebral symptoms being more constant, while the others vary to a great extent, sometimes nothing being mentioned but a few confused ideas, followed by sleep. Fumigation with *Haschisch* produced, in two consumptive patients, first some excitement, then a short sleep.

The long-continued use of *Indian Hemp* causes prostration, dropsy, and sometimes a liability to sudden fits of mania, with great inclination to destroy and ruin. The latter may be partly the effect of the *Alcohol* mixed and taken with the *Haschisch*. It also causes cataleptic fits; also increased appetite.

(17) *Pharmaceutical Journal and Transactions*, 1860, Second Series, vol. i. p. 530.

From the Calcutta correspondent of the *Times*.

Gunjah gradually destroys the reasoning powers. It gives a momentary courage, and causes a desire to murder.

(18) *Medical Times and Gazette*, 1859, New Series, vol. xviii. p. 135.

By Mr. Thomas Croudace.

A man, aged about 18, was admitted about 4 p.m., April 5th. He was in the habit of smoking *Bhang* or *Gunjah*, and had smoked it that morning. His symptoms were—total insensibility; sensation completely in abeyance; no reflex action could be excited by tickling the soles or by pinching the skin, nor did he feel the latter; eyes open and fixed vacantly, pupils natural; jaw fixed and immoveable, mouth closed. The arms could be flexed or extended easily, but in whatever position they were placed they remained; thus when stretched out in front of him, or when placed vertically above the head, they remained in that position till moved again. The same occurred on flexing the arms. When the head was bent on one side, or depressed with the chin on the chest, it rested in that position till moved again. The lower extremities, too, could be placed in any position, and remained so. Ordered cold douches, blister to trachea, sinapisms to calves and soles, and enema of *Aloes* with *Turpentine*. He continued in the same condition till April 8th, perfectly insensible. He now (April 8th) lies, as it were, asleep, breathing calmly; eyeballs turned upwards; muscles of arms and legs quite relaxed; very slight reflex action when soles are pinched or tickled; and cannot be roused by the loudest calling or by the roughest shaking. At 1 p.m. (seven hours after last report) I found him being led about by two friends; he was moaning incessantly, and with difficulty prevented from putting his hands into his mouth, apparently to bite them. He is now continually opening and shutting his mouth. Blisters were now applied to calves, and the enemata repeated. Two days subsequently there were evidences of returning consciousness; he could be roused by calling to him in a very loud voice, when he turned towards the speaker, and then relapsed again into the same condition, and walked to and fro, moaning continually. Next day consciousness was regained, but he had lost all recollection of everything which had occurred from the morning of the day on which he was admitted.

(19) *Australian Medical Journal (Melbourne)*, 1869, vol. xiv. p. 257.

By "Sleepless" (copied also into *Chemist and Druggist*, 1869, vol. x. p. 846).

A patient, suffering from nervousness and sleeplessness, took one and a half grains of *Cannabis Indica*; very soon he heard, or fancied he heard, a perpetual clanging and jangling

of bells, out of tune and time, together with a perfect consciousness that he was lying still in bed, and that the noises were imaginary. Then the sound deepened into the monotonous roar of rushing waters and the surge of waves; then he believed himself drowning and struggling in the water; although there was still a faint undercurrent of consciousness that the water was unreal, while the suffocation was actual. Soon after, as he did not sleep, he took a second dose. Then a short time elapsed, possibly an hour, of restlessness and anxiety about matters which did not concern him. He was extraordinarily tormented by the consideration that the Queen did not reside in London, and other similarly absurd topics for his thoughts. Then a quiet rest, not sleep, but a perfect quiescence of body, soul, and mind, began to steal over him. He thought nothing, dreamed nothing, was but dimly conscious of existence, and realised to himself, with all reverence be it said, "the peace that passeth all understanding." He knew those about him; was told afterwards that he answered coherently when spoken to, so that there must have been a mechanical power of reply without the exercise of volition, for he cannot recall that he exercised any power, either mental or bodily. Four or five hours went by in this pleasant state of quiet semi-consciousness before absolute sleep came on. He did not feel sleepy, nor tired, nor restless, but suddenly fell from a waking perfection of rest into a dreamless deathlike sleep, which did not last more than three hours, and he awoke refreshed and clear in his head.

The dose was repeated next night, and the preliminary painful process was gone through, and the quiet rest and sleep followed the second dose as before; only that the waking rest was briefer, and the sleeping rest longer than before.

Without *Haschisch* he could not sleep; with it he had perfect rest till more than a month had elapsed, and he was gaining strength and quiet rapidly. Some unusual excitement through the day brought about a reaction at night, and soon after falling into sleep from the effects of the *Haschisch*, he awoke delirious and terrified by some unknown and inexplicable fear. It was a kind of nightmare, and continued to torment him for hours. He thought he was burning, that he was drowning, dying. He took some stimulants which gradually produced a cessation from the frightful visions. On several subsequent occasions he noticed that any unusual excitement in the day seemed to counteract the effect of the

Haschisch at night, inasmuch as the very opposite results were produced. Ordinarily it gave rest and peace; occasionally it was followed by increased nervous excitement.

HOMŒOPATHIC PRACTICE.

“If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others.”—DR. SAMUEL FENWICK.

NITRITE OF AMYL IN ORBITAL NEURALGIA.

By A. H. ALLEN, M.D., New London, Conn.

A GENTLEMAN about middle age, full habit and vigorous, applied to me for relief from excessive pain in and over the right eye, which comes on periodically, or when he is prostrated to a certain extent by overwork. I prescribed *Ars.* 3x, to be taken during the evening and night if awake. I called the next morning and found my patient no better. He was using hot water and bags of hops as external applications.

I determined to try *Nitrite of Amyl* 1x; putting ten drops upon a cloth I directed him to inhale it. In less than five minutes he said, “Doctor, I feel better.” I let him have it until it evaporated; then, after waiting for a short time, I gave him the same quantity in the same manner again, which still further increased the relief. When I left half an hour afterwards, I put ten drops of the remedy in half a tumbler of cold water, and requested him to take a teaspoonful once every half hour for two hours, if the pain returned. It did not return until about the same time the next morning, from five to seven o'clock, when he took the remedy as ordered. After the second teaspoonful the pain left him, and there was no recurrence from Friday up to the following Monday, when he left town on business. So much pleased was he with its action that he took with him enough to last until his return. The only effect other than the relief of the pain was a slight decrease in the heart's action.

The patient has had this trouble for a number of years, and never has had any relief before, although he has been treated by eminent physicians of both schools.—*New England Med. Gazette.*

CHRONIC OZÆNA.

By Dr. D. F. HILLER.

JUNE 28, Mr. R., dark complexion, dark eyes, æt. 50, called at my office for treatment. I found on examination that he was suffering from a Chronic Ozæna, which had been a source of great annoyance to him continually, day and night. In bodily health, apart from this disease, he was very well.

On considering the symptoms present I prescribed *Merc.-Binioid.* 6, and continued it successively with lower trituration until to-day, 25th, with only but very slight effect, and not a sufficient encouragement for the further continuation of it. August 25, I prescribed *Aurum* 6 up to 30, and administered it till Oct. 2, with no more marked improvement than had followed the use of *Merc.-Binioid.* I now put him on *Glanderine* 6, after which he immediately experienced relief, and such relief continued to the 11th, when he declared himself quite free from his disease. I gave him a prescription of *Glanderine*, to be taken twice a day, not only to prevent a recurrence, but with a view of keeping him under my care to note a subsequent effect.

Nov. 6. To-day I saw him on the street, and found him to be perfectly free from his affection, and he stated that he had remained so since the 11th. Some few days ago he had caught a slight cold, but after taking two or three powders he had left he was again quite well. It will be observed here that only *nine days* were taken by *Glanderine* to cure the disease which had troubled him for over eighteen months.
—*American Observer.*

LITERATURE.

GOLD AS A REMEDY IN DISEASE.¹

SOME few months ago Dr. Burnett delighted his readers with a little book; this book treated of the virtues of table salt, and he showed most clearly that a substance too often considered medicinally inert was really endowed with great powers for curing disease. In the interval between the appearance of "*Natrum Muriaticum*" (Dr. Burnett's book about

¹ Gold as a Remedy in Disease. By J. C. Burnett, M.D. London: Homoeopathic Publishing Company, 2, Finsbury Circus.

salt) and this present date (we write in the leafy month of June, and it is pouring in torrents) our author has not been idle, for he has given us another monograph on a specially precious metal, and on a specially interesting subject. The title of this monograph is "Gold as a Remedy in Disease."

What is it all about?

Firstly, Dr. Burnett gives us a slight historical sketch of the therapeutical use of Gold, and we learn therefrom that, though Hahnemann has given us precise indications for the choice of this remedy, yet that he cannot be said to have "discovered Gold," therapeutically speaking. The "claim" lies with authors of far more remote antiquity. As usual, the "Heathen Chinees" are credited with this discovery. Wieglab, in his "History of Alchemy," says that the Chinese used Gold medicinally 2,500 years before Christ came into the world, and cured diseases without any medicine at all. But setting aside the Chinese, who discovered everything 2,000 years before anybody else in Europe, we know that Pliny the elder describes the use of Gold in medicine: As Dr. Burnett says, "Pliny died in the year 79; this account therefore must have been written eighteen hundred years ago."

Then come tremendous gaps in the history of Gold as a remedy; in the seventeenth century we find that it had been used as an antisyphilitic by J. Colle, in 1621 and in 1623, as *Aurum Vitæ*, for the pest, for syphilis, leprosy, dropsy, and a few other ills which flesh is heir to, by a certain Planis Campi, whom most of us would have known nothing about but for the disinterment of the man and the remedy by our distinguished aurographer. However, to bring this bit of medical history to a close, we find that it was used again in the eighteenth century, and in the beginning of the nineteenth, having been alternately revived and forgotten about every twenty years in the nineteenth century, and about every fifty years in the eighteenth. Previous to this date men's memories of this drug, and men's partiality to its use, became fainter and fainter, as we go back three and four hundred years at a stride to times which are just by-gones and barely historical by-gones.

Thus much for the history of Gold as a remedy; now for the practical outcome of this diving into medical history. Dr. Burnett teaches us by the light of these medical annals that Gold is a powerful remedy in disease, and that its action is purely homœopathic; for the very affections and conditions

of the body and the mind can be and have been produced on the healthy individual by overdoses of this mineral, sometimes given accidentally, and sometimes with scientific purpose as in the case of the Hahnemannian provings. The author gives a short and interesting proving of Gold on his own body, and the mineral was one too many for him.

We learn that Gold causes *depression in spirits, a depression which in some individuals amounted to a suicidal tendency.* Homœopathy makes use of this proving, and cures mental depression with small doses of this mineral. Dr. Hughes's case is quoted on page 95 in illustration of this curative power, and Dr. Chapman's case is alluded to. We learn that Gold causes *headache, with rushes of blood to the head, and giddiness.* We learn that Gold causes *pains in the bony scalp, and develops bony lumps on the skull-cap.* Gold absorbs *bony lumps which appear on the scalp of a syphilitic origin.*

We learn that Gold causes *extreme tightness of the chest, with difficult breathing—angina pectoris, in fact.* It also causes *violent palpitation of the heart, with a restless anxiety arising in the region of the heart.* We know that Gold given medicinally relieves this oppression, this anxiety, and this violent palpitation.

Indeed we are grateful to Dr. Burnett for having recorded a case of rheumatic endocarditis, which was treated most successfully with a preparation of Gold, the 2nd trituration of *Aurum foliatum* having been used. When we were being initiated into some of the mysteries of our *Materia Medica* by Dr. Harper, of Windsor, one very striking case of mitral valvular murmur was immensely benefited by the Muriate of Gold; in fact, after about three months' treatment the murmur was nearly inaudible.

We may speak of another case, also seen under Dr. Harper's care, where there was a strong blowing murmur with the first sound, which was much benefited by *Aurum Muriaticum*, but cardiac hypertrophy, intense dyspnoea, and anasarca were also present, the results of a sharp attack of rheumatic fever. In our own practice, at Croydon, we met with a remarkable case of cardiac murmur and irregular action of the heart which were entirely removed by *Aurum Muriaticum* in the 3rd trituration. So few of our body make use of this most potent remedy that we are all the more indebted to Dr. Burnett for having revived our flagging interest in Gold as a remedy in disease. As a piece of clear sensible English writing his monograph is well worth our

study, as a bit of painstaking medical work it is well worth our imitation. We commend it to all our medical readers in the hope that they may find the same pleasure as we have found in the perusal of its pages.

“Mach's nach, aber mach's besser.”

Das ist nicht möglich lieber Herr Doctor.

HORSES ILL AND WELL.¹

ANYBODY who has ever owned a valuable horse and been told some fine morning by his coachman that “The mare is very bad this morning, sir; afraid we shan't be able to work her,” will have felt that peculiar sinking at the pit of the stomach which is suggestive of impending evil. So that a well-written book on the diseases of horses must be very grateful to the horse-owning public, especially when the book contains not merely a description of disease but also its speedy and effective cure. It is scarcely necessary to speak well of an author whose writings can reach a third edition, but still we must have a word of praise for the practical little treatise which lies before us. The Messrs. James and Thomas Moore have cultivated Veterinary Homœopathy for many years, and we believe they have met with a large measure of success in their practice; indeed it is impossible for any one to practise Homœopathy at all without some measure of success, but it requires a mind of keen insight to see at a glance what ails a poor dumb animal who can only hang his head and ears and look the picture of misery.

“Horses Ill and Well” gives a clear account of the diseases and probable injuries suffered from by these kindly creatures. The introductory remarks are particularly deserving of notice, for unless a lay practitioner knows how to look at his dumb patient, feel his pulse, and judge of the state of his secretions, he will be a long way off the correct diagnosis of the case, and consequently his remedies will be powerless for good.

We therefore recommend “Horses Ill and Well” to the attention of the homœopathic public, for they will find in it much that will interest, and also much that will prove useful in the time of trouble.

¹ Horses Ill and Well: Homœopathic Treatment of the Diseases and Injuries of Horses. By James Moore, M.R.C.V.S., and Thomas Moore, M.R.C.V.S. Third Edition. London: James Epps and Co.

HEALTH PRIMERS.¹

MESSRS. HARDWICKE and BOGUE, the eminent publishers, of 192, Piccadilly, have determined that the public shall learn something on the subject of hygiene. They have, therefore, begun to issue a series of "Health Primers." Six neat little volumes of this series have already made their appearance, and judging from the character of the work done we feel sure that the little volumes will be exceedingly popular.

There is a goodly list of subjects to be treated, and a brilliant list of medical authors given, who have undertaken to furnish material for this well-intentioned enterprise. We say well-intentioned inasmuch as we consider hygiene to belong to a kind of medical preventive service. Health is an honest, straightforward condition of affairs. Disease is insidious and underhanded, and works in the dark. Messrs. Hardwicke and Bogue have played the part of philanthropists in fitting out the little vessels of this preventive service, manned by commanders of high medical repute.

The subjects already treated are as follows: "Premature Death: its Promotion or Prevention;" "Exercise and Training;" "The House and its Surroundings;" "Alcohol: its Use and Abuse;" "Baths and Bathing," "Personal Appearance in Health and Disease," "The Skin and its Troubles," and "The Heart and its Functions;" and we are promised short shilling monographs on such subjects as "The Nerves," "The Eye and Vision," "The Ear and Hearing," "The Throat and Voice," and a host of other matters of practical interest will follow in due course of time.

Of the monographs which have already appeared we can report most favourably. They are clearly and sensibly written, but we would suggest one or two matters to the publishers for future guidance. We would advise the authors of the monographs already advertised but not actually published to avoid as much as possible the use of technical terms, and when their use is unavoidable we would advise them to add a short glossary at the end of each volume. And we would also advise the authors to try and adopt a lighter and more purely literary style in their writings.

¹ Health Primers. A Series of Shilling Volumes connected with the Preservation of Health. Written and edited by Eminent Medical Authorities. London: Hardwicke and Bogue, 192, Piccadilly, W.

Science is not a whit less scientific when it happens to take a certain amount of reflected light from literature. In every other respect we can heartily commend this series of "Health Primers" to our readers, and we trust that they will have a large circulation.

CHILDREN'S TEETH.¹

HERE is a subject on which a good-sized folio could be written, but the author has contented himself with some thirty pages of duodecimo. However, in spite of the size of the subject, Mr. Hammond has managed in a few words to say a good deal that is much to the point. He shows in his little work on Dentistry the immense importance of looking after children's teeth, so that adult mouths may not be disfigured to the extent they are, and just for lack of a little timely care and watchfulness.

In the chapter on toothache of childhood we are pleased to find the author an advocate for the use of Homœopathy in treating this painful affection. This leaning in favour of the law of similars is all the more grateful on account of its rarity amongst dentists, or at any rate in the printed work of dentists, and we hope that Mr. Hammond will continue to advocate the use of *Chamomilla* and *Arsenicum* for neuralgic toothache, instead of the old-fashioned aperients of the orthodox school of physic. We can therefore feel a pleasure in recommending "Children's Teeth" to our readers, as they will find it a sensibly and clearly written little work.

ADULTERATION OF MILK A.D. 140.—Mr. Edward Marshall records in *Notes and Queries* (5th ser., xi., 216) an early mention of the adulteration of milk with plaster-of-Paris. St. Irenæus, A.D. 140-177 (lib. iii., ch. xvii., s. 4, Ox. tr: Keble, p. 275), has the following:—"As was said by One above us concerning all who in any way deprave the things of God and adulterate the truth, 'It is evil mingling gypsum [or plaster] in milk' (lacte gypsum male miscetur)." St. Peter has also been supposed to refer to a similar practice in speaking of the "sincere" milk of the word.

¹ Children's Teeth: and How to Take Care of Them. By Benjamin Hammond, Surgeon-Dentist. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

A CORRECTION.

SIR,—In the April number of the *Homœopathic World*, page 169, a case of Leprosy is reported as being under treatment. The dose, however, is wrongly stated. I am made to give *Arsen. 1x trit.*; as much as will lie on a shilling, three times a day. It should read: *Arsenic 1x trit.*, five (5) grains; *Sugar of Milk*, one ounce. Of this the patient was to take thrice daily as much as would cover a shilling. The same correction is needed in the case of the second medicine prescribed—viz., *Anacardium*.

I shall feel obliged by your inserting this in your forthcoming number.

I remain, very truly yours,

C. W. KITCHING, M.B. Lond., etc. !

Cape Town, April 30, 1879.

THE RUBINI FUND.

The sums previously announced in this journal amount to . £58 10 0
Since which date the following have been received :—

Mrs. Darling, per Mrs. Stern	...	...	...	...	1	0	0
Mrs. A. D. Chapman	...	...	...	...	0	5	0
Mrs. Mackenzie	...	...	...	...	1	0	0
Mrs. Fuller	...	...	...	...	1	1	0
Lewis Jones, Esq.	...	...	...	...	1	0	0
C. C.	...	...	...	...	0	10	0
Mrs. H. Jose	...	...	...	...	1	1	0
Miss Rosher	...	...	...	...	0	5	0
Per <i>The Christian</i>	...	...	...	...	6	11	1
Dr. Waugh, of Brisbane, per Dr. Bayes, Queensland	...	...	...	...	2	0	0

£73 3 1

Treasurers :—William Bayes, Esq., M.D., 4, Granville Place, Portman Square, London, W.; F. J. Smith, Esq., Leeston, Weston-super-Mare.

A YOUNG Scotchman at Aldershot fell ill, and was sent to the hospital. A bath was ordered. It was brought into the chamber where the invalid lay. He looked at it hard for some time, and then he threw up his hands and bawled, "Oh, doctor, doctor, I canna drink a' that."

THERAPEUTIC NOTES.

A New Electric Mirror.

Dr. Hedinger, of Stuttgart, has invented an apparatus for the purpose of illuminating the cavities of the body, especially those of the larynx, nose, and ear. It consists of a semi-globular convex mirror, made of finely-polished silver, and having a platinum wire fixed to its focus. The wire is connected with a modified Bunsen's chromic acid battery, and can be heated to white heat. In cases where it is necessary to explore the larynx and nasal cavity a plane mirror can be fastened to the concave one by means of a copper wire, so that it can be turned in all directions. In illuminating the ear or the nose Dr. Hedinger uses a concave mirror, which is perforated in its centre. The platinum wire is fixed a little athwart the latter, so as to allow the eye to look through the hole unimpeded. The author has tried the mirror both on himself and on several patients, and has never experienced the slightest inconvenience from the temperature of the wire. A full description and illustration of this invention has been published by the inventor in the *Deutsche Medicinische Wochenschrift*.

Russian Therapeutics.

In the province of Smolensk (Central Russia), the peasants, according to the *Vratschebniya Vedomosti*, No. 299, treat the convulsions of infants, and what they call "the black disease" (epilepsy), by means of an extract made from the flowers of the common lily of the valley. They are crushed in a wooden mortar; then put into a teapot or other earthenware vessel, and boiling water is poured over them. The pot is then well covered and allowed to stand for an hour. When the infusion has cooled down, it is passed through a sieve, sweetened, and given to the patient. Infants are given a spoonful at a time thrice daily, and adults a tumblerful in the same way, during nine days. If the exact time of the attack be known, or the fit be announced by certain symptoms, a double dose of the decoction is given in good time. The flowers are kept during the winter by pouring brandy over them; but this latter remedy is said to be less powerful than the fresh flowers. According to the peasants the fits never stop suddenly; but the intervals between them gradually grow longer, the attacks become less severe, and

the patient recovers. In the province of Tver, the peasants cure ague, which is very common on account of the large marshes and swamps, by extracting the flowers of the blue cornflower (bachelor's buttons) with brandy or alcohol, for the winter; or in summer by making an infusion of it as above. It is not sweetened, and the patient is allowed to drink as much as he chooses. They say that this infusion "drives the disease out of man by water;" *i.e.*, it really causes a very profuse perspiration; and it is said that intermittent fever generally ceases soon after the remedy has been used, especially if the patient abstain from fish, cabbage, kvas, and milk. The same infusion is also said to be very useful in dropsy.

HYGIENIC NOTES.

Good Milk. Some useful information is afforded by some experiments as to the use of acorns in agriculture, recently conducted by several foreign chemists and agriculturists, to which they have devoted considerable attention, the result of which is given in the *Deutsche Landwirthschaftliche Presse*. It is evident that the acorn, now used almost exclusively for pigs, can be put advantageously to some other uses. The chief purpose to which they can be applied is the feeding of milch stock. Herr Kost has tried this for several years with considerable success with a cow and a goat, and they were quite as well as when fed on oil-cake; while the milk and butter they produced tasted better, and had a better colour than when oil-cake had been used as the article of consumption. Herr Kost warns dairy-men that care must be taken that the acorns are perfectly ripe when gathered, and that they are cooked with the food.

The Electric Light. Professor Cohn, of Breslau, has been lately making experiments with the electric light on the eyes of a number of persons for the purpose of testing its influence on visual perception and the sensation of colour. He has found that letters, spots, and colours, are perceived at a much greater distance through the medium of electric light than by day or gaslight. The sensation of yellow was increased sixtyfold compared to daylight; of red, sixfold; and of green and blue, about twofold.

Eyes that could only with difficulty perceive and distinguish colours by daylight or gaslight were much aided by the electric light, and the visual perception was also much strengthened. Professor Cohn concludes from this fact that electric light would prove exceedingly useful in places where it is desirable that signals should be seen at a great distance. The engine used was Gramme's electro-magnetic apparatus, which rotates six hundred times in a minute.

Marriages by the Microscope. Dr. C. Heitzman (*Archives of Medicine*, New York, January, 1879) tells us that "marriages should be allowed in doubtful cases only upon the permit of a reliable microscopist. Last season," he says, "a young physician asked me whether I believed in the marriage among kindred. He had fallen in love with his cousin, and his cousin with him. I examined his blood, and told him that he was a nervous man, passing sleepless nights, and having a moderately good constitution. The similar condition being suspected in the lady, marriage was not advised for fear of degenerate offspring. So great was his faith in my assertions, that he gave up the idea of marrying his cousin, offering her the last chance—viz., the examination of her blood. This beautiful girl came to my laboratory, and, very much to my surprise, I found, on examination, her blood of first-class constitution. The next day I told the gentleman, 'You had better marry her.'"

Tobacco-Blindness. The following are the conclusions at which Dr. Martin has arrived in his recent thesis for the doctor's degree, regarding disorders of the eyes produced by tobacco. 1. It is easy to distinguish between amblyopia caused by alcoholic poisoning and by abuse of nicotine, as in both cases the affection presents characteristic symptoms. 2. The most important of these symptoms is the condition of the pupil, which is dilated in alcoholic amblyopia and contracted in the other case. In the first case, the affection progresses irregularly and with occasional changes for the better, which are followed by relapses; while, in the second case, its progress is slow but uninterrupted. In the one, both eyes are always affected to the same extent; in the other, they are not both affected, or at least not simultaneously. The patients do not see as well at night as during the daytime, and do not suffer from

hallucinations, illusions of sight, or diplopia. In alcoholic amblyopia, on the contrary, the patients cannot bear a strong light, see better during the night, and complain of hallucinations, polyopia, and diplopia. 3. Visual disturbances, when connected with poisoning by tobacco, are manifested under the following forms: *a.* binocular amblyopia; *b.* muscular amblyopia with central scotoma; *c.* amblyopia caused by both tobacco and alcohol.

A New
Tea Flavour.

In a recent book called "Among the Spanish People," the author says that the leaves of the sweet-scented or lemon verbena (*Lippia citriodora*) are largely used to flavour tea with, and that, besides giving a peculiarly delicious flavour, they are medicinally valuable for their cordial properties.

MISCELLANEOUS NOTE.

Grafting Extra-ordinary.

The New Haven, U.S., *Palladium* relates an extraordinary instance of successful surgery. It says:—"Miss Lucy A. Osborne, whose scalp, right ear, and part of the right cheek, were torn off in September, 1874, by machinery, in which her hair caught, and who has since been at New York hospital, is now at home. A new scalp has grown upon her head by the grafting thereon of minute bits of skin. The pieces were contributed from the arms of the hospital surgeons. The total number of pieces used in this operation was 12,000. One of the surgeons contributed from his person 1,202 pieces, and another 865. The appearance of the scalp now is similar to that of a healed wound. Of course there can be no growth of hair thereon. The eyes still present a slightly drawn appearance. The wounds of the cheek and ear have been neatly dressed, the former leaving scarcely a scar. In the first of the grafting process, bits of skin the size of nickel pieces (a nickel piece is a little larger than a sixpence) were employed, but not with good success, and at the suggestion of an English surgeon much smaller pieces were substituted, and with excellent results. Miss Osborne is now twenty-two years old."

MALTINE.

AN American company whose works are stationed at Creskill, on the Hudson, have produced a new food-compound which they have named "Maltine." The name is a species of keynote to the preparation, which is one of malted barley, wheat, and oats. Dr. R. Ogden Doremus, the distinguished analytical chemist and toxicologist of New York, speaks most highly of the care bestowed upon the manufacture of this compound, and likewise of the completeness of the results. He also considers that "Maltine" "is superior in its results to any preparation of any one variety of grain."

We hear that Professor Atfield speaks of "Maltine" in no less eulogistic terms. It has borne the test, therefore, of careful chemical examination by two distinguished analysts, it now remains for those members of the medical profession who are engaged in active practice to test the virtues of this food at the bedside.

From our own past experience of malt extracts we are inclined to look most favourably on this new candidate for popular favour, as we consider that in long illnesses, where there has been a great deal of tissue waste, malt extracts are of the greatest value in nourishing the system, for they can be taken freely when meat food would not be acceptable. In a case of double pneumonia treated by us some few years ago, where there was copious purulent expectoration, we gave a malt extract to the patient with the best possible result. It was food, and prevented tissue waste, and it lessened the expectoration.

We predict that "Maltine" will play an important part in the dietary of chronic and wasting disease, and we can recommend its use with confidence. But as we notice that there are several preparations of Maltine, we would advise the company to confine its manufacture to Maltine pure and simple. This mixing up of food and physic is one of the latest and, to our thinking, one of the most lamentable fashions of the day. Let us have pure Maltine, or even Maltine with Pepsine, but what advantage there can be in mixing up a malt extract with four such powerful drugs as *Phosphorus*, *Iron*, *Quinine*, and *Strychnine*, we are at a loss to know.

Barley, wheat, and oats are excellent fare, and nourishing withal, but we think that strong physic spoils the beauty of good food.

We make these remarks in all friendliness of feeling, for

we are deeply interested in any new food-compound, but we feel sure that if the American Maltine Company mix their food with physic, the less palatable will it be, and consequently less popular.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. SHULDHAM, Maythorn, Guildford, or 8, Finsbury Place South, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

BOOKS AND JOURNALS RECEIVED.

The Monthly Homœopathic Review, June.

Homœopathic Times, June.

The St. Louis Clinical Review, May.

The New England Medical Gazette, June.

Revue Homœopathique Belge, May.

L'Homœopathie Militante, May.

Rivista Omiopatica, March.

Archivos de la Medicina Homeopatica, Nos. 36, 37.

Index Medicus, March.

Chemist and Druggist, May.

Allgemeine Homœopathische Zeitung. Nos. 22, 23, and 25.

The Dietetic Reformer, June.

Urethritismus, or Chronic Spasmodic Stricture. By F. N. Otis, M.D.

Health Primers. London: Hardwicke and Bogue.

Gold as a Remedy in Disease. By James Compton Burnett, M.D. London: The Homœopathic Publishing Company.

A Biographical Retrospect of Allopathy and Homœopathy during the Last Thirty Years, with Cases. By Hugh Hastings, M.D., M.R.C.S., L.S.A., etc. London: Henry Turner and Co., 170, Fleet Street.

Children's Teeth, and How to Take Care of Them. By Benjamin Hammond, Surgeon-Dentist. Homœopathic Publishing Company, 2, Finsbury Circus, London, E.C.

CORRESPONDENTS.

Drs. J. C. Burnett, A. C. Clifton, Murray Moore, Ussher, W. V. Drury, Kitching.

Messrs. Deane Butcher, A. Cross, A. E. Chambré, Tolhurst, W. Williams, R. Kempt, Purvis, J. Epps.

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TO THE MEDICAL PROFESSION.

MALTINE

(EXTRACT OF MALTED BARLEY, WHEAT, AND OATS).

This Preparation contains from Five to Ten times the beneficial and nutritive elements found in any Alcoholic Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley*, malted *Wheat*, and malted *Oats*, containing, undiminished and unimpaired, all the nutritious principles that can be extracted from these cereals. By the most carefully conducted scientific process we are enabled to offer to the Medical Profession a perfect article, possessing five to ten times the beneficial and nutritive merit of any alcoholic or fermented Extract of Malt.

In support of our claims we invite the attention of the Profession to the following points, viz. :—

- First:** In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted *in vacuo*, at a temperature ranging from 100° to 120° Fahr. ; while many manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling. By neither of the latter processes can the extract be so produced as to preserve unimpaired the Diastase, Phosphates, and Albuminoids on which its remedial value so greatly depends; the products also are either of a dark colour or of low specific gravity, and possess little virtue aside from the saccharine matter which they contain.
- Second:** **MALTINE** being a non-alcoholic or unfermented malt extract, and prepared at a low temperature, it contains far more of the invaluable starch-converting Diastase than any alcoholic malt extract can possibly contain, while its concentrated condition prevents the Diastase from being spoilt by keeping. In **MALTINE** this innocuous but all-powerful medicinal agent, Diastase, is thus placed at the disposal of medical practitioners and the public in its best possible condition.
- Third:** **ZIMMSEN** says, "During the last few years Malt Extract has almost entirely taken the place of Cod-Liver Oil in the treatment of phthisis and other wasting diseases, at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy." The carbohydrates, or heat-producing materials, in **MALTINE** will, alone, we believe, be found to be the perfect equivalent of Cod-Liver Oil—to say nothing of the nourishing materials.
- Fourth:** **LIEBIG** says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements." Hence our reason for using malted Wheat and Malted Oats, while we use malted Barley in the manufacture of **MALTINE**, because it is comparatively rich in Diastase.

We believe that any Practitioner will readily recognise the superiority of **MALTINE**, and the Manufacturers respectfully request a trial and comparison of merits with any article offered for similar uses.

Orders received by the HOMŒOPATHIC PUBLISHING COMPANY, 2, Finsbury Circus, E.C

MALTINE AND ITS COMPOUNDS.

Can undoubtedly be used with greater success than any remedy now known, in cases of general and nervous Debility, Indigestion, Imperfect Nutrition, and Deficient Lactation; Pulmonary Affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera Infantum and Wasting Diseases of Children and Adults; Convalescence from Fevers; and whenever it is necessary to increase the vital forces and build up the system.

We manufacture the following Preparations, the Formulas and Doses of which are printed on the Labels attached to each Bottle:—

MALTINE. In 16 oz. and 8 oz. Bottles, at 4s. 6d. and 2s. 9d.

MALTINE, Ferrated. Do. 6s. 6d. and 3s. 6d.

This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE with Alteratives:

In this preparation **MALTINE** is combined with the most valuable Alteratives known, such as Iodides, Bromides, and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the Blood.

Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, $\frac{1}{2}$ grain. Dose.—One teaspoonful to one tablespoonful. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE with Beef and Iron:

One of the most valuable combinations in cases of General Debility, when there is deficient nutrition and a deficiency of Iron in the system. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE with Cod-Liver Oil:

The most perfect Emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE with Hypophosphites:

This preparation is specially indicated in Phthisis, Rickets, and Deficient Ossification. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE with Pepsine and Pancreatine

One of the most effective combinations in Dyspepsia, Cholera Infantum, and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the **MALTINE**. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE with Phos., Iron, Quinia, and Strychnia:

A powerful nutritive, general and nervous tonic. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE WINE.

Dose.—From a dessert-spoonful to a tablespoonful. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE WINE with Pepsine and Pancreatine.

Each fluid ounce contains: 15 grains *pure Pepsine* and 15 grains *pure Pancreatine*. Dose.—From a dessert-spoonful to a tablespoonful. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTO-YERBINE.

Each pint contains 13 oz. *Maltine*, 2 oz. *Carrageen*, 1 oz. *Yerbine*. Dose.—From a dessert-spoonful to a tablespoonful three times a day, and at bed-time. In 16 oz. and 8 oz. Bottles, at 6s. 6d. and 3s. 6d.

MALTINE Preparations are all put up in amber bottles holding eight and sixteen fluid ounces; each bottle enclosed in a folding paper box.

The Maltine Manufacturing Company (Limited),
GREAT RUSSELL STREET BUILDINGS,
 (Corner of Great Russell and Charlotte Streets.)
LONDON.

THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1879.

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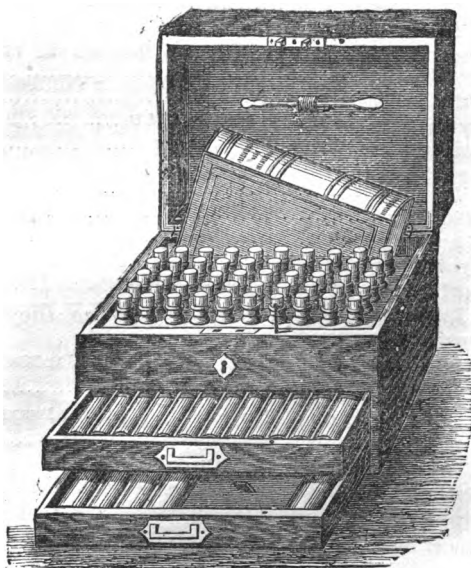
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MAY BE HAD OF ALL HOMŒOPATHIC CHEMISTS.

THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1879.

EDITORIAL ADDRESS.

SOME three years ago we were invited to edit the *Homœopathic World*. The editorial chair now becomes vacant for a brief season. But only for an interval as short as that which elapses between the death of one French king and the proclamation of another. "Le Roi est mort"—an interval for breath-taking,—and then "Vive le Roi." Those of our readers who take interest in the prosperity of our cause, may rest happy in the assurance that the fresh king who is to reign over them is one to whom they can swear allegiance with contentment and with pride. His works have already been favourably noticed in these pages. Has he not written "Natrum Muriaticum," and "Gold as a Remedy in Disease"?

We feel a pleasure, therefore, in introducing Dr. Burnett to the well-wishers of our Journal, for we feel sure that it will prosper under his management, and we shall always take a lively interest ourselves in this prosperity.

In taking farewell of our readers we must give one word of hearty thanks to all those who have helped us either with pen, with purse, or kindly sympathy.

Therefore, let those who have the interests of Homœopathy at heart, show the sincerity of their feelings by giving all help in their power to our honoured colleague and successor, Dr. James Compton Burnett.

HOMŒOPATHIC TREATMENT OF URTICARIA
OR NETTLE-RASH.

By J. C. BURNETT, M.D.

THE homœopathic law of cure is often seen in its clearest light in simple uncomplicated cases that may be reasonably supposed to yield promptly to the right remedy. The more complicated a case the less easy is it to demonstrate the truth and applicability of *similia* as a rule to guide us in practice; it is true it will not forsake us, or prove unreliable, even in the most complicated cases, but its *demonstration* is here less easy.

Most people have heard, or read, something about the great soporific, *Chloral Hydrate*, and most of us remember when it first came up. It is not very old, but it has ruined many a score of good constitutions and hastened the end of many thousands more whose constitutions had already yielded, and had thus become objects of medicinal treatment.

Who has not met with the profound adynamia, the utter prostration, of chronic chloralisation?

In this paper we propose noting one of the effects of *Chloral Hydrate* on the cutaneous surface. A mere glance at its pathogenesis shows that a great future is in store for it in profound and superficial diseases of the skin.

Chloral Hydrate produces in the healthy, "Eruption on arms and legs exactly like Nettle-rash, in large wheals, with intense irritative itching." This occurred *twice in the same individual* when the dose was repeated, so it is a well-pronounced effect.

Then again, we read: "Eruption on arms, legs, and face, and subsequently over the whole body, in large blotches of different shapes, raised above the surface, and of a deep red colour." Here the coloration of the blotches differs somewhat from ordinary Urticaria. But the former symptom is ample proof that the Hydrate of Chloral—*Chloralum hydratum crystallisatum*—when given to a person with a healthy skin, will produce (contingently no doubt) an urticarious eruption on the cutaneous surface.

Another effect of the drug is to produce *great restlessness, and feverishness.*

We believe Dr. Dyce Brown, Professor of Clinical Medicine in the London School of Homœopathy, was the first to apply this clinically. We followed in his wake, and some two years ago published the result in the *Monthly Homœopathic Review*.

Generally speaking we find the ordinary nettle—*Urtica urens*—quite sufficient for the cure of Nettle-rash; and probably most people know that the common nettle is not exactly an indifferent application to the skin. But at times one meets with most rebellious cases of Nettle-rash that exhaust the patience of the doctor and seriously threaten the health and well-being of the patients, principally from want of proper rest at night.

CASE OF URTICARIA CURED WITH CHLORALUM HYDRATUM, 1 TRIT.—

A young lady of some six summers had been troubled with Nettle-rash almost all her short life; she is delicate, has a certain floridity of the cheeks, which are rough and scaly. She was brought up on the bottle and has weak digestion; she is clearly, too, of strumous habit. The child of well-to-do parents, her health has been the object of the greatest solicitude, and hence it is not remarkable that she has been under the professional care of the best skin doctors of London, but all in vain. Finally she was given up with the assurance that “she would grow out of it.” That is a little clinical formula that is cheap and soothing, and, moreover, involves no weak-minded belief either in the nihilism of Samuel Hahnemann or in drugs in general. But then this naughty little patient did *not* grow out of her Nettle-rash, neither would faith in the future procure her parents and nurse any rest at night; for the poor child’s life became quite a misery, particularly on account of the bad nights; she would scratch and tear herself till the blood came, and then fall asleep exhausted, but only to wake again in an hour or two a mass of heat lumps, fever, and wretchedness. At first we treated the stomach and digestion, but did no great good. Finally, we gave four grains of the first trituration of *Chloral Hydrate* night and morning, and in three days the Nettle-rash disappeared, and with it the fever and restlessness. Patient continues quite well.

We once thought to convince a former fellow-student of the truth of the homœopathic law by collecting some very striking cases of Nettle-rash that rapidly disappeared after we had given the diluted tincture of the common Nettle, that we had in fact cured therewith. Our former comrade was already a professor, and we thought we had “flooded him” with these cases. Not at all; he replied: “I cannot accept cases of Urticaria as any evidence of the truth of Homœopathy,

because of the ordinarily evanescent nature of the ailment." In vain we pointed out that some of the cases in question were of long standing. To our mind nothing is more convincing than such cases. Thus the case in question had persisted off and on for years, and latterly almost every night for three months; so, to say the least, the accidental disappearance of the complaint just after the administration of the *Chloralum* is very remarkable. After *Pulsatilla* it would not do so, neither would it accidentally and coincidentally disappear after the tonics and strengthening medicines of the skin-doctors.

As another curative effect of the *Chloral Hydrate* in this case may be mentioned the fact that the furfureous condition of the cheeks has now almost disappeared.

We regard Nettle-rash as a disease of the mucous lining of the stomach and of the duodenum reflected upon the common integument.

2, Finsbury Circus, London, E.C., July, 1879.

THE ART OF PROLONGING LIFE.

In speaking of the American poet, the late William Cullen Bryant, a writer in *Scribner's Monthly* says:—"Mr. Bryant's vigorous longevity has few parallels among distinguished intellectual men. It is due partly to an inherited endurance of constitution, and partly to the most rigid observance of hygienic rules. . . . A tendency to pulmonary disease was peculiar to the family, and a gifted sister of the poet fell a victim to it at a very early age. In his early manhood Mr. Bryant showed symptoms of the malady sufficiently marked to cause considerable anxiety among his friends, few of whom thought that his life would be a long one. Any little recklessness would probably have resulted fatally fifty years ago, while by simple inconsiderateness he would doubtless have passed away before middle life. But by the strictest temperance, regular exercise, and the most careful observance of the laws of health, under the Divine blessing, he has attained his great age of nearly eighty-four, with a vigour of body and mind excellently preserved. It is remarkable for a person of his organisation that since the age of fifteen he has never suffered from headache. He does his intellectual tasks in the morning, and never writes or studies at night. It is his custom to retire ordinarily soon after nine o'clock,

and he rises usually at five. Before breakfast he regularly takes his gymnastic exercise with the dumbbells and club. He loves the bath. His food is simple and nutritious. He eats sparingly of flesh and fish, while his diet is largely of oatmeal, hominy, milk, and fruits in their season, of which he is fond. He uses neither tea nor coffee, and is a stranger to tobacco. He takes his wine in the uncrushed grape, which fruit, with many other varieties, he successfully cultivates. . . . The wisest and best revere and honour him. He illustrates the most admirable type of manhood, and is an example of a life whose rare gifts have all been consecrated to the highest uses of humanity."

TELEGRAPHIC WRITERS' CRAMP.

SOME four years ago a paper was read by M. Onimus before the Société de Biologie. The subject was that of telegraphic writers' cramp. Since then the same observer has gathered fresh information on this interesting condition. He says that it is chiefly observed in those who are employed in working Morse's machine, and it appears to arise from the difficulty experienced by the clerks in co-ordinating the movements which are necessary to form the dots and dashes of telegraphic literature. Much depends upon individual temperament and the condition of the nervous system, as the existence of more or less irritability seems quite as necessary for the production of this cramp as the frequent repetition of the same movements. Some *employés* who are naturally nervous and excitable have the cramp after only a short time of service, their general health suffering at the same time. The same circumstances operate in writers' cramp, this especially occurring when a great number of letters or despatches have to be executed in a given time under a state of feverish activity. The direction of the movements also exerts an influence. An *employé* successively employed the thumb, the index, and the median finger, each of these manipulating during two or three months, but one after the other then being seized with the cramp. He then used his wrist, which after a while also refused service. As the expeditionary despatches are manipulated by a movement of the entire hand as well as of the fingers from above downwards, when these vertical movements had become difficult, an *employé* contrived a means of acting on the lever in a

horizontal direction by means of a thread stretched from a point of support to the lever. For a while he was able to forward his despatches, but these new movements soon became embarrassed, and gave rise to the cramps. It seems that an *employé* of a medium skilfulness transmits or receives alternately about 7,000 signals in an hour, making for the day of seven hours a total of about 49,000 signals. Under penalty of causing the receiver of the despatch to commit an error, the movements of the manipulator must be cadenced with perfect regularity. The transmission has also to be marked by periods of arrest of a conventional duration, being longer between each word than between each letter of the same word, and than between each signal of the same letter. "Taking, for example, my name," says Dr. Onimus, "a simple difference of the period of arrest may cause it to be read Otéimus, Otomus, Obmus, Onittus, and Oteittus. According to the calculation of a very skilful *employé* who has communicated these details to me, the mere defective transmission of the 'é' may cause the garbling (*tronquer*) of the word *référé* in 447 different manners. Besides the muscular contraction, the transmission occasions consequently at the same time great fatigue from the constant mental tension which it exacts."

As is to be supposed, on account of the greater sensitiveness of their nervous system, the symptoms of cramp are more easily produced in women. According to M. Onimus, the general symptoms consist principally of palpitations, vertigo, sleeplessness, perhaps impairment of vision (most of the older and laborious *employés* wearing spectacles), and a sense of constriction at the nape of the neck, as if the back part of the head were held in a vice. To a state of over-excitement succeeds one of depression and melancholy, and moral and physical atony. Memory becomes bad, and, according to some, insanity may in the course of some years supervene on this pathological condition. During the progress of this pathological state, the transmission of despatches presents some curious peculiarities, dependent on reflex movements produced by habit and in an unconscious manner. The hand does not always obey the determinations of the will: a word badly read is often correctly transmitted. On the other hand, an *employé* whose mode of transmission is naturally slow is not always, when dozing, interrupted in transmitting to his correspondent the ideas accompanying his half-dreamy state, for he continues to act on the lever and expedite his

despatches. In some cases there exists, too, a state of things quite the opposite of spasm and rigidity, for the hand proceeds more rapidly than the will, and performs a series of movements which are co-ordinated and decipherable, but too rapid. It is especially after the manipulation has lasted for some time that these phenomena may be produced. Normally, it is only after an hour of work that the manipulation attains its maximum of rapidity.

Dr. Beard, of New York, comes to the following conclusions in reference to the subject of "writers' cramp." The material is taken from a paper which was read by him before the Medical Society of New York, and reported in the *New York Medical Record*. These are the ten conclusions which Dr. Beard has arrived at:—1. What is called the "cramp" is but one of a large number of the symptoms of this disease, and no two cases are precisely alike. 2. Also, in the other forms of professional cramp, as that of telegraphers, musicians (violinists, organists, pianists, harpers), sewing-women, painters, artists, dancers, hammer-palsy, and so forth, the cramp is but one of a number of symptoms, and by no means always the most important one; and, as in writer's cramp, there is frequently no cramp at all from the beginning to the end of the disease. 3. This disease is primarily a peripheral and local disease of the nerves and muscles; secondarily and rarely it becomes central and general; or it may result from various central lesions; and it may affect any point between the extreme periphery and the centre. 4. It occurs mostly in those who are of strong—frequently of very strong—constitution, and is quite rare in the nervous and delicate; and when it does occur in those who are nervous, it is easier relieved and cured than when it occurs in the strong. 5. It is far less likely to occur in those who do original work, as authors, journalists, composers, than in those who do routine work, as clerks, bookkeepers, copyists, agents, and so forth. 6. This disease, like all nervous diseases in this country, diminishes in frequency as we go south. 7. Writers' cramp is no longer an incurable disease. 8. The treatment of writers' cramp and of allied affections consists in (1) the local application of electricity; (2) hypodermic injection of atropia, strychnia, or duboisia, Fowler's solution, and other tonics, narcotics, and sedatives; (3) the internal use of Calabar bean, ergotine, iodoform, and in some cases of nerve-food, as oils and fats; (4) massage, or systematic kneading and manipulation of the muscles, with friction, and

pinching, and pounding of the skin, and passive movements of the joints, large and small; (5) dry heat and dry cold by means of caoutchouc bags containing hot water or ice; (6) the actual cautery and very small blisters to the upper part of the spine, or along the course of the affected nerves and muscles. 9. Among the hygienic devices for the relief and cure of writers' cramp are the following:—(1) A ring penholder, so as to relieve the thumb and fingers; (2) the type-writer; (3) the use of large penholders, so that the muscles may be less restricted, and fastening a piece of sponge to the penholder, so as to relieve the pressure of the fingers; (4) holding the pen between the different fingers; (5) the use of quills and very flexible pens with very broad points, so as to run easily—the use of a lead pencil is also a great relief; (6) frequently changing the pen and penholder, and style of pen; (7) changing the position in writing, as from sitting to standing, or holding the writing in the lap; (8) the avoidance of faulty, painful, and stiff modes of writing, and the study of easy, natural methods; (9) writing with the left hand; (10) the use of various gymnastic and athletic exercises.

"ONLY A DOCTOR."

THE *Gazette* of some weeks past is conspicuous for the folly and short-sightedness of overlooking the personal courage displayed by Surgeon Reynolds at Rorke's Drift. Lieutenants Chard and Bromhead are rewarded with the Victoria Cross, and no one can grudge these grandly-earned honours; but the surgeon who gallantly—yes, we advisedly say, *gallantly*—relieved the wounded under fire, cheered his men, and carried ammunition to keep the combatants supplied while in action, is left without recognition. He was "only a doctor." In the Ashantee war the V.C. was given simply for carrying a dead body out of range; but the performer of this brave deed was a combatant. To tend the wounded and save life under fire is a service not worthy of notice when rendered by "a doctor." Lord Chelmsford may be a gallant and successful general, and the military authorities at home may have the good of the service at heart, but this is scarcely, perhaps, the way to show it.—*Lancet*.

TOXIC EFFECTS OF LINSEED MEAL.

SOME years ago my attention was first called to an unusual effect produced by the action of linseed meal upon the skin and mucous membrane. A respectable man called to consult me respecting an ulcer of the leg, for which I ordered a linseed poultice. He, however, told me that if he did as I advised, his face would become red and swollen, and that he would be unable to see the next day. Ascertaining that the effects soon passed off, I requested him to apply the poultice, and call upon me the next morning. This he did, when, to my surprise, I found his face swollen and red, with the eyes slightly inflamed. The rash slightly resembled urticaria, accompanied by slight burning and itching. He informed me that linseed meal always had this effect upon him; and that upon one occasion it produced the swelling, etc., from—unknown to himself—his carrying a few miles, for a neighbour, a package of meal in a basket.

Since then I have met with four or five other cases, all well marked and undoubtedly referable to the presence of linseed meal. The last case was even more remarkable, from the mucous membrane of the air-passages as well as the skin being involved. A few months since, I was called to attend an infant suffering from pneumonia. I ordered linseed-meal poultices to the chest, but was informed by the mother that if she applied them her own face would become red and swollen, and her breathing would be affected. Knowing from experience that some of these effects could be produced by linseed, I requested her to apply hot fomentations instead, but, the child becoming worse during the night, she put on the poultice. Next morning, when I called, I found her face much swollen and red with an urticarious rash, inflamed eyes, quick and sharp pulse, hot skin, and breathing laboured and gasping, somewhat resembling hay-asthma. The chest was resonant, with dry rhonchus. This state would, however, have passed off in a day or so, but an incautious re-exposure to the linseed brought on another and so severe attack, that it was more than two weeks before she perfectly recovered. This lady stated that to her the smell of linseed meal was as pungent as that of pepper. This specific action of linseed upon the mucous surfaces might possibly explain its use in affections of the mucous membranes.—*James George Parsons, M.D., F.R.C.S.*

JABORANDI FOR SEMILATERAL SWEATING.

By E. M. HALE, M.D., Chicago.

IN looking over the pathogenetic effects of medicines belonging to our *Materia Medica*, I find very few which are reported to cause sweat on one side of the body. *Nux Vomica* causes "sweat on one side of the head and face;" *Pulsatilla* on "one side of the body," and Jahr mentions *Ambra Grisea*, *Baryta*, *Bryonia*, *Chamomilla*, *China*, *Cocculus*, *Fluoric Acid*, *Ignatia*, *Nux Vomica*, *Pulsatilla*, *Rhus Tox.*, *Spigelia*, *Sulphur*. But all these are doubtful, except *Nux Vom.* and *Pulsatilla*. They may cause "partial sweating," but not actually semilateral.

The new remedy, *Jaborandi*, notable for the enormous general perspiration it causes, seems to be capable of producing sweating of one side of the body. Dr. Englemann, in his report of several cases of ovariectomy (*American Journal of Obstetrics*), mentions an instance where he gave *Jaborandi* daily, for a week, in doses varying from one to four drachms, and records that it caused, "unilateral sweating; a cold perspiration appeared on the left half of the body, and continued eight or ten hours, the right side remaining perfectly dry; there was also trembling of the limbs, and a numbness of the left lower arm and in the left side of the trunk."

The recent experiments of Luchsinger have demonstrated the existence of sweat-centres in the medulla and spinal cord. The cause of unilateral sweating must lie in some unusual irritation or paralysis of these centres. *Atropine* has been used successfully for the removal of semilateral sweating. The whole subject of unilateral and partial perspiration needs investigation.

ON THE TREATMENT OF MENTAL AND
NERVOUS DISEASES.

By SELDON H. TALCOTT, A.M., M.D., Medical Superintendent, New York State Homoeopathic Asylum for the Insane, Middletown, N.Y.

THIS paper is designed to embody, in brief, the clinical experiences gained at the asylum under our charge during the year 1878. In it we shall seek to "mirror the vitality of our thought," not alone by recording a series of successful experiments in medicating the insane, but also by presenting negative or noncurative results of treatment in certain varieties of cases.

The knowledge that there are forms of mental disease unlikely to recover under the most favourable circumstances, and in which all known methods of treatment have been faithfully tried, with only failures for results, is next in importance, to the honest physician, to those facts which demonstrate our ability to cope successfully with some, at least, of the formidable phases of insanity.

We shall proceed at first with the more pleasant part of our work, that of presenting the favourable effects of medication; and leave the dregs of disappointment and defeat for the closing draught.

In a general way it may be stated that the treatment of the insane with remedies applied according to the homœopathic law of cure has been, thus far, a most interesting and fruitful experiment. It has been demonstrated beyond a doubt by results gained in the asylum that the most violent cases of maniacal excitement may be safely cared for, treated, and restored to health, without resorting to massive doses of somniferous drugs. Indeed the pathological conditions induced by the latter often form complications, or combinations with the original disease against which the recuperative forces of nature are powerless. Homœopathic treatment conserves the life forces of the patient, and seeks to avoid the aggravation of primary symptoms. Thus, in a long-continued and tedious affection like insanity the curative methods of the homœopath tend, we believe, to the piloting of a patient through the imminent perils of his disease with the greatest possible safety and certainty. Brief and imperfect as our experiments have been, they have yet been followed by some very interesting developments, and from these a few deductions may now be drawn.

The remedies most used at the asylum are those whose effects upon the healthy were "proved" many years ago, and the "verification" of whose symptoms, in a curative sphere, has been demonstrated at the bedside of the sick repeatedly and satisfactorily. In other words, "old remedies," like "old friends," have been our main reliances. A few of the new remedies have been used, and in occasional instances with gratifying results. Drugs whose primary effects are largely manifested by their action upon the circulatory apparatus, the heart and its conduits, have most frequently proven themselves effectual in modifying the symptoms and promoting the recovery of those suffering with mania. Hence we find *Aconite* and *Veratrum Viride*

playing an important part in the early stages of this disease which is marked by such an unnatural and exalted excitement.

The distinguishing differences between *Aconite* and *Verat.-Vir.* are these:—In *Aconite* there is a great mental anxiety; in *Verat.-Vir.* excessive physical unrest. The *Aconite* patient is fearful of the future, and terribly apprehensive of approaching death; the *Verat.-Vir.* patient is depressed, but comparatively careless of the future. The *Aconite* face is flushed bright red, or is pale, with moderate congestion; *Verat.-Vir.* has intense cerebral congestion, with a face flushed to a purple hue, and hot, or it is cold, with a pale bluish cast. The *Aconite* case has great thirst, and gulps water eagerly; the *Verat.* has a dry, hot mouth, which feels scalded, but the thirst is moderate. The muscles of the *Aconite* patient are tense, and the whole medical and physical conditions are like those of an instrument strung to the highest pitch; the *Verat.* patient is relaxed and restless, has nausea, retches and vomits profusely, has muscular twitchings, and constantly changes his position. In short the *Aconite* patient has mental anxiety with physical tension, while the *Verat.-Vir.* patient has a lower grade of mental unrest with physical relaxation.

Treading closely upon the heels of *Aconite* and *Verat.-Vir.* and, in fact, contesting strongly for the palm of supremacy, are *Belladonna* and *Hyoscyamus*. Probably no remedy in the *Materia Medica* possesses a wider range of action, or greater powers for removing abnormal conditions of the brain, than *Bell.* Its symptoms are clear, well-defined, unmistakable; its action sharp, vigorous, and profound. It is the powerful supplementary ally of *Aconite* in removing the last vestiges of cerebral congestion, and beyond this it subdues, like magic, the subtle processes of inflammation. Its symptoms are so familiar to every student of *Materia Medica* that it would be unprofitable to repeat them here, so we will only state that a marked and happy effect follows the use of *Bell.* in cases where, in addition to the flushed face, dilated pupils, and throbbing arteries, we have a mental condition which manifests itself by the most positive ebullitions of rage and fury; and where the patient tosses in vague, spasmodic restlessness; attempts to bite, strike, tear clothes, strip herself naked, and make outrageous exhibitions of her person. While in this state *Bell.* patients are exceedingly fickle and constantly changing; now dancing,

singing, laughing, and now violent with intolerable rage. The speedy disappearance of such a grave and serious train of symptoms after *Bell.* is administered proclaims its unmistakable power in a manner that needs no eulogy. The magic workings of this protean drug are also manifest in the relief of symptoms directly antipodal to those mentioned above. When you have a patient whose face is flushed to an intense reddish-purple hue, pupils widely dilated, eyes having a fixed stony stare, and utterly insensible to light; heavy, almost stertorous breathing; stupid, dazed condition of the mind, so that he cannot be roused to speak; inclined to remain quiet, but with occasional muttering, incoherent delirium; marked rigidity or steady tension of all the muscles,—then you may give *Bell.* in the confident expectation of reaping an early harvest of good results.

The excitable *Bell.* patient requires a minimum dose of the drug, while the stupid one is affected most readily and favourably by oft-repeated doses of the 1st centesimal or even the 1st decimal dilution.

The *Hyoscyamus* patient is very excitable, but less frenzied than the *Bell.* patient; is very talkative, mostly good-natured and jolly, but occasionally has savage outbursts; is inclined to be destructive of clothing, obscene, with a tendency to expose the person. *Hyoscyamus* is, perhaps, more often indicated as a remedy for female patients than *Bell.*, the latter being frequently called for among the male insane.

Following the remedies already mentioned in the treatment of mania come *Cantharis*, *Lachesis*, *Nux Vomica*, *Rhus Tox.*, *Sulphur*, *Thuja*, and *Veratrum Album*. *Cantharis* very notably fills a niche apparently unoccupied by either *Bell.*, *Hyos.*, or *Verat.-Alb.* The *Cantharis* patient has mental exhibitions somewhat similar to *Bell.* and *Hyos.*—i.e., frenzied paroxysms of an exalted type; bites, screams, tears, and howls like a dog. As an invariable accompaniment there is always great excitement of the sexual organs. In the latter respect *Cantharis* resembles *Hyos.* and *Verat.-Alb.*, but these latter drugs commingle the psychical with the physical. Proper restraint and the administration of *Canth.* often affords prompt and happy relief. Very scanty urine and frequent micturition are characteristic of the *Cantharis* patient.

For loquacity *Lach.* has been repeatedly verified as a valuable remedy; *Nux.-Vom.* is useful in cases that are irritable, cross, ugly, obstinate; *Rhus Tox.* and *Hyos.* relieve suspicions of having been poisoned, the former remedy being

particularly adapted to low, typhoid conditions. *Sulphur* is useful as an intercurrent, and also for *fantastic mania*, where the patient is inclined to deck himself with gaudy colours, or puts on old rags of bright hues and fancies them the most elegant decorations. *Sulphur* seldom achieves a cure by itself, but sometimes seconds with vigour the efforts of other drugs.

Veratrum Album is a remedy whose sphere of usefulness comprehends both profound prostration of the physical forces and a most shattered condition of the intellectual faculties. The fame of this drug extends over a period of more than three thousand years. It is related that "about the year 1500 before our era a certain Melampus, son of Amithaon, a most celebrated augur and physician, first at Pylos, then among the Argives, is said to have cured the daughters of Proetus, king of the Argives, who, in consequence of remaining unmarried, were seized with an amorous furor, and affected by a wandering mania. They were cured chiefly by means of *Veratrum Album*, given in the milk of goats fed upon *Veratrum*, which Melampus had observed to produce purgative effects upon these animals." In the State Homœopathic Asylum for the Insane, in this nineteenth century A.D., we have verified the homœopathicity of *Veratrum* in "amorous furor" and "wandering mania," particularly where these symptoms of peculiar excitement are followed by great mental depression and tendency to physical collapse. In ancient days the drug was given until cathartic effects were produced. In these later times we have found a more acceptable method of use, and, with small doses, secure favourable results without aggravating purgation. The *Veratrum* patient combines the wildest vagaries of the religious enthusiast, the amorous frenzies of the nymphomaniac, and the execrative passions of the infuriated demon, each of these manifestations struggling for the ascendancy, and causing the unfortunate victim to writhe and struggle with his mental and physical agonies, like the dying Laocœon wrestling with the serpents of Minerva. This anguish is short-lived. The patient soon passes from this exalted and frenzied condition into one of deepest melancholia, abject despair of salvation, imbecile taciturnity, and complete prostration both of body and mind. The extremities become cold and blue, the heart's action weak and irregular, the respiration hurried, and all the objective symptoms are those of utter collapse. At the same time the mind passes into a Stygian gloom, from which it very slowly emerges.

With such a picture before us we can scarcely hesitate in the choice of a remedy, and *Veratrum* is the one selected. To be sure, some of these cases are past the grace of medicine, yet the earnest use of this long-tried drug has frequently repaid us by marked improvement following its administration, and in several cases complete recovery has resulted.

We have written somewhat hurriedly of a few remedies most frequently used in recovering cases from mania. We come now to speak of those successfully applied in the treatment of melancholia. Mania and melancholia, alternating as they frequently do in some patients, often require the same or similar remedies. It is not the name of the disease, but the array of symptoms, that indicates the choice of a drug. Still for purposes of convenience we sometimes group, under the name of a disease, certain drugs most often applicable in the cure of that disease.

Digitalis rises to prominence in this connection, not so much by reason of the fame it has acquired in "the books," but on account of the excellent effects following its use where homœopathically indicated, and thus administered to the patients in our wards. We use it mostly when the patient is in a dull and lethargic condition; the pupils are dilated to their widest, yet all sensibility to light or touch seems lost; the pulse is full, regular, or but slightly intermittent, and *very slow*. The slow pulse is the grand characteristic, and upon this indication *Digitalis* may be given with much assurance that relief will follow speedily, if relief be possible. We notice that the *Digitalis* patient, when rallying from his melancholic stupor, often moans a good deal, and his eyes are all afloat in tears. Relief, however, speedily follows this bursting of the lachrymal fountains.

It has long been supposed and advocated that *Aurum* was the princely remedy for suicidal melancholia. Our experience at the Asylum has not sustained this theory. *Aurum* has often been prescribed in such cases, but usually without good results. Another remedy, which we have tried repeatedly, has generally "hit the case" most happily; and that remedy is *Arsenicum*. My mind has been exercised in solving the mystery of *Arsenicum's* happy effect in cases of suicidal tendencies, while the much-vaunted *Aurum* has repeatedly failed to sustain its whilom reputation. Our conclusion is this. The patients which *Arsenicum* has relieved have been those whose physical condition would warrant the administration of that drug. They have been much

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emaciated; with wretched appetites; a dry, red tongue, shrivelled skin; haggard and anxious in appearance, and evidently great bodily sufferers. It would seem as if the mental unrest of these patients were due, in the main, to physical disease and consequent exhaustion, and their desire to commit suicide is evidently for the purpose of putting an end to their temporal distresses. On the other hand the *Aurum* suicidal patients (that is, the few patients *Aurum* has seemed to benefit) are usually in fair physical health, but who have experienced some unfortunate disaster of the affections, who have had trouble with friends, fancy they have been slighted, persecuted, or wronged, and out of revenge or disgust for the irksome trials of life seek an untimely end by their own hands. Such cases are, with us, more rare than the bodily sufferers whose ills are relieved by *Arsenicum*. Hence, perhaps, the repeated triumphs of the latter drug and the failure of *Aurum*. Each drug has its own individual sphere of action, beyond which it becomes a comparatively inert and useless agent.

When we have a patient suffering with melancholia, who is constantly moaning and muttering to herself, walks all the time, looking down, is disinclined to talk, and angry if any one speaks to her, tries to get away from her friends if they seek to comfort her, sleepless at night and uneasy during the day, then we have given *Chamomilla* with most decided and salutary effect. *Natrum Muriaticum* also affords relief to patients given to much crying, their continual weeping being of the open and above-board variety; while the grief of the *Ignatia* patient is more passive and concealed. The *Pulsatilla* case weeps easily, but smiles through her tears, and is readily pacified for the time being, but as quickly relapses into the depths of sorrow when the words of comfort cease. The *Cactus* patient is sad and hypochondriacal, and has frequent palpitations of the heart, with a corresponding palpitation, so to speak, in the top of the head. We have found *Thuja* to benefit patients who have tenacious fixedness of ideas, are always harping on one string, and indulge in the strangest and most unnatural fancies. Such cases are quarrelsome and talkative, or very reticent, won't speak to or look at a person, and manifest great disgust if spoken to by others.

Lithium Tigrinum and *Sepia* find important place in the treatment of depressed and irritable females. The troubles of such cases originate largely in the mal-performance of

duty on the part of the generative organs. Both *Lilium* and *Sepia* cases are full of apprehensions, and manifest much anxiety for their own welfare. In the *Sepia* case, however, there is likely to be found more striking and serious organic changes of the uterine organs; while the *Lilium* case presents either functional disturbance or very recent and comparatively superficial organic lesions. *Lilium* is more applicable to acute cases of melancholia where the uterus or ovaries are involved in moderate or subacute inflammation, and where the patient apprehends the presence of a fatal disease which does not in reality exist. The *Lilium* patient is sensitive, hyperæsthetical, tending often to hysteria. She quite readily and speedily recovers, much to her own surprise, as well as that of her friends, who have been made to feel by the patient that her case was hopeless. The *Sepia* patient is sad, despairing, sometimes suicidal, and greatly averse to work or exercise. There is, however, oftentimes, a good reason for such a patient's depression, for too frequently she is the victim of profound organic lesions which can, at best, be cured only by long, patient, and persistent endeavour.

We have spoken thus far of remedies which are applicable to those forms of insanity which are in a measure curable. We now approach the more discouraging portion of our essay, that of recording the vanity of our attempts in treating cases of epileptic insanity, of dementia and general paresis.

It has often been our good fortune to relieve the immediate and distressing symptoms of the epileptic with sensible doses of the *Actæa Racemosa*. Under its action the fits have been lessened in frequency, and sometimes removed altogether for several months. But we are compelled to state that neither this, nor in fact any remedy we have yet tried (and we have tried many), has so far removed the symptoms as to enable us to claim a positive, perfect, and permanent cure. The *Actæa Rac.* develops the best results among those patients who have remarkable heat in the back of the head, and extending down the back, during the convulsions, and who complain of great soreness in the muscles of the neck and shoulders after the convulsions have subsided. Time and experience may yet solve the problem, how to cure the epileptic insane; but thus far it remains a riddle deep as the unfathomed mysteries of Nature.

Our dementia cases have been treated with *Calcarea Carb.*, *Phosphorus*, *Anacardium*, and a few other drugs. An improvement in their general condition has often followed the

use of the above remedies; and we look upon such cases as affording a somewhat hopeful field for future experiment and research. Still, we are unable to record complete recovery from dementia, through medication, except in a very few instances.

In general paresis we have observed relief from immediate and threatening symptoms through the administration of alcohol. *Veratrum Viride*, *Bell.*, *Nux Vom.*, and *Phos.*, have also temporarily held the disease in check, but in this grave and singular disease we have wrought no cures, earnest though our endeavours have been.

In thus recording our failures we have this for consolation, that the forms of disease in which homœopathic drugs have, thus far, proven unsuccessful, are those already declared incurable by physicians of long and vast experience. We shall never rest, however, nor pause in our labours, until the fountain that holds healing waters for these unfortunates is discovered. Those who live in the darkness of incurability to-day may bask in the brilliant sunlight of health a single decade hence. In conclusion, we feel compelled to state, that the more earnestly we study its tenets, and the more fully we are brought to understand the delicate intricacies of the homœopathic law of cure, and the more fully we apply the precepts of that law in our treatment of the sick, the more firmly are we convinced of its comprehensive and far-reaching efficacy.

A CONSOLATION FOR SMOKERS.

At a recent meeting of the Odontological Society of Great Britain, Mr. Hepburn read a paper. He took for his subject "The Effect of Smoking upon the Teeth," and the results of his inquiries are contrary to popular ideas. He considers that the direct action of nicotine upon the teeth is undoubtedly beneficial. The alkalinity of the smoke must neutralise any acid secretion which may be present in the mouth, and the antiseptic property of the nicotine tends to arrest putrefactive changes in decayed teeth. Moreover, he is inclined to believe that the dark deposit on the teeth of some habitual smokers is largely composed of the carbon with which tobacco-smoke is impregnated. It is this carbon which is deposited upon the back part of the throat and lining membrane of the bronchial tubes; and with whatever disastrous effect it may act in these situations, he thinks we are justified in concluding

that its action upon the teeth must be beneficial. Again, this deposit takes place exactly in those positions where caries is most likely to arise, and on those surfaces of the teeth which escape the ordinary cleansing action of the brush. It is found interstitially in all minute depressions, and filling the fissures on the coronal surfaces. It may be removed with scaling instruments from the surface of the enamel, but where it is deposited on dentine, this structure becomes impregnated and stained. Indeed, it is only where the enamel is faulty, and there is access to the dentine, that any true discoloration of the tooth takes place; but it is remarkable, he says, how the stain will penetrate through even minute cracks, provided the necessary attention to cleanliness be not exercised. The staining power of tobacco-oil may be seen when a deposit has taken place on the porous surface of tartar collected on the posterior surface of the inferior incisors. In this situation a shiny ebony appearance is occasionally produced. That tobacco is capable of allaying, to some extent, the pain of toothache is, he thinks, true; its effect being due not only to its nicotising power, but also to its direct action upon the exposed nerve; and he is inclined to attribute the fact of the comparatively rare occurrence of toothache amongst sailors, in great measure, to their habit of chewing. He has been struck, in the case of one or two confirmed smokers who have come under his notice, by the apparent tendency which exists towards the gradual production of complete necrosis of carious teeth, and the various stages of death of the pulp, and death of the periosteum taking place without pain or discomfort to the patient. This condition may, of course, be brought about by a variety of influences; but in these special cases he is inclined to think that the presence of nicotine in the mouth has acted powerfully. The experience of other speakers in the subsequent discussion appeared to corroborate that of Mr. Hepburn, except that Mr. Oakley Coles thought the frequent changes of temperature probably injurious and tending to produce cracking of the enamel, and Mr. Arthur Underwood thought that smoking to the extent of injury to digestion tended to cause recession of the gums and otherwise to injure the nutrition of the teeth.

A HOMŒOPATHIC HOSPITAL for children has just been founded at Vienna in the neighbourhood of Mariahilf. Dr. Huber, assisted by Dr. Klauber, has the medical management of the new hospital.

HEREDITARY DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London
Homœopathic Hospital.

It is commonly supposed that the children of deaf parents are liable to deafness that is positively incurable; it is thought by the public, and I am sorry to say is insisted upon by medical men who ought to know better, that the children of deaf parents are not alone liable, more than others, to deafness, but that this hereditary tendency endows their ailment with some mystic intractability. "It is my opinion that nothing can be done for your child, and, indeed, you could hardly expect it to be otherwise, when you yourself are deaf." This is the opinion of our own family medical attendant, and he has attended every member of our family for over twenty years, and he thoroughly understands all our constitutions."

Such is the sort of argument we continually hear, and anything more mischievously contrary to fact it is almost impossible to imagine.

A healthy-looking boy of eleven was brought to me from the country, 11th June, 1879, by his mother, herself deaf upon the right side, and who had been told by one of our most enlightened country practitioners that nothing could be done for her son's hearing. With commendable anxiety, however, she determined to seek some further advice while the boy was yet young.

The boy's history was this. At three years old he had had typhoid fever, and since then till two years ago he suffered much from earache, with more or less deafness and discharge from the ears. Two weeks ago the earache returned, this time affecting chiefly the left ear; it comes and goes, and is succeeded by discharge from the ear, sometimes thin and sometimes the contrary. He is subject to weak eyes, his pupils are rather dilated, his appetite is very variable, but the bowels are regular.

Left membrana tympani slightly reddened, with two small points of perforation in Shrapnell's space.

Right membrane retracted anteriorly, old scars of perforation on the lower and anterior segment. Hearing distance, left $\frac{4}{30}$; right $\frac{9}{30}$; on performing inflation of the Eustachian tubes the hearing, to the great delight of his mother, at once improved four inches on either side.

I gave a fortnight's prescription: *for the first week, Soda Chlorata* ϕ , one drop in three doses every day; and, *for the*

second week, *Hydrastis* 2nd dec., two drops in three doses each day.

27th June, 1879, mother brings her boy again, and with this report; he has not had any earache or discharge, and he has been hearing quite well.

The improvement was most marked during the second week.

Hearing is perfectly normal (30 in., the watch employed having a feeble tick); the left membrane has lost its redness, the retracted portion of the right has not altered.

To go on with the *Hydrastis* as before, and to use a spray for the throat of the *Tincture of Hydrastis* diluted with water.

My reason for wishing the lad to continue with the medicine is that the condition inducing the deafness is liable to return if not thoroughly got rid of.

From this case we ought to derive the important lesson that a deafness coming on in the child of a deaf parent may be quite as amenable to treatment as if there were no such infirmity in the family.

UROXANTHINE IN URINE.

By Dr. H. S. KENNEDY.

IN certain states of the body a colouring matter termed Uroxanthine may be discovered in the urine. Authorities are divided as to the time of its presence; some, as Heller, Hassall, and Thudichum, stating that it is only found in certain diseases; others, again, as Schunck and Carter, affirming that it is found in all urine.

Dr. Schunck has proved that Uroxanthine is identical with the vegetable product Indican.

There is one pathological state in which I believe it is always present in appreciable quantity, and that is during the progress of any glandular enlargements.

The connection between gland-swollings and the presence of Uroxanthine in the urine is not very clear, but the fact remains.

This pathological fact may be applied to clinical use in many diseases, but one of its most important uses is in the treatment of enteric fever. During the ulcerative process in Peyer's patches, the mesenteric glands become enlarged and indurated, and the function of absorption interfered with. When the ulceration ceases and cicatrization is complete, then the glands resume their natural functions. So we may

reasonably infer that if the glands are not enlarged, the irritating cause of the enlargement—*i.e.*, the ulcerations, have healed.

Now one of the most important stages in a convalescence from enteric fever is the time when you commence to administer solid food. Whilst ulceration remains there is great danger of hæmorrhage and even perforation attending the digestion of a solid meal. Here is the place for the test of Uroxanthine.

A very simple test was communicated to me about a year ago by Mr. Turner, the Medical Officer for Southsea. Fill a test tube one-third full of the urine, drop into this a crystal of *Chlorate of Potash*; then gently pour down the side of the tube a quantity of *Acid. Hydrochlor. Fort.* If Uroxanthine be present a blue film of indigo will appear at the junction of the two layers.

This test is very delicate if performed with care.

CLINICAL APPLICATION OF CYANURET OF MERCURY IN DIPHTHERIA.

By W. H. BURT, M.D., Chicago.

For the last three years I have been administering *Cyanuret of Mercury* in this disease with such wonderful curative results that now, so soon as I am certain that I have a case of diphtheria to treat, I at once put the patient upon the *Cyanuret of Mercury*, with a feeling of almost absolute certainty of curing the patient.

In my opinion no remedy corresponds so closely to diphtheria in all its various forms as the one we have chosen for our study, its usefulness extending from the incipency of the attack to the end, from its most mild to its most malignant forms, as shown by five cases of poisoning with the drug, where all of the poor victims died from gangrene of the throat. Even the suddenness of the attack of malignant diphtheria is completely covered by the *Cyanuret of Mercury*, for its symptoms come on with almost the rapidity of those caused by Hydrocyanic acid. There being no provings of this remedy, we are compelled to rely upon clinical experience.

I shall now proceed to give the symptoms that I have confirmed many, many times, at the bedside, with what I can find in our medical literature, hoping, by so doing, it will be

the key to unlock and draw out from the profession many practical hints about the remedy and this malignant disease.

1. Patient attacked suddenly with a chill, followed by high fever of a low, adynamic character.

2. Pulse from ninety to one hundred and fifty, soft and feeble.

3. Temperature from one hundred to one hundred and five degrees F.

4. Excessive prostration—this is a marked symptom.

5. Patient aches all over; head, body, and limbs all feel sore, as if pounded, and the bones as if broken.

A large number of my patients have complained more of the base of the brain and back of the neck aching, than any other one symptom. Something hard for me to solve, without it springs from severe inflammation of the back part of the fauces and nares.

6. Some patients have a clammy perspiration all over the body, but the majority have not had it.

7. Both cheeks flushed, purple, or of a livid colour.

8. Bursting headache, with much vertigo when rising up, in many cases.

9. Fœtor oris. The intolerable fœtid breath was a prominent symptom in all my cases.

10. Tongue coated heavily, with a dark-yellow colour and often with red edges, sometimes much swollen.

11. Cheeks dotted with ulcers with greyish coating.

12. Gums red and swollen.

13. The tonsils and velum palati highly congested and inflamed, covered in patches, or in its entirety, with a grey or yellow false membrane.

Usually this pseudo-membrane is of a dark-grey colour, which I believe to be the true colour indicating this drug. I have often seen this dark-grey coloured pseudo-membrane not only covering the tonsils, but the whole of the soft palate, uvula, and fauces, extending up into the nares, completely occluding the nostrils. I have also had a number of cases where the false membrane was wholly confined to both nostrils—two very recently—one in a young girl, and one in a young lady, where, for several days, not a bit of atmosphere could be drawn through the nostrils; both recovered under the influence of this drug. I have also attended a few cases of so-called croupal-diphtheria where the pseudo-membrane extended into the larynx and trachea. One marked case in a lady forty years of

age; the voice was lost for six weeks, but she finally recovered. I gave her up to die, and prepared her husband for it, but the *Cyanuret of Mercury*, as it were, snatched her from the grave. Another case of croupal-diphtheria in a little girl aged seven; the pseudo-membrane extended from the tonsils into the larynx, producing complete loss of voice for two weeks; one nostril was also occluded in this case, but she made a good recovery.

Since I have commenced to use the *Cyanuret of Mercury* I have saved all; it may be accident, but I do not believe it. I do not say that the *Cyanuret of Mercury* will cure every case of croupal-diphtheria, for I know it will not, but I believe it will cure many cases that would certainly die with all other known remedies. Cases have been reported by many physicians of croupal-diphtheria given up to certain death, when this drug has been administered and cured the patient.

One case of diphtheritic scarlatina; the patient raised, under the influence of this drug, a complete cast, three different times, of the trachea of this pseudo-membrane, and recovered.

14. Great enlargement and inflammation of the parotid glands, salivation occurring in several cases.

15. In several cases the inflammation extended along the Eustachian tube and greatly affected the hearing.

16. Several cases had difficult deglutition, where the glands were greatly swollen.

17. But one of my cases, treated with this drug, ever had ulceration of the tonsils or glands subsequently.

18. One case had epistaxis follow, when the false membrane loosened from the nostrils. This I greatly feared, for I lost a little girl about fourteen years ago when everything seemed favourable—the pseudo-membrane came loose in the night while she was asleep between her father and mother, and before any one awoke the loss of blood had been so great that there was a pool of it upon the floor under the bed that had run through all of the clothes and bed. My patient expired in about one hour after waking up.

19. This remedy has produced epistaxis, with cerebral congestion, but I have not cured this symptom yet, for I have not had it to contend with.

Since writing the above, I have had one case of nasal diphtheria, with copious hæmorrhage when the pseudo-membrane loosened. Gave the *Cyanuret of Mercury* in the 30th, and no more hæmorrhage took place for two days, when another hæmorrhage occurred.

20. Cough, both dry and loose, in croupal-diphtheria, with sawing respiration.

21. Constant inclination to clear the throat, but cannot; tries to clear the nose by blowing it, but the passage suddenly closes.

22. Constantly spitting a thick, ropy mucus from the mouth.

23. Many physicians have arrested ulceration of the tonsils with this drug, but I have not tried it for quinsy.

24. Several cases are reported where gangrene had actually taken place in the soft palate and fauces, that were cured with this drug. Dr. Beck, of St. Petersburg, Russia, reports a desperate case of this character cured with this remedy in the 6th dilution.

25. Complete loss of appetite.

26. Nausea and vomiting—a few cases.

27. I regret to state I have not examined the urine of any of my cases of diphtheria for albumen, so cannot say anything about that important symptom. But the urine in all cases has been high-coloured and scanty. It has caused albuminuria in one case of poisoning.

28. Bowels usually constipated.

29. Several cases, in females, the menses have come on one and two weeks too soon. One case they had ceased for only one week; came on profusely, with great debility.

30. A few cases had a fine rash upon the skin, very similar to scarlatina, but not very profuse over the body; mostly upon the arms and chest.

Convalescence in all cases has been rapid; no sequelæ have followed a single case that needed treatment.

The above gives the summing-up of my experience with this drug. I will now give a little of what can be found in our medical journals on this remedy:—

“Dr. Villars treated, during ten years, over 100 cases under three different latitudes (Dresden, St. Petersburg, and another city in Russia), found the disease always the same, and that the *Cyanuret of Mercury* was the only certain and quickly-operating drug. He did not lose a single case, and insists on using the 30th dilution. After using this drug, the further spread and development of the exudate is stopped at once; the improvement is very striking, even after twelve hours; after twenty-four hours no vestige of the exudate is generally to be seen, and after two or three days the disease is so far removed that the remedy is no longer necessary, as

the patient is well. With the improvement of the local symptoms that of the others keeps pace; refreshing sleep and appetite appear after a few hours, and strength comes rapidly. If the remedy is given in the stage of invasion—*i.e.*, before the exudate is deposited—it will not appear at all. As a prophylactic it is equally effective. Paralysis and other sequelæ have not been observed after the use of this drug.”

Case 1.—“Boy aged four, lived in a bad cellar-tenement. One brother and sister just died with diphtheria, without treatment. Tonsils, velum palati, and fauces much swollen, dark-red, and thickly covered with exudate; great difficulty in swallowing; hoarse voice; rough, dry cough, with anxiety; skin hot and dry; pulse 130, small; great weakness; apathy; emaciation. *Cyanuret of Mercury*, 6th cent., one drop to half a glass of water, one spoonful every two hours. In twenty-four hours the swelling of the velum and fauces diminished one-half; the colour of the mucous membrane almost natural; only a trifling vestige of the exudate, pulse 90, skin almost normal. The second night, quiet sleep and appetite, and no more symptoms.”

Case 2.—“A scrofulous girl, aged three years. Mother scrofulous and father syphilitic. On the fourth day of diphtheritis the following conditions:—The child lay on its back with hanging under-jaw and half-closed eyes; sopor, but when spoken to, easily aroused; mouth and fauces completely covered with whitish-grey exudate; lips dry, and bleed on opening the mouth; nose stopped up; swallowing impossible; the patient can utter only a few croaking sounds; emaciation, and flabbiness of muscles; extreme weakness; skin hot and dry; pulse excessively weak, and so fast that it cannot be counted; dark, scanty urine, without sediment; no stool for two days. Prognosis very unfavourable. *Aconite* and *Belladonna* ineffectual. *Cyanuret of Merc.* 30; three globules every two hours. Improvement began after the fourth dose; complete recovery on the fourth day.”
—*Hirschklm.*

Paul Rognin (*L'Art Medical, Allg. Hom. Zeit.*), says, in several cases where the diphtheritic exudation had spread into the larynx, *Bromium* and *Tart.-Em.* having been of no avail, *Cyanuret of Mercury* 3 brought the desired effect. He cites three desperate cases cured with the *Cyanuret of Mercury*.

Case 3.—“A scrofulous boy of seven years, in Dresden, Saxony. *Merc.-Sol.* ineffectual. Beginning of exhaustion, *Arsenicum*. On fifth day, cough with croup tone; torpid

character of the disease, *Iodine*. As the collapse grows worse and worse, again *Arsenicum*. On the seventh day, extreme exhaustion, sawing breath; adynamic fever; spasmodic cough when examining the fauces. On the left side of the velum, close to the uvula, loss of substance of about half an inch in diameter, surrounded by a narrow, intensely-red rim, the colour of which contrasts with the purple tint of neighbouring membrane; the deficiency is filled with a slate-grey, soft substance, which hangs below the edge of the velum. A hopeless case. *Cyanuret of Mercury*, 6th cent., one drop to half a glass of water, one spoonful every two hours, for three doses, and then three doses of *Iod.*; then again three doses of *Cyanuret of Mercury*, and so on. The next night quiet sleep, with diminishing attacks of cough. No sawing breath. On the next morning, appetite, and not the least vestige of the membrane (*Hirschklim*). We attribute this case entirely to the *Mercury*, for the *Iod.* had been given before without any effect."

Case 4.—"Mary M., aged seven, blonde, well-built, never sick, had been coughing for a week; for four days had sore throat; expectorating, after violent efforts, glairy mucus; for three days suffocative paroxysms awake her during night; barking cough. Emetics gave only momentary relief. Child sitting up; muscles of face contracted; face cyanosed; skin burning; eyes injected and staring; voice extinguished; laryngo-tracheal whistling; nasal cavities obstructed by false membranes; submaxillary glands enlarged; saliva flows constantly from open mouth; tonsils, velum palati, etc., covered with false membranes; has refused all food for twenty-four hours—*Brom.* 3, in water. Next morning child worse, refuses to be examined, force produces suffocative fits. Prescribed *Tart.-Em.* 3, in water. In evening, the same state; fear she cannot live all night. Prescribed *Cyanuret of Mercury* 3, every two hours. Next morning child better. After the second spoonful, the child expectorated a quantity of thick, greenish mucus, like green ribbons. Continued *Cyanuret of Mercury*, with constant improvement up to the twelfth day, when hoarse voice led me to *Hepar Sulph.* 12, every three hours. On the fourteenth day gave *Cyanuret* again. She took it till the nineteenth day, when *Phos.* 6 was given on account of aphonia" (*Paul Rognin*). Translated by S. Lilienthal, from *L'Art Medical*.

I have quoted these cases to illustrate the wonderful curative virtues of this remedy in that worst of all diseases

—i.e., croupal diphtheria—to impress it upon the profession that we have a remedy at our command that will cure many of these cases that are, as a rule, fatal with all physicians and in all schools. Out of the many published cases of diphtheria cured with the *Cyanuret of Mercury*, I have only taken a few, but enough, I hope, to satisfy the profession that I do not claim too much for it.

How shall we administer it in this disease? My experience, so far, has been with the 3rd dec. trituration, but in studying the remedy I find that the majority of cured cases reported in the journals have been with the higher attenuations, from the 6th to the 30th dilution, and the cures, if anything, have been more rapid than mine.—*American Homœopathist*.

THE OLD, OLD STORY.

IN the *Chicago Medical Journal*, Dr. J. L. Tucker has asserted that *Colocynth* will allay the pain caused by excessive peristaltic action better than any drug in use, not excepting opium, providing it be employed in proper doses. Enough of the tincture of *Colocynth* is used to render water slightly bitter; of this, a teaspoonful, *pro re natá*, will afford speedy relief from violent griping.

[Thank you, Dr. J. L. Tucker, for your original suggestion! Thank you very much. But it is somewhat remarkable that Samuel Hahnemann gave the same suggestion for the treatment of colic some few years ago, before Dr. J. L. Tucker was born or thought of. "Great minds jump," but we must in this instance let Samuel Hahnemann have the lead in the matter of treating the gripes with *Colocynth*.

Poor dear Hahnemann, it was not enough for his envious colleagues to abuse him when living, but now it is the fashion for every little obscure medicine-monger of the orthodox school to steal an idea of his and air it in a respectably orthodox medical journal as something grand and original. Poor J. L. Tucker, we are sorry for you; in your random readings you stumbled across a copy of Ruddock's "Stepping Stone," and your eye rested on the treatment of colic, and you saw that *Colocynth* was recommended for this trouble, and you rejoiced, for you thought that you would originate a new treatment for the gripes, and you sent your experience to the *Chicago Medical Journal*, and the editor was proud of you and your originality. Nay, he

quoted your experience, and in our random readings we have chanced to come across your valuable suggestion, and we are sorry for you, J. L. Tucker, as your brain is so poverty-stricken for ideas that you are obliged to go sneaking about in Homœopathic literature to steal something, and your theft is discovered. We are really sorry for you, but you have yet a chance. Reform, O Tucker, and give us a proving of *Colocynth* on your own person, taking full doses of this admirable medicine every day for a fortnight—good, satisfactory, symptom-producing doses. Doses which shall rake you fore and aft, doses which shall keep your mind and your body active by day, and which by night shall make you

“Toss about in agony
From weary chime to chime.”

Doses, in fact, which shall give your brain another suggestion, and that is for bringing about perpetual motion, with a medicine too! Think of that, Tucker, and be grateful. Then, J. L. Tucker, you should reform, “live cleanly, forswear” pilfering, and send us the provings of *Colocynth* for a future number. You shall then be forgiven.—Ed.]

HOW TO KEEP EGGS FRESH.

A WRITER in the *English Mechanic* says:—“In the year 1871-72 I preserved eggs so perfectly that, after a lapse of six months, they were mistaken when brought to table for fresh-laid eggs, and I believe they would have kept equally good for twelve months. My mode of preservation was to varnish the eggs as soon after they were laid as possible with a thin copal varnish, taking care that the whole of the shell was covered with the varnish. I subsequently found that by painting the eggs with fresh albumen, beaten up with a little salt, they were preserved well, and for as long a period. After varnishing or painting with albumen, I lay the eggs upon rough blotting paper, as I found that when allowed to rest till dry upon a plate or on the table, the albumen stuck so fast to the table or plate as to take away a chip out of the shell. This is entirely obviated by the use of the blotting paper. I pack the eggs in boxes of dry bran.” [We have found that by simply placing new laid eggs in a bed of salt they will keep fresh from three weeks to a month. The salt must cover each egg completely, so as to exclude the atmospheric air.—Ed.]

AN EIGHTY-SIX HOURS' THIRST.

In the *American Journal of Medical Science* there is an account given by Dr. King, a surgeon of the United States Army, of the effects which the deprivation of water produced on a detachment of cavalry. The party of men, about forty in number, were deprived of water for eighty-six hours during a search for hostile Indians over a sandy district in July, 1877. Dr. King, being only one of the party of relief, is only able to furnish his account as he derived it from the lips of the sufferers. Their mouths and throats were so dried and parched that they were unable to swallow bread, and even brown sugar would not dissolve. Many were delirious, and the little sleep that was obtained was disturbed by ever-recurring dreams of banquets furnished with delicious foods and drinks. They would probably all have perished but for blood which was obtained by killing the horses as they became disabled. And, although this was thick and coagulated on exposure, it seemed to them more delicious than anything which they had ever tasted. Coagulated as it was, it was only swallowed with great difficulty, and quickly produced diarrhœa. The men drank their own urine (which was scanty and deep-coloured) thankfully, first sweetening it with sugar. A few drank the urine of the horses. Dyspnœa came on, with a feeling of suffocation, as if the sides of the trachea were closing; and they breathed through the nose, prolonging the intervals between the inspirations as much as possible. Their lips were covered with a whitish, dry froth, and had a pale, ghastly, lifeless appearance. Just before relief came the situation had become desperate, and they lost all confidence in each other, and harboured suspicions. When they reached water, several men were missing, and those who arrived were almost helpless—the so-wished-for water not seeming to benefit them at first. It seemed to be impossible to leave off pouring it down, although their stomachs would not retain it. As they filled themselves with the water, it was vomited up, warm coffee being the only thing that revived them at all. Again and again was water imbibed to repletion without assuaging the insatiable thirst, this only being relieved as the remote tissues became supplied. The overpowering dyspnœa which threatened their existence was due to the persistent dryness, as only moist membranes allow the free passage of respiratory gases. The lungs were filled with the purest air, and yet they suffered from an almost overwhelming sense of suffocation. The greater

power of endurance of the mule over the horse was very manifest; for while the latter could neither chew nor swallow grass, the mules grazed at every opportunity. The sensation of thirst was rendered the more intense by the dry state of the atmosphere, as the men were toiling over arid plains and elevated plateaus in a climate noted for its lack of moisture.

The total loss amounted to two men dead and two missing, supposed to be dead; and in five or six days the troop was enabled to return to its quarters.

A PROVING OF OPIUM.

By HERR N. VON MIKLUCHO MACLAY.

“DURING my stay in Hong Kong I tested, on myself, the effects of opium, and the results, at my desire, were observed by a competent person.

“The experiment was made at the Chinese Club, where every convenience for smoking opium is to be found. Dr. Clouth, of Hong Kong, was kind enough to take the necessary observations, and his notes are recorded below.” These may be summarised as follows:—

“Herr Maclay was in normal health, and had fasted eighteen hours before commencing the experiment. He had never smoked tobacco. Twenty-seven pipes, equivalent to 107 grains of the opium used by the Chinese, were smoked in two and three-quarter hours, at tolerably regular intervals. The third removed the feeling of hunger caused by his long fast, and his pulse rose from 72 to 80. The fourth and fifth caused slight heaviness and desire for sleep, but there was no hesitation in giving correct answers, though he could not guide himself about the room. After the seventh pipe the pulse fell to 70. The twelfth pipe was followed by singing in the ears, and after the thirteenth he laughed heartily, though without any cause that he can remember. Questions asked at this time were answered only after a pause, and not always correctly. He had for some time ceased to be conscious of his actions. After the twenty-fifth pipe, questions asked in a loud tone were not answered. After the last pipe had been smoked he remarked, ‘I do not hear well.’ Forty minutes later there was a slight return of consciousness, and he said, ‘I am quite bewildered. May I smoke some more? Is the man with the pipe gone already?’ Fifteen minutes later (4.55 p.m.) he was able to go home, and then retired

B R

to bed. He woke the next morning at 3 a.m. and made a hearty meal, after his fast of thirty-three hours. During the next day he felt as if he had bees in a great hollow in his head, as well as a slight headache.

"The organs of locomotion were first affected, next came sight and hearing, but Herr Maclay is very positive that there were no dreams, hallucinations, or visions of any sort whatever."

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 309.)

(20) *Chemist and Druggist*, 1870, vol. xi. p. 34.

By "Haschischin."

About 3 p.m. I ate three or four dried buds of *Gunjah*, each being the size of a small nut. About 6 p.m. I felt a most unusual thrilling sensation passing through arms and chest, reminding me of the effects of a very weak induction current. The thrill gradually extended itself till it became general; in fact, the usual symptoms of *Hemp* intoxication had begun. I was immediately seized with an irresistible desire to be alone, and left my friends on some excuse, and went out of doors. After the first few breaths of fresh air, the tingling sensation increased most pleasantly, and I walked at the rate of five miles an hour, for I felt that I *must* walk. When I had walked 200 yards, all feeling of touch seemed to have disappeared. I felt as if my body was composed of some immaterial essence, through which the blood, which seemed to be a shade less immaterial than the rest of the frame, was coursing rapidly. It seemed to me as if my veins, arteries, and blood had been suddenly endowed with feeling. Sometimes I fancied I could almost hear this extremely pleasant tingling of every fibre of the body. When I reached the park I sat down to enjoy my pleasurable sensations. The sense of touch had already disappeared, or, rather, become modified. I touched nothing, felt nothing; I accidentally struck my hand violently

against a post, but though the blow left a large bruise behind it, I did not feel it; all I knew was that my hand had been stopped in its movements by something. About this time my sense of time and distance left me. I seemed to have lived centuries since I left my friends. How long I really sat enjoying myself I know not, but it at last occurred to me that I had better take the train home. I rose from the seat, and instantly found myself in a chemist's shop at the farther end of a street asking for lemonade. The chemist left the shop to get it, and after he had apparently stopped away about ten hours, I rushed out of the shop, cursing his dilatoriness, for I was very thirsty. I sped along the street at a furious pace, threading my way in and out the crowd most cleverly. All this time the thrilling sensation continued to increase, and everything I looked at seemed to glisten before my eyes. Presently it again occurred to me that I was thirsty, and I turned into a confectioner's, and asked for some tea. I had at first intended taking claret and water, but I thought the alcohol might interfere with the experiment. I sat down on nothing, laid my arm on a marble table made of nothing, and my feet touched nothing as they rested on the floor; everything was etherealised. My pulse was not quickened, and the thrilling seemed to keep time with it. I was pretty warm, owing doubtless to my violent exercise. My brain was perfectly clear, and I debated with myself a long time whether I should take the tea that was brought to me or not, not knowing what a disturbing effect it might have on the *Hemp*. I argued, however, that all it would do would be to decrease the violence of my symptoms, which were increasing in strength every moment. In order to see how far my brain had been affected, I took up a paper, and found that by a very slight effort I could cease taking cognisance of the thrills, and read and understand what I read, with perfect ease, though the letters glistened every now and then with great brilliancy. I could also write with perfect steadiness. I tried numerous experiments with my memory and will, and found them both obedient; the latter, however, was exceedingly skittish. My hearing, smell, and taste were unaffected, except that near sounds seemed to come from an enormous distance. After leaving the shop, my sensations, though perfectly pleasurable, became somewhat alarming. What if I had taken too much! What if I should die! Prudence dictated an antidote, but I did not know of one. Who did?

Running through the list of my medical friends, it struck me that Dr. Lankester (the coroner) would be the best person for me to go to; so I set off to his house at a furious pace, longing to be able to tell everybody I met that I was in an *Indian Hemp* paradise. Had I been alone, I know I should have hurraed or laughed boisterously, but I managed to restrain myself. When I neared his house, a most absurd thought entered my head. What if I died in Dr. L.'s presence! How in the name of all that was ridiculous could he, as coroner, possibly summon himself before himself, and listen to his own evidence as to the cause of my death? This was a little too much for me, and I laughed loudly and wildly till the tears ran down my face. When I recovered from my fit of laughter I gave up all ideas of antidotes. A wonderful change had taken place, the thrilling had diminished, and my brain had actually split into two halves, one of which was perfectly sane and the other in possession of the demon of *Hemp*. I once more started for the train, my mad self thinking the most ridiculous thoughts, and continually urging my sane self to commit absurdities. I had an almost irresistible impulse to pull young ladies' hair, to shriek in old gentlemen's ears, or to bonnet young ones, all in the purest good nature. After battling in this way for about two or three hours I at last found myself sitting quietly, my mad half thinking endless absurdities and my sane half quietly enjoying the fun. The gentle throbbing still continued, and appeared more audible than ever, and there was a slight oppression of the chest that found vent in a heavy sigh now and then. The oppression manifested itself rather by a feeling of warmth in the locality of the diaphragm than by any positive pressure. The clock struck 7 p.m., and my train left at 7.30 p.m., so I stepped at once from where I was into the station, which was really some distance off. This was the second occasion upon which time and space had become annihilated, and on both I had felt the need of extreme haste. At the station I met a friend, and we stood conversing at the carriage door for at least ten minutes. My mad self was put down for the time, and my sane self exerted all his power. My friend noticed nothing strange in me. I found that I could read, think, and speak with perfect ease, in spite of the gambols of my madder half, and of the audible thrilling, the warm diaphragm, and the pleasant weight on chest. My ride home in the train

was most enjoyable; the rattling of the carriages and the puffs of steam from the engine seemed to keep time with the throbbings of an immense soft ball of etherialised velvet inside my chest, the pleasant thrilling of my whole body still keeping up, but somewhat more feebly. The mad fellow at my side was particularly ridiculous and entertaining. Towards the end of my journey he became very confused, and would only half-think his absurdities, breaking off in the middle in a very tantalising manner. Then came a period when he would think his thoughts over and over again, when he was in fact afflicted with a fit of mental stammering. I remember that it occurred to the sane man that the mad one had suddenly turned into a mental Dunderbary. Then it struck one of us—I don't well know which—that Sothorn must have thought out his great character under the influence of *Haschisch*. All this time I felt no pain or inconvenience. I had a mad fellow sitting by my side who amused me infinitely. My brain, so to speak, was polarised, and my veins ran with perceptible blood, both veins and blood being as ethereal and incorporeal as a halo. When I arrived home I was still enjoying my sensations, and had them more than ever under my control. I met my wife coming down the road with a scared face, and the thought instantly struck me that she knew all. Could my friend who gave me the drug have telegraphed to her? While I was asserting my superiority over my mad companion she said, "I have had such a fright. What do you think Willie has been eating?" "Good heavens!" I cried, utterly thrown off my balance. "What! not *Haschisch*?" "No, only blacklead," was the reply. This was the only time that I lost control over myself. My abnormal feelings gradually left me; my blood became silent again and my veins sensationless; the weight gradually left my chest, and the two halves of my brain coalesced. The rest of the evening I spent in perfect calm both of body and mind. I felt no other effects save the pleasurable feeling that one experiences after a very pleasant dream.

Reference to Bayard's Taylor's *Travels in Egypt*.

(21) *Practitioner*, 1871, vol. vii. p. 42.

Reference to *Opium and the Opium Appetite, with Notices of Cannabis, etc.* By Alonzo Calkins, M.D. (Philadelphia.)

(22) *Boston Medical and Surgical Journal*, 1858, vol. lviii. p. 119.

From Report of Boston Society for Medical Observation.

Dr. John C. Dalton took *Cannabis Indica* in doses of twenty to one hundred drops of the tincture thrice daily. The latter dose caused a peculiar prolonged and agreeable sleep.

(23) *Boston Medical and Surgical Journal*, 1859, vol. lix. p. 265.

An anonymous letter, quoted editorially.

Doses of from twenty-five to ninety drops of the tincture of *Cannabis Indica* produced such sensations as are produced by a nasal, faucial, and generally cephalic catarrh in its second stage—*i.e.*, when the lining membrane of nasal and adjacent passages and cavities has fairly begun to swell.

HOMŒOPATHIC PRACTICE.

“If you can collect a number of carefully-recorded cases, you will find them invaluable for your present guidance and your future reference. They will often lead you aright when you look in vain for help to the works of others.”—DR. SAMUEL FENWICK.

CACTUS GRANDIFLORUS IN CARDIAC DROPSY.

By EDWARD JAY MORGAN, M.D., Ithaca, N.Y.

Mrs. B——, a lady aged sixty years, was attacked on the first day of July, 1878, with violent palpitation of the heart, accompanied with very distressing dyspnoea.

Upon examination I found evidence of structural change of the mitral valves, with regurgitation, and congestion of the lungs. These symptoms continued two weeks, when general dropsy supervened. At this juncture I gave an unfavourable prognosis, and commenced a course of treatment, looking more for palliation than a cure. The breathing became more and more laboured, and it was impossible for the patient to assume the recumbent position. Two weeks later the extremities became œdematous.

I succeeded in relieving the effusion temporarily with large doses of *Indian Hemp* and *Digitalis*. But very soon the dropsical symptoms increased with an aggravation of all the distressing symptoms. At this time, while visiting another patient, I was asked to see a *Cactus* in bloom. The flower was given me, and from it I prepared a tincture, and gave my patient four drops every three hours, which de-

cidedly aggravated her symptoms. I then gave the 3rd decimal dilution, with slight amelioration only. Following that I gave the 20th dilution. And (thanks to the immortal Hahnemann!) it was "like throwing water on fire." It is now the 1st of October, and my patient is well. During three months' treatment the Cactus was the first drug that restored the bowels and kidneys to a healthy action. Every vestige of the dropsy has disappeared. The regurgitation has ceased, and there are no abnormal symptoms remaining, except slight valvular murmur.—*Homœopathic Times.*

RUMEX CRISPUS IN COUGH.

By E. W. BERRIDGE, M.D.

ON December 10th I caught cold from exposure to the cold early morning air. Took *Acon.*, and afterwards *Bry.*, according to the symptoms, with relief. The night after December 13th the cough was troublesome, but I did not notice the symptoms, and took no medicine. The next night, about 11 p.m., I had cough when *lying on left side*. I fell asleep, and awoke *between 1 and 2 a.m.* with cough in any position; it made the chest feel bruised, and *seemed as if it did not reach low enough down to raise the phlegm*, and when it did loosen it, it caused soreness of chest. I rose, went downstairs, opened my Repertory, and found that *Rumex* was best indicated by the italicised symptoms, and took a dose of 200 (Dr. Lillie's preparation) at 1.35 a.m. I returned to bed, and was able to lie on the left side without cough; hardly coughed the whole night; almost well next day, and the following night had no cough.—*Organon.*

A CHARACTERISTIC SYMPTOM OF HEPAR SULPH.

By Dr. C. BERNREUTER.

DURING the winter of 1876 this section of the country was visited by an extensive epidemic of catarrhal fever. In its periodic aggravations the disease resembled intermittent fever, but the time of the year, together with the attending cough, pain in chest, etc., led us to diagnosticate it as catarrhal fever.

One of my little patients went on from bad to worse,

until I discovered that he was exceedingly sensitive to the least draught of air. If the street door, in the adjoining room, was left open he knew it at once, and his cough got worse, although the well-fitting partition door was well closed. This led me to give *Hep.-Sulph.*, which acted like a charm. For my knowledge of this symptom I am indebted to Dr. C. C. Smith, who gives this symptom in his article on Phthisis Pulm., *Hahneman. Monthly*, vol. ix., p. 1, in the following words: "I have seen consumptive persons so sensitive to air that while occupying a third-story room they would suffer the moment the street door was opened long enough to admit ingress or egress." Honour to whom honour is due.—*Homœopathic News*.

HALLUCINATIONS.—HYOSCYAMUS.

By J. MURRAY MOORE, M.D., Taunton.

A VERY old lady, Mrs. P., aged 85 (they live for ever in Taunton!), sent for me in February, 1878, under the following circumstances. Her health had been failing her for a few weeks, less activity of mind and of body being manifested, and she had grown restless at night, frequently waking, and fearing to be alone in the dark. The night before the morning I was summoned, her condition was as follows: Restless, talking delirium, yet, when spoken to by her daughter, answering rationally; imagining that her deceased sister was present, sitting in a chair by her bedside, and talking to this imaginary companion. When I saw her at 9 a.m., the pulse was 80, full; the head ached, but was not hot; she was slightly more deaf than usual; and these hallucinations were explained to me. The old lady was very chatty, quite unnaturally so. Tongue clean; other functions pretty normal. I concluded that the totality of the symptoms, but especially the *hallucinations*, indicated *Hyoscyamus*. See symptoms 24, 59, 63, of *Allen's Encyclopædia*.

I gave *Hyoscy.* 1 tinct., one drop every two hours, till better; and after the *second dose* she had no return of the hallucinations, nor other brain symptoms. She has not had any return of these symptoms since, though she often ponders over her beloved sister, recently dead, in her waking hours.—*Organon*.

PAIN IN THE BREASTS WHEN NURSING.

By F. G. CEHME, M.D., Tomkinsville, Staten Island, N. Y.

A YOUNG, delicate lady, who was nursing her second three-months-old child, complained of violent pain in the breasts "whenever the milk came into them." Upon questioning it was found that every two or three hours she would be suddenly seized with severe, stinging-like pains throughout the breasts, and would press with both hands against them to relieve the pain, which lasted several minutes. As at the same time the milk began to ooze out, she took it for a sign that the milk flowed just then into her breasts, and that it was time to nurse the child. The babe worried her much by frequent crying and uneasiness, requiring a great deal of attendance night and day. Consequently she felt quite weak, discouraged, and nervous, the nursing and care being altogether too much for her. I gave *China*, and advised part feeding of the child. This improved her health generally, but had no effect on the pain in the breast and spontaneous flow of milk. A few doses of *Phytolacca*, 2nd decimal, cured both in one day.—*American Homœopathist*.

ANGINA PECTORIS?—MOSCHUS.

By J. MURRAY MOORE, M.D., Taunton.

AN old lady, Mrs. C., aged about 72, consulted me in September, 1877, for a sensation of trembling around the heart, with constriction in the whole chest, almost suffocation. In fact, the symptoms much resembled angina pectoris, and to confirm that diagnosis, an arcus senilis existed, though not very marked. Her pulse was 88, and the respiration oppressed. *She felt continually obliged to take a deep breath.* My then partner, Dr. T. R. Jones, now of Birkenhead, happened to come in, and agreed with me that *Moschus* was indicated. I had by me a new case of Thirties, chiefly American triturations. I at once gave one grain of *Mosch.* 30 trit., dry, on the tongue, and dissolved three grains in eight ounces of water, directing a dessert-spoonful to be taken every two or three hours. After the first (dry) dose, Mrs. C. felt much relieved, and after three more doses was quite well.

Three months afterwards a similar attack, not so violent, was cured just as quickly by *Moschus* 30.*—*Organon*.

* The keynote in this unique case of Dr. Moore's is evidently "Tightness of the chest, so that one is obliged to take a deeper breath than usual" (*Allen's Encyclopædia*, vol. vi., p. 407).—*Editor of "Organon."*

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

A QUESTION OF DIETETICS.

SIR,—Homœopathic physicians and pharmacies are to be found in every considerable town in this country, yet the system is denounced by the entire allopathic profession as one of utter absurdity, imposture, and delusion.

The theories and practices of the two schools are diametrically opposed to each other. If allopathy is right, homœopathy is nonsense; if homœopathy is right, allopathy is murder. Yet the law—wise guardian of the people!—requires you to send for a doctor without telling you what sort to send for!

In the late Dr. E. H. Ruddock's work on the "Essentials of Diet"—a book which truly abounds with much valuable information and common-sense advice, and which is written in clear language—we read:—"Liver of the calf, lamb, or pig, when fried, is rich and savory," and "kidney, lungs, and heart are as nutritious as lean meat," while "tripe is a food of somewhat delicate flavour and agreeable," and "bacon is the most soothing of fats to the digestive canal, and may be eaten freely." The liver of probably one-half of the animals that come to market is diseased. Those who have the least respect for their health should avoid liver and the entrails of all animals. Into the kidney of the living animal is drained and always retained, even after it is cooked, as may be plainly seen by the common observer, a nameless fluid, which is swallowed with a relish by ignorant eaters of this indigestible and expensive filth.

Tripe many good Christians consider the daintiest luxury of the table, and remembering tripe holds nameless filth in solution, few thoughtful people envy the eaters of this unnatural, disgusting garbage, which is three or four times the price of truly healthy, palatable, nutritious, and natural foods.

Bacon is innutritious, thirst-creating, besides expensive. The reader may possibly be a flesh-eater, and among those who classify man with the omnivorous portion of the animal kingdom. Then he must regard the filthy hog as an intimate

relation of his. The hog eats filthy swill, and in eating the hog we actually eat nothing more nor less than secondhand and expensive swill, or its equivalent.

Dr. Ruddock speaks of the nourishment of lean beef. The report of the House of Lords on diet states, "Thirteen shillings' worth of split peas is equal to 120 shillings' worth of beef." So much for the great nourishment, and the great economy also, of the latter secondhand food.

Possibly some of your readers will kindly, and I truly hope most unsparingly, with the view of eliciting truth, reply to the remarks of
X.

P.S.—I may add that discussions on food will be held twice a month in September and following months at the Franklin Hall, Castle Street, Oxford Street, W., at which homœopathic advocates are respectfully invited to read papers. Full particulars may be learnt by addressing the secretary of the Food Reform Society as above.
X.

LYCOPUS VIRGINICUS.

SIR,—Kindly permit me to draw attention to the following extracts from Dr. Hale's notes on the use of *Lycopus* in diabetes, as published in your July number. Dr. Hale says:

"Dr. Morriison's provings do not show any violent action on the kidneys, or notable change in the character of the urine. If the present theory of the cause of glycosuria is tenable, we are to look for some derangement of the central nervous system in that disease."

"*Lycopus* cannot be said to be a brain remedy."

Dr. Hale must have overlooked symptoms 171-4 of my analysis (*Homœopathic Review*, p. 631, 1874). Marked urinary effects are there recorded, the specific gravity being very low, as in some cases of non-saccharine diabetes.

Again, the sighing respiration and cardiac irregularities recorded indicate distinct disturbance of the organic and pneumogastric nerve-action. Hence *Lycopus* should be considered in diseases dependent thereupon, diabetes included.

A drug which produces allied symptoms, and even saccharine urine, is *Nitrite of Amyl*. I would draw particular attention to the use of this in the higher dilutions, as mentioned in my article in the *Annals of the Congrès International D'Homœopathie of Paris*, and request comparative observations as between *Nitrite of Amyl* and *Lycopus Virginicus*.

Faithfully yours,

London, 1879.

S. MORRISSON.

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the three months ending July 3rd, 1879, gives the following statistics:—

Remaining in Hospital April 10th, 1879	43
Admitted between that date and July 3rd	94
	137
Discharged between April 10th and July 3rd	99
	38
Remaining in Hospital July 3rd, 1879	38

The number of new out-patients during the above time has been 1,623.

The total number of out-patients' attendances for the same period has been 4,642.

During the above time the out-patients' department was partially closed for repairs.

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY, 3, NEW INN HALL STREET.

Physician—A. Guinness, M.D., F.R.C.S.

SIXTH ANNUAL REPORT, 1879.

IN presenting their sixth annual report to the subscribers, the committee of the Oxford Homœopathic Dispensary feel that the condition of the institution during the past year has been such as to afford great encouragement to its supporters.

1. As regards subscriptions and other receipts, the treasurer's balance-sheet shows that the total amount received during the year has been £59 11s. 3³/₄d., as against £61 7s. 2d. last year. This includes contributions from the Hospital Saturday and Sunday Funds, and offertories.

The absence, owing to serious illness, of the physician, Dr. Guinness, during a great part of the summer, and the resignation of the hon. secretary, the Rev. W. B. Caparn, probably had an injurious effect on this amount.

2. The number of patients was also considerably affected by Dr. Guinness's illness, but the committee are glad to report that in spite of this disadvantage the number of attendances during the year was 5,047.

Abstract of Dr. Guinness's Report.

Patients admitted from January 1st to December 31st, 1878	1,931
Total number of attendances	5,047
Number of home-visits (to end of June)	152
Total number of patients since opening the Dispensary in 1872	11,354

Classification of Diseases.

Head, 205; chest, 434; abdomen, 443; general diseases, including fevers, epilepsy, etc., etc., 849. Vaccinations, 42. Deaths, 6.

HYGIENIC NOTES.

Objective Sounds in the Ears. Dr. Holmes has recently reported to the Chicago Medical Society a curious case of objective sounds in the ears. The patient is a girl of seventeen, and the trouble has continued since childhood—during all her waking hours. The sounds accompany spasmodic contractions of the pharyngeal muscles. About forty of these occur with regularity every minute. They resemble slight efforts at swallowing. With each spasm is heard within the ear a clicking sound, being loudest in the left. The sound resembles the rubbing of the nails of a thumb and finger. From the left ear it can be heard eighteen inches away; from the open mouth it can be perceived, but it seems more distant. The lips of the Eustachian tubes open slightly with each spasm. The membranæ tympani are thick and opaque at the upper border. It is Dr. Holmes's opinion that the sounds are due to spasms of the tensor tympani muscles. The girl is anæmic, but the local trouble has not been helped by tonics.—*Boston Med. Jour.*

Intermittent Loss of the Sense of Smell. M. Maurice Raynaud related the following case at the Société des Hopitaux:—He had attended for several months, for commencing tuberculosis, a woman, thirty-eight years of age, in whom an absolute suspension of the power of smell manifested itself in an intermittent manner. When she got up in the morning she found that she was totally unable to smell the scented waters on her dressing-table; but about ten o'clock the function was restored, to disappear again towards dinner-time. These phenomena had

continued for two months, with absolutely regular intermittence. From ten until four o'clock the patient possessed smell and taste in their normal conditions, while for the rest of the time the two senses were quite lost to her. She never had had any hysterical symptom, and could not be suspected of simulation; and M. Raynaud, conjecturing that he had to do with a latent intermittent paludal affection, administered quinine, under which the peculiarity entirely disappeared. The patient, however, had not been exposed to palustral emanations, nor was her spleen enlarged.—*Gaz. des Hop.*

Tests for Colour-Blindness. According to E. Chevreul, if a circle, one diametrical half of which is painted with any colour *a*, and the other half left white, be made to revolve at a speed between sixty and one hundred and sixty turns per minute, the complementary colour of *a* appears on the white half. The author proposes these spinning disks as tests for colour-blindness.

MISCELLANEOUS NOTES.

An Agricultural Colony. Under this somewhat indefinite name the Council of the Department of the Seine has just opened an establishment for the instruction of idiotic and backward children in such agricultural pursuits as they may be found capable of. This agricultural colony of Vaucluse, as it is called, is situated, though unconnected with the asylum of that name, at Epinay-sur-Orge, in the department of Seine-et-Oise. A farm with ten hectares of land has been annexed to the colony, whereat all children showing any disposition thereto will be taught various modes of culture. A devoted and intelligent teacher who has taught for thirty-five years at Bicêtre has also been appointed. A chaplain, a professor of gymnastics, and a music master have also been appointed; and any child showing aptitude will be taught a trade in the workshops. The medical management of the establishment is under the charge of a physician and his assistant, with an interne. The council has established a regular tariff of charges to be made for the children sent by the department, as well as for those sent by their families.—*Union Méd.*

Absence of Teeth
and Saliva.

Dr. Bradbury refers in a late number of the *Boston Med. Jour.* to the case of a man, aged twenty-four, who came to the Dental Infirmary for artificial teeth, stating that he never had "erupted" either temporary or permanent teeth. On examination it was found that there existed what seemed to be remains of the inferior six-year molars, no other indication of teeth being present. But the most striking anomaly was the total absence of saliva. The tongue, which was deeply serrated transversely, and the other soft parts, were dry and leathery, so that his speech was thick and apparently laboured. He had never been able to take solid food of any kind, having subsisted entirely on soups and soft moist aliments. He was, however, perfectly well, and his food was digested apparently as completely as though it had been mixed with the usual amount of saliva.

A Toothpick in
the Liver.

Dr. Kraus states, in a recent number of the *Allgemeine Wiener Medizin. Zeitung*, that he saw, in the *post-mortem* theatre at Prague, the necropsy of a man who had died of phthisis under Professor Jaksch's care, and in whose liver a toothpick, nearly four inches long, pointed at both ends, was found. The man had been addicted to drink. At the anterior surface of the left lobe of the liver, an abscess of the size of a walnut was found. The posterior surface of the colon was adherent to the liver at this part; and on careful examination, a fistulous opening communicating with the abscess was found in it. On laying open the abscess the toothpick was disclosed.

Cremation.

The Society for Cremation in Berlin has recently become amalgamated with the General Sterbecasse (fund for widows and orphans) under the following conditions. Each member is bound to pay 60 pfennige (6d.) a month to the fund to which he or she belongs. In case of death, the sum of 300 marks (£15) is paid by the fund, not to the friends of the deceased, but to the cashier of the Society for Cremation. The latter then takes entire charge of the body, sends it Gotha, and pays all the expenses of the cremation, etc. The bodies of persons who were not members of the society will be sent to Gotha by the latter, after paying the sum of 300 marks to the cashier.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 2, Finsbury Circus, London, E.C.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

BOOKS AND JOURNALS
RECEIVED.

The Monthly Homœopathic Review, July.

British Journal of Homœopathy.

Homœopathic News, June.
New England Medical Gazette.

United States Investigator, June.

Homœopathic Times, June.
L'Homœopathie Militante, June.

Revue Homœopathique Belge, July.

La Biographie Belge, June.
Allgemeine Homœopathische Zeitung, Nos. 25 and 26.

Rivista Omiopatica, May.
Archivos de la Medicina Homeopatica, Nos. 38 and 39.

Index Medicus.
Chemist and Druggist, June.
Dietetic Reformer, July.

La Reforma Medica.
Cincinnati Medical Advance, July.

On the Climate of Davos am Platz. By A. C. Pope, M.D. Gould and Son.

Pott's Disease, its Pathology and Mechanical Treatment. By N. M. Shaffer, M.D. New York: G. P. Putnam and Son, 1877.

Twenty-ninth Annual Report of the London Homœopathic Hospital.

Heredity: a Village Dialogue. By a Protestant Clergyman. London: Remington and Co., 1878.

CORRESPONDENTS.

Drs. A. C. Clifton, J. C. Burnett, Murray-Moore, Kennedy, Lawson, Harmar Smith, A. Guinness, Stanmer, Morrison, R. T. Cooper, Newton.

Messrs Deane Butcher, A. E. Chambré, Dawson, Harvey, Linton, Prince, Sporter, Tulloch.

The Homœopathic World.

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THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1879.

LIST OF INTENDING CONTRIBUTORS.

A NUMBER of gentlemen have very kindly promised to contribute to the pages of the *Homœopathic World*. Among these we note Dr. Ainley, Medical Officer of Health, Halifax; Dr. Blumberg, Southport; Dr. Beaver-Brown, Liverpool; Dr. Samuel Brown, Chester; Dr. Midgley Cash, Torquay; Dr. John Clarke, of Ipswich; Dr. A. C. Clifton, of Northampton; Dr. Cooper, Physician, Diseases of the Ear, London Homœopathic Hospital; Dr. Gatchley, Professor of Theory and Practice of Medicine in the University of Ann Arbor, U.S.; Dr. A. E. Hawkes, Liverpool; Dr. W. H. Howitt, Toronto, Canada; Dr. Maffey, Bradford; Dr. Murray Moore, Taunton; Dr. Mathias Roth, London; our late Editor, Dr. Shuldham; Dr. Thomas, Llandudno; Dr. Ussher, London. The names of some other intending contributors arrived too late for insertion.

OUR PROGRAMME.

IN assuming the editorial duties and responsibilities of the *Homœopathic World*, it may be well to state, in a few words, what our aim and object will be, and how we propose to direct that aim, to attain that object.

We shall aim at no more, and no less, than the extension of a true knowledge of that part of scientific therapeutics commonly termed Homœopathy, to as many as possible, lay and professional.

We shall endeavour to interest all our professional and lay friends in this Journal, and ask them to contribute to its pages and extend its circulation, so that it may be the literary medium of many on matters medical, and thus subserve our great object—viz., to spread a knowledge of Homœopathy far and wide.

C C

For us Homœopathy means the law of *Similia* in therapeutics. This is the one bond that will bind together the writers in, and the readers of, the *Homeopathic World*; this only is our cardinal doctrine. All those who hold that doctrine OPENLY are with us, and we with them. The *crypto-homœopaths* we despise; the honest haters of Homœopathy we may at least respect. But we cannot respect the mean men that have crawled into professorial chairs with the aid of purloined portions of the homœopathic *Materia Medica* and simultaneous abjurations thereof. These creeping things inspire disgust.

For us Hahnemann is a blessed benefactor of our race, a star of the first magnitude in scientific medicine; we love and honour his name in deed, we will love and honour it in word, let it please or displease whomsoever.

While *Similia similibus curantur* is thus our one cardinal doctrine, we do not consider that all medicine was a blank before Hahnemann thought it out and worked it out, or that all medical progress was interred with him; for us, it is neither the in-all, nor the be-all, nor the end-all of practical medicine—it is the truth, but it is not all the truth.

We are not believers in authority; hence we do not accept Homœopathy on the *ipse dixit* of its founder, Hahnemann, and, *à fortiori*, we do not propose to ask any one to accept it on ours, but on the evidence of scientific experiment: it is true, not because he said so, but because such experiment proves it to be true. We shall hope to fill our pages mainly with material tending to such experimental proof.

So also of the Hahnemannian doctrine of drug dynamisation: it is true, not because the master taught it, but because experiment demonstrates it. We do not propose to weary ourselves or others with supposed explanations of this doctrine; we do not profess to understand it, but the fact is demonstrably there, and we accept it as such. We propose to bring, from time to time, as much experimental proof of the existence of this fact as we may be able. Not, however, as an *apologia pro domo*, or from the standpoint of the already convinced, but merely as so many experimental facts.

We shall try to keep constantly before us that theories and hypotheses are the curse of our art, and the bonds and fetters that make free minds slaves.

Inasmuch as we have satisfied ourselves of the truth of the doctrine of drug dynamisation, it follows that we believe in the efficacy of the small dose and of the infinitesimal dose.

But we also believe in that of the large dose and of the medium dose; the actions of the different doses of the same drugs would, however, appear to be not always identical. This is a great question, and lies as the underwork of a great building that is to be: we can only hope to help bring up a few bricks. The great architects and builders are few and far between.

Hahnemann's tripartite pathology is a subject that we have not yet been able to appreciate: psora, syphilis, and sycosis we, indeed, see every day, but only through a glass darkly—*i.e.*, in a Hahnemannian sense. Still we have heretofore constantly found him right where we have been able to test him.

The epidemic genius of disease constitutes, we think, an almost totally neglected branch of practical medicine; we should be specially pleased to see earnest workers in this great field, and contributions on this subject would be very welcome. We shall never *cure* fevers until we know more about the epidemic constitutions of disease.

We do not propose to occupy too much space on mere controversy, on wearisome barren subjects such as "the name of the school" that split us up into petty cliques and factions; still a due discussion of all questions of interest will be aimed at.

The *Homœopathic World* will continue to be for the people and for the profession; we have yet to learn that judgment and intelligence reside either peculiarly or exclusively with the one or the other. It will also continue to be exclusively a homœopathic publication, nevertheless we will willingly open our pages to all those *real* truth-seekers who may have satisfied themselves experimentally, and who may be, therefore, desirous of proving either the superiority of Allopathy, or of any other pathy, the falseness of Homœopathy in part or wholly, or the falseness of the doctrine of drug dynamisation, or the unreliability of the infinitesimal dose.

We do not mean mere subjective opinions clothed in the robes of superlative sapience and dogmatism, and cloaked in pseudo-scientific verbiage, but actual experiment.

Also, only one question at a time.

Prejudice, ignorance, authority, *a priori* tall talk, we will leave as fit food for the perennial babes of the *Lancet*, *et hoc genus omne*: those who never attain mental majority would get astray without the apron-strings of Mrs. Lancet.

Those who can bear a little stronger food, duly and

spicedly prepared to suit depraved appetites, may study a new kind of evolution in the *crypto-homœopathic Practitioner*, wherein portions of our OLD literature are being cautiously, silently, and tacitly evolved out of the tenebrous depths of the homœopathic writings of the past fifty years, but very judiciously mixed with old stubble and chaff to avoid detection.

In the *Practitioner* one may also occasionally meet with an old homœopath or two trying to palm off old coins for new.
O sancta simplicitas!

It may also be not amiss to say a friendly word or two to those of our professional *confrères*, who from time to time may feel disposed to complain that many articles appearing in this Journal are too simple and untechnical, and teach *them* nothing, or that the editorial scissors are too sharp, and that there is too little original matter, or that the editor airs his own peculiar views too often, etc.

1. This Journal is also and principally for the intelligent public, having for its prime object the dissemination of a knowledge of Homœopathy amongst them; its object is not to furnish a monthly domestic physician, but to teach *as many as possible* what Homœopathy really is. We believe professional and professed homœopaths are the custodians of a great and important medical truth that the world in general, and the medical profession in particular, are as yet incapable of appreciating.

We maintain that those who perceive the truth are in honour bound to proclaim it, and not withhold it as crafty, mystery-loving priests.

2. The furnishing of original matter lies largely with you; support us with your contributions, and we will realise on the before-mentioned useful instrument as old metal. This done, the third point we promise you shall be no grievance; we shall be only too happy to confine ourselves to arranging the material you send and to writing out the monthly "make-up." And if we should suffer from the *cacoethes scribendi* we will put ourselves into communication with the editors of the *British Journal of Homœopathy*, with those of the *Organon*, or with those of the *Monthly Homœopathic Review*, as we were wont to do in times past.

On the other hand, we must say to the intelligent public, for whose benefit this Journal specially exists, first: A medical journal without the literary aid of properly trained medical men cannot exist; therefore, if you at times find in our pages

articles that are quite beyond your *portée* by reason of too many technicalities, kindly bear in mind that they may be very interesting and instructive to the profession.

But does some severe critic say, "Then what *raison d'être* have you for such a journal?" This, good friend.

The medical powers that be are so blinded with prejudice that they seek to stamp out Homœopathy as if it were the plague or smallpox. We, however, take just the opposite view, and find that *Aconite* quells simple fever, *Bryonia* puts an end to pleurisy, and *Colocynth* cures the colic, said medical powers notwithstanding. We are free men, and we refuse to allow our rights to free thought and free action to be trampled under foot by any earthly powers whatsoever. It is useless to prate about peace, there is no peace but the peace of the manacled and of the fettered.

Unless we omit the word Homœopathy, and also the honourable name of its founder, from our writings, the trades-unionist journals of medicine refuse to print them. Now we will not only not omit them, but WE WILL have them WRIT LARGE, because of the important truths they symbolise.

This is the *raison d'être* of all our journals.

Does a hyper-professional *confrère* say, "But keep medical matters for medical men"?

Da liegt der Hund begraben. SOME third party MUST be made judge, and the *only* third party that remains is the public! And were it not for the public you, our hyper-professional homœopathic *confrère*, would be by law forbidden to practise homœopathically, or even if you escaped the law directly your college would take away your diploma, and thus outlaw you.

This is putting the matter from an intra-professional and selfish standpoint.

Now let us widen our field a little, and inquire, Who is the public? We ourselves, and our own immediate blood relations, are factors in that sum. While living in health and vigour we can treat ourselves, one another, our wives and children homœopathically; but let health and vigour depart, and where are *we and ours*? Away back in polypharmaceutic chaos! Our children get the cholera, but infallible physic has no faith in *Camphor*, or *Cuprum*, or *Arsenicum*, or *Veratrum*: then where are they, and the toil of seven decades of scientific medicine? Buried.

We were born free, we will live free, we will die free, and freedom shall be our children's heritage. To those who

would forge fetters that they may lead us into bondage we declare war to the bitter end. Homœopaths may not rest till due honour is accorded to Hahnemann, they may not rest till Homœopathy is OPENLY taught in all our medical schools, they can not rest till *all* disabilities affecting them have been swept away.

THE THERAPEUTIC USES OF PICRATE OF AMMONIA.

By E. M. HALE, M.D., Professor of Materia Medica and Therapeutics in the Chicago Homœopathic College.

Written for the Illinois State Homœopathic Medical Society, 1879.

SEVERAL years ago a fragmentary proving of *Picric acid* was presented to the Homœopathic school. It had some very prominent and characteristic symptoms, mainly of the head, which led me to think it would prove a very useful remedy. But, notwithstanding an extensive theoretical analysis of its symptoms by one whom our school then supposed to be a man of science, the use of *Picric acid* has not justified the deductions and therapeutic indications based on the aforesaid analysis. The history of the use of this *acid* is somewhat similar to that of *Bromine*. *Bromine* has some very suggestive cerebral symptoms, but it was never used with any success as a curative agent in cerebral affections. But when its *acid* was united with alkalies, forming *Bromides*, those salts at once took high ranks in diseases of the brain and nerve centres.

So I predict it will be with *Picric acid*, that the *Picrates* will prove more useful than the *acid*.

The study of the provings of *Picric acid* and the cases of poisoning from the picrates, apparently indicate that the primary effects are to cause *congestion of the brain and spinal cord*.

This congestion is not of an active sthenic character like that caused by *Glonoine* and *Belladonna*, but of an asthenic or passive nature. Concomitantly with this asthenic congestion it inaugurates an injurious effect on the red corpuscles of the blood, so that when the *secondary* effects appear they take the form of cerebro-sthenia and neuro-sthenia, with general (per-nicious) anæmia. Acting upon this theory, I have used the *Picrate of Ammonia* for several years in a class of diseases, ranged under a nomenclature now quite popular, having names such as mentioned above.

I will briefly mention the disorders in which I have found it efficient. (1) In passive congestion or stasis of the brain, especially the medulla and cerebellum and cerebro-spinal centres, especially when due to dissipation, exhaustion from mental or physical labour, or both combined. The special symptoms indicating its use are, heavy pressive pains in the back of the head and neck (occiput and mastoid region), and also on the sides of the head to the temples and eyes. The face is somewhat flushed, a dark dusky colour, and some unnatural heat in the head. The mind is obtuse, heavy, and indisposed to mental labour, and the whole body is in the same condition. The heaviness of the legs is quite noticeable, as are also the peculiar abnormal turgescence and irritation of the sexual organs. It may even be indicated in some of the primary stages of "*cerebro-spinal fever*,"—so-called. Not only in acute attacks having the above symptoms, but in many cases of chronic headache, have I found it curative. The *dose* I have found most efficient for these symptoms and conditions ranges from the 6th to 10th of *Picric acid*, and the 3rd to 6th of *Picrate of Ammonia*. Larger doses might aggravate, because these are *primary* symptoms. (2) In *cerebro-sthenia*, *neuro-sthenia* and *anæmia* with profound *asthenia* and semi-paralysis or paresis of the whole physical and mental organism, with symptoms somewhat resembling its primary ones, but *conditions* widely different, *Picric acid* and the *Picrates* are among our most valuable medicines. Among the most characteristic symptoms of *cerebro-sthenia* are: Headache, and confusion of mind from intellectual effort, stupid, heavy slumber which does not refresh, also headaches from going into public meetings, from going shopping, or on a journey. All these symptoms and the condition itself are readily removed by the use of *Picrate of Ammonia*, in doses of the 1-100 of a grain four times a day, for weeks. I have never seen any unpleasant effects from its continued use.

In headache having a kind of periodicity this remedy acts very satisfactorily. Biliary, nervous, and even gastric headaches are apt to recur every four, seven, or fourteen days, and often once a month in women, just before or after the menses. Unless some other remedy is specially indicated I have lately prescribed *Picrate of Ammonia* and with very happy results. The symptoms which yield to its administration are quite similar to those of *Sanguinaria*, *Cimicifuga*, *Chelidonium*, *Solanum*, and even *Pulsatilla*. If, with the headaches I have mentioned, we find *chlorosis* or *anæmia*, the *Picrate of Iron*

can be substituted for the ammonium salt, with great advantage.

Several years ago the *Picrate of Ammonia* was praised for its antiperiodic power—in the treatment of malarious intermittent fevers. But it was used so indiscriminately by the Old School, that not coming up to their expectations it has been abandoned by them. There are, however, many allopaths who pronounce it excellent in a certain class of old intermittents, probably those which have been maltreated with *Quinine*, and have a *Quinine* cachexia engrafted upon the malarial. The *Picrates*, like *Arnica* and *Sulphur*, are among our best antidotes of the *Quinine* cachexia, and they also correspond closely to the profound neuro-sthenia and anæmia, caused by chronic malarial poisoning. During my residence in a malarial district, many years ago, I saw many cases which, were I to meet them now, I should treat with the *Picrate of Ammonia*, and expect to cure them.

Among the protean forms of chronic ague are the periodic headaches, which strongly resemble those which the *Picrates* cure. In some foreign journals I have seen mention of the alleged good effects of this drug in *diphtheria*. It was used internally and topically as a gargle. A study of the symptoms of *Picric acid* show considerable resemblance between some of the initial symptoms of diphtheria and that poison. Its profoundly prostrating effect on the nerve centres reminds one of those nervous lesions which often follow diphtheritic diseases.

It has been used successfully in whooping cough. Last winter I cured several obstinate and distressing cases, both in adults and children. The treatment of whooping cough has not covered Homœopathy with glory, notwithstanding Dunham's excellent monograph. I am sorry to say I have never seen any brilliant curative results from remedies selected after his plan, any more than from remedies selected from Boenninghausen's plan, in the treatment of ague.

In some of the above cases of pertussis I gave *discs* moistened with *Picrate of Ammonia* with results which surprised me. The paroxysms grow less in violence and in the frequency of recurrence, and in a few days disappeared nearly altogether. Before closing I will mention a method of administration of this salt, which is superior to ordinary methods. It has such an intense bitter taste, so pungent and persistent that even in the third attenuation it is quite repulsive to most patients.

The sugar-coated pilules manufactured by Merrill and Co., of Cincinnati, or Chapman, Green, and Co., of Chicago, are very eligible when we wish to give it in doses of one-fourth, one-half, or one grain, as is sometimes required in chronic agues. But in most cases these doses are too large. The triturations are the worst form in which we can prescribe it, unless we use as high as the 3c and upward. The mother tincture should be made by adding to one drachm of the salt an ounce of pure alcohol. It will not take up all that quantity, but we have a definite saturated tincture of about one-fiftieth of a grain to each drop. This should be run up to the third or sixth. My favourite preparation is the tincture for adults and the 1x for children. For the administration of the tincture I prefer the *disc*, a delicate lozenge composed of sugar-of-milk and albumen. They are insoluble in pure alcohol, and each will contain just about two drops of liquid. Ordinary pellets answer very well as vehicles for the higher dilutions. In illustration of the action of this drug in some obscure disorders of the cerebro-spinal centres, it may be of value to mention a few cases treated with it.

Case I. A middle-aged woman, short, stout, and florid, troubled with acne and retarded menstruation, had been treated unsuccessfully for years for a kind of *sick headache* presenting the following symptoms. Every six or eight days she would wake in the morning with a violent pain in the occipital region, heaviness of the head and vertigo when rising. This pain increased on getting up, and it extended over the sides of the head to the temples and eyes. In the afternoon nausea and vomiting of sour bilious matters occurred. *Sepia*, *Iris*, *Sang.*, *Nux.* and *Bryonia* had been tried with but little relief. I prescribed *discs* saturated with the tincture of *Picrate of Ammonia*, one every six hours, and every two hours during the pain. In six weeks she reported only one attack of headache during that time, and that a mild one. Several similar cases have since been treated successfully in the same manner.

Case II. A physician in Wisconsin applied to me for a supposed affection of the heart. On physical examination I found no abnormal conditions, except a feeble impulse, and occasional intermission. The history of the case was peculiar. Several years before I saw him his horse ran away, throwing him out of his carriage, when he received a blow on the back of his head. He was also badly frightened, but his injury was not severe enough to prevent his repairing his carriage

and driving home. But he observed in a few days that on turning over in bed, or stooping, or any sudden motion, he would be seized with a "wild feeling" in the occiput, a trembling beating of the heart, with intermittent action, great alarm, and anxiety of mind. He became very melancholy and thought he could not live long. He had been treated by several of our school without benefit. I at first gave him *Arnica* and *Aconite*, each in the 3rd and afterwards in the 30th. I also tried *Nux*, *Conium*, and *Digitalis*, but he received no benefit. He then took *Picric acid* 6th, with some slight amelioration, but improved rapidly under the use of *Picrate of Ammonia* tincture, one disc (two drops) three times a day. My last report from him was that for the first time in years he felt quite free from all his unpleasant symptoms.

ON THE BEST MODE OF WORKING DISPENSARIES.

By A. GUINNESS, M.D., Oxford.

SINCE the year 1837 I have been engaged as medical attendant at different dispensaries, allopathic and homoeopathic, and as I find the plan I have adopted in Oxford decidedly the best, I wish to bring it before the notice of those practitioners who are about to establish dispensaries. Should also some medical men who have already dispensaries opened, but may not find them doing as well as they anticipated, be induced to adopt our plan, I feel sure they will not be disappointed. I was appointed medical attendant to the Clontarf and Raheny, near Dublin, (allopathic) Dispensary in the year 1837. About forty candidates stood for this dispensary, and I was, I think, the youngest of them all, being little more than twenty-one years of age. It was worth over £100 per annum, besides a good private practice connected with it. In Ireland, Government at that time allowed a grant of about £40 or £50 per annum for dispensaries, and the noblemen and gentlemen around subscribed sufficient to give the doctor about £100 per annum. This is as it ought to be, and I think all doctors should be paid for their dispensary work, and then it would be better attended to, and the poor less neglected than they often are. About the latter end of the year 1844 I was induced, through my cousin, the late Sir B. L. Guinness, Bart., to test the homoeo-

pathic system in my large dispensary. I was greatly opposed to the system, but having seen and heard of some remarkable cases of cure under it performed by Dr. Carl Luther, then practising in Dublin, I, with much reluctance, consented to do so. He having supplied me with books and medicines, I set to work, and in a short time was so perfectly convinced of the vast superiority of the new system over the old that I placed myself under the tuition of the late Dr. Curie (then practising in London) for some months; and on returning to my dispensary, I sent in my resignation to the governors of that institution, stating that, as I had been appointed to it by them when an allopath, I felt I had no right to practise Homœopathy without their permission. I was requested to continue at my post for six months longer, and that they would watch closely how Homœopathy succeeded with the patients at their dispensary. At the expiration of that time I was unanimously re-elected to my dispensary, and I believe I am the first medical man elected to a public institution supported partly, as this was, by a Government grant. In the *Journal of Homœopathy* for the year 1846 there is an interesting correspondence which took place between the late Dr. Henderson and myself respecting Homœopathy and my dispensary. Also in the year 1848, at page 134 in the same journal, is published a notice of a testimonial presented to me by the governors of that dispensary, proving that they and the inhabitants in general were fully satisfied with the homœopathic treatment. About the year 1848 I established the Exeter Homœopathic Dispensary. Patients were admitted for advice by "turns," or tickets of admission, and the number of patients who received advice and medicine seldom exceeded five or six hundred. In the year 1858 I established a dispensary in Reading, patients being admitted only by "turns," or tickets from subscribers, the number relieved being about the same as in Exeter. The dispensary in Cheltenham was worked in the same way, the number of patients seldom exceeding five or six hundred. In 1872 I established in Oxford the first homœopathic dispensary, and this is the largest and best-worked dispensary I have ever founded. At all the other dispensaries patients were admitted by "turns," or tickets from subscribers; at this dispensary every patient, on applying at the dispensary, pays the chemist threepence, and receives a ticket, which is shown to me on applying for medical relief; so that this is partly self-supporting, and the

poor seem much to prefer paying this small sum to the chemist to having to apply at the gentlemen's houses in the city for "turns." The latter are reserved solely for those poor patients confined to their houses or beds by disease, and when they receive a "turn," or ticket, I visit them three times for a "turn." The result is that we have over four times the number of patients I have ever had at any of the other dispensaries, thus spreading the new system of medicine largely; and besides this (such is human nature), they really seem to *value* it far more because they pay a small sum for it. I never hear of any complaints, and I have almost always from forty to sixty, and even seventy, patients on a dispensary day; and, as will be seen from my report, they come to me from villages and towns many miles from Oxford. The old school, or allopathic, dispensary here, has been established over seventy years, and they have two medical men to work it, each receiving £80 per annum, and nearly ten shillings for each midwifery case. They have not within six hundred of the number we have on our books, but, in consequence of the small number of our subscribers, our committee can only manage to give me about £60 per annum, and the chemist receives about a similar sum. Every patient whose name I enter on our books receives from me a ticket with the number of the page on which their name is written, and on coming into the consulting-room presents this number to me, so that I can at once find out the case on the books, and thus lose no time. The threepence paid in by every patient to the landlady of the house for the chemist is more than sufficient to pay him for the medicines, and the subscriptions enable the committee to pay me about £60 per annum for my labour.

Now, I ask, why cannot this plan, which I find answer so admirably in Oxford, be followed in the Great Ormond Street Hospital amongst the *out*-patients, and also in the dispensaries throughout England? I imagine that at least 20,000¹ prescriptions are dispensed at the hospital to out-patients; this at threepence each patient, as paid here, would amount to £250, and would pay for *seven* beds. This would be worth obtaining; and, besides this, I am convinced that the poor of London, as here, would value it far more for having to pay this small sum for it; and not only so, but if 20,000 prescriptions are now dispensed, it would probably be largely increased, if not doubled, if they paid threepence for it, as

¹ About 6,500 prescriptions are dispensed here annually.

here, so that probably ten or twelve beds might be added to the hospital. I do not suppose the poor of London are worse off in general than the poor of Oxford; and if they pay it here without grumbling, why should they not do so in London? I trust this plan will be adopted, at all events in the country dispensaries, and I feel sure it will be, as here, crowned with great success.

DR. AINLEY ON MILK AS A PROPHYLACTIC.

IN the July number of this journal, page 282, there is an exceedingly interesting article on "Milk a Prophylactic in Scarlatina," by Dr. Burt, of Chicago. The author is led to believe that milk is a preventive of scarlatina, or scarlet fever. After mentioning that *Belladonna* and a long list of remedies, which our text-books and journals recommend as prophylactics, had proved utterly useless in the last epidemic in Chicago, Dr. Burt says: "When studying up this disease about one year since, I found that all writers upon this subject claimed that nursing infants were almost exempt from this poison, and asked the question, *Why this exemption?* There being a cause for everything, there must be a cause for this non-predisposition of infants. This problem, I believe, is now in a fair way to be solved, and consists in the fact that infants live upon a milk diet; therefore I believe that a milk diet is the true prophylactic for scarlet fever."

Here we will pause and ask Dr. Burt a few questions.

1. Why does he study *up*, and not *down*?
2. Is *one* an indefinite article?
3. What is a *nursing* infant?
4. What is the meaning of being *exempt from a poison*?
5. Are *exemption* and *non-predisposition* synonymous?
6. How long has a *problem consisted in a fact*?

Pending Dr. Burt's reply to these questions, which we beg may be written in *English*, we accept the hint very gratefully, and promise ourselves the pleasure of trying the experiment on the first opportunity.

And bearing on this question, we refer to the "Third Annual Report of the Sanitary Condition of the Borough of Halifax," by Dr. Ainley, M.R.C.S., L.R.C.P., etc., Medical Officer of Health, Halifax, 1876, which our esteemed colleague has kindly forwarded to us. Herein we find the following interesting table, which shows the number of deaths in each

ward, of children one year old, and under, and the diseases of which they died:—

Township.	Ward.	Pulmonary Diseases.	Convulsive Diseases.	Wasting Diseases.	Zymotic Diseases.	Diarrhoea.	Total.
Ovenden ...	Ovenden	12	18	8	0	2	40
Northowram	{ Northowram	13	15	20	1	3	52
	{ North	10	20	21	0	3	54
	{ Central	14	13	14	0	9	50
Halifax	{ West (including Workhouse)	20	18	34	0	6	78
	{ South (including Infirmary)	9	17	12	3	5	46
	{ Market	3	10	4	1	2	20
	{ East	3	12	16	0	3	34
Southowram	{ Southowram (including Borough Hospital)	9	9	9	0	3	30
Skircoat ...	Skircoat	11	12	11	0	3	37
Total		104	144	149	5	39	441

Percentage to total number of deaths, 27·0.

Percentage to total number of births, 13·3.

Pulmonary Diseases include bronchitis, pneumonia, etc.

Convulsive Diseases include teething, hydrocephalus, meningitis, etc.

Wasting Diseases include tabes, atrophy, etc.

Zymotic Diseases include measles, scarlatina, etc.

Dr. Ainley then adds: "Respecting the deaths of these 441 children, one or two things are notable. There is a popular impression that children at the breast don't fall victims to infectious disease as readily as when they get older. The fact of there only being five out of 441 seems to confirm this general belief."

Thus it would seem pretty well established that infants at the breast are *comparatively* immune from those diseases which we now term zymotic. As far as we are aware, the idea that this comparative immunity is due solely to the fact that *milk* constitutes their sole diet is new and original, and is Dr. Burt's.

Happily it can be easily tested. Let all those who have the opportunity try the experiment, by putting all those persons exposed to the scarlatinal poison upon an exclusively milk diet, and publish the results in our journals. School proprietors and parents should take a note of this.

Finally we note that Dr. Burt mentions scarlatina only, while Dr. Ainley shows that the comparative immunity extends to the zymotic diseases generally. Hence we would suggest a trial of the milk diet, not only in scarlatina, but

also in measles, chicken-pox, smallpox, and the continued fevers. Again, if prophylactic, why not also curative?

By the way, would Dr. Burt kindly inform us in *what* books he finds "long lists" of prophylactics recommended?

BARYTA CARBONICA IN ACUTE AND CHRONIC SUPPURATION.

By J. MURRAY MOORE, M.D., M.R.C.S.

ALTHOUGH the pure pathogenetic effects of *Baryta Carbonica* do not include cellular inflammation of the tissues, nor of the tonsils, yet the wonderful control this remedy exhibits over quinsy is a well-verified clinical fact.

But the equally striking control of *Baryta Carb.* over incipient suppuration in other glands, such as the axillary, and in the cellular tissue in any part of the body, is not so generally known. The boils produced by *Baryta Carbonica* (Sympts. 605 to 608) and the inflammation produced in an old tumour on the scalp while under the influence of this drug (Sympt. 67) indicate something of this kind of action upon the skin, and I invite the attention of my colleagues to the following roughly-sketched cases which have recently come under my notice, so that they may report similar experience.

1. A farmer, aged 30, presented himself at the homœopathic pharmacy here "to have something for a gathering under his arm." Upon inspection a large glandular swelling was found in the right axilla. It had existed for several weeks, and had lately become very tender, painful, hard, and red. An allopath had urged rapid poulticing and incision. In fact immediate and extensive suppuration was imminent, and it would have proved apparently a sluggish strumous abscess. *Baryta Carbonica*, 3x trit., two grains three times a day, dry on the tongue, completely removed all trace of the swelling, pain, tenderness, etc., in two weeks.

2. The same farmer came three years afterwards with a similar axillary gathering under the left arm, and this was removed in one week by the same remedy in the same form.

3. A fair-haired highly strumous boy of two years of age, Willie W., was brought to me July 15th, 1879, suffering from great pain "in his seat." I found an inflammation of the sub-cutaneous cellular tissue on the left side of the anus,

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extending over two or three inches of the left buttock, and forwards along the perineum, evidently of some four or five days' standing. The incipient abscess had just reached the stage where a softening centre is surrounded by a hard, brawny, tender, and painful area. The abscess, therefore, had advanced a shade further than in the preceding cases. I at once gave a three-grain dose of *Baryta Carb.* 3 centes., and followed it up with one-grain doses every three hours. Within forty-eight hours the child was brought again to my consulting room perfectly well, without a trace of the inflammation—a good first trial of our system in that family.

This case certainly astonished me, as I was somewhat sceptical as to the power of *any drug* to arrest the suppurative process at this stage, but I have never seen a more undoubted cure.

Be it observed that two-grain doses were given in Cases 1 and 2, and would have been given in Case 3 but for the extreme youth of the patient, and I attribute some importance to this, as such substantial doses act more promptly than fractional ones in my opinion *in such a case*, but in quinsy I have excellent results with much smaller doses.

Another point is, be particular where you procure your trituration of *Baryta Carb.*, for certainly the triturations of different chemists differ in, I will not say strength, but in therapeutic efficacy.

58, East Street, Taunton, August, 1879.

HABITUAL CONSTIPATION: ITS CURE.

By WILLIAM PROWSE, M.R.C.S.

“Habitual constipation is a functional inactivity of the bowel which is commonly induced, by and after years of neglect, on the part of the individual to obey the simple daily call of nature.” A gradual and ever-increasing distention of the large intestine takes place from the frequent and constant accumulation of faecal matter, which has a paralysing effect on its contractile power, and still further to produce long retention of that which has become poisonous in its nature. The blood thus becomes deteriorated, and the several organs (vital and other) of the body ultimately suffer. For this very painful and uncomfortable state of things I

profess to have found a very simple and very effectual remedy.

The treatment is as follows:—The person so suffering should make daily use of an enema composed of that most useful *colloid* substance or liquid called *Glycerine*, and tepid water, in the proportion of one tablespoonful of the former to half a pint of the latter. This quantity—in some cases even half this quantity is sufficient for the purpose—must be injected into the bowel every day during some leisure hour, the evening being the most convenient as well as the most suitable time for such an operation. The enema at each time of injection should be retained for as long a time as possible, the patient keeping the recumbent posture until the feeling induced is sufficient to bring about a complete emptying of the contents of the lower bowel. A steady perseverance in the due application of the means here indicated, day by day, and week by week, for a lengthened period, will undoubtedly ensure constant comfort and ultimate cure even in the most inveterate cases. Recent experience in my own case and practice has proved it. All aperient medicines must be eschewed; all allopathic doses discarded. They are worse than useless; they are positively injurious.

Whatever may be prescribed, homœopathically or otherwise, for this very vulgar complaint will be of little avail in these inveterate cases unless the mechanical difficulty be overcome in *such a way* as to bring about a natural action of the gut itself. It must be restored to its pristine condition, and made capable of contracting rapidly on its contents.

This good result cannot be attained without much patience and persistent action on the part of the patient in giving full effect to the advice and injunctions herein contained.

Cambridge, August, 1879.

MR. JAMES MACTEAR gave, in a paper he recently read before the Society of Arts, some statistics of the quantity of sulphuric acid gases evolved by the consumption of coal in London. It was estimated that the coal annually consumed in London exceeds 8,000,000 tons, equal at 1 per cent. of sulphur to 80,000 tons, or as oil of vitriol to 245,000 tons. This is more than five times the quantity given off from all the sulphuric acid works in the country.

ON THE RELATION BETWEEN POISONS AND MEDICINES.

By Dr. HARMAR SMITH, Ramsgate.

(Continued from page 280.)

SINCE writing the foregoing, I have met with a case in the current number of the "Annals of the British Homœopathic Society," attended and narrated by Dr. A. H. Buck, from the report of which I will make an extract. The patient was an infant only twenty-five days old, and was brought out of a state of collapse very similar to that which characterised the two cases I have related above, by the agency of *Arsenicum*. In Dr. Buck's case, however, there was vomiting, purging, and thrush as well. He says: "At 5 a.m. on the fourth day of my attendance I was summoned to my patient. Her pulse was very feeble; she had been retching all night, and had had repeated motions. She was utterly prostrated, lying passively on the nurse's lap, and retaining only for a few seconds what was put into the mouth. At midday the prostration was still greater, and with the exception of the powders only a little weak brandy-and-water could be given by moistening the lips. A film formed over the eyes, the pulse could hardly be felt, the mouth was partly open, and the tongue and lips parched and dry; the child was to all appearance sinking. I had the extremities kept as warm as possible, and I gave *Arsenicum* 3x, gr. ij. every hour, instead of the *Borax*. The aphthous patches had nearly disappeared. In the evening the retching had almost ceased. The infant had retained the brandy-and-water. After the second dose of *Arsenicum* the bowels were still constantly moved, but the pulse was stronger. Five days after the first attendance the thrush was no longer visible, and the vomiting had quite ceased. The child, though emaciated, was soon convalescent."

Great, however, as is the value of the knowledge of the tendency of *Arsenicum* to cause (and therefore to cure) attacks of sudden prostration, yet the pre-eminent value of this property is still more strikingly displayed in certain forms of epidemic disease, where the "bad master" may again, by skilful management, be converted into "a good servant." I refer especially to that terrible disease, of the origin of which the poet says:

"When, like a monstrous birth, the womb of fate
Bore a new death of unrecorded date

And doubtful name—Far East the fiend begun
 Its course, thence round the world pursued the sun,
 The ghosts of millions following at its back,
 Whose desecrated graves betrayed their track ;
 On Albion's shores unseen the invader stole,
 Secret and swift through field and city swept,
 At noon, at midnight, seized the weak, the strong,
 Asleep, awake, alone, amidst the throng.

Killed like a murderer, fixed its icy hold,
 And wrung out life, with agony of cold ;
 Nor stayed its vengeance when it crushed its prey,
 But set a mark, like Cain's, upon their clay ;
 And this tremendous seal impressed on all,
 Bury us out of sight, and out of call."

There is doubtless no poison which has such close relation to the Asiatic cholera in its stage of collapse, and in its most deadly form, as *Arsenic*. I was medical officer of a populous district during the epidemics of 1848-9 and 1854. I had been prepared, from descriptions of the prior epidemic of 1831-2, to meet with symptoms of great irritation of the alimentary tract—vomiting, purging, etc. I was not prepared, however, for cases of a totally different nature. These, though comparatively few, made an impression on my mind which can never be effaced. It was as if death had laid his icy hand on his victim, and did not mean to let him go. Life was rapidly waning under the deadly grasp of the disease, although in some cases this had only just begun. The skin was bloodless and lead-coloured. The surface gave precisely the same impression to the hand as if it were laid on a corpse. The eye was ghastly and sunk, as if the lids had been turned back from the eyes of a man recently dead.

"There was no speculation in those eyes."

There was no pulse at the wrist, nor could the heart's beat be felt. The secretions were locked up, and the breath and tongue cold. Yet consciousness and intelligence remained to the last. I was then in allopathic leading strings, and did not see or know of the recovery of one of these cases of rapid collapse. In fact, I gave no medicine—brandy only, though without any expectation of result, and my colleagues were not more hopeful than myself. If, however, unhappily, the disease should visit our shores again, no doubt the dark labyrinths of this fearful pestilence would be trodden more confidently by our brethren of the old school, by the aid of light derived from the Hahnemannian lamp.

(To be continued.)

NOTES BY THE WAY.

By DR. USSHER.

Uterine Hæmorrhage.

I SHALL always remember the night of the "Derby;" a fearful storm of thunder, lightning, and rain in torrents, was raging when I was summoned to a patient who was stated to be dying. Five years ago I attended her with the last child, and was unaware of her present pregnant state, now some six months advanced.

She has been in a bad state of health all through this period, and would not have sent in such a storm, but she and her husband were alarmed at the rapid loss of blood, which half filled the vessel, and contained besides a large, firm clot. I suspected a placenta prævia, but could not be certain, and the stoppage of hæmorrhage was the urgent consideration. Happily I took with me some of the simple tincture of *Cinnamon*, B.P.; and I soon found that the statement made as to its hæmostatic virtues by Dr. Burt, in his "Therapeutics," was to be relied on. I also gave his dose, fifteen drops, and two more, within the hour, when all bleeding ceased. It may be the dose was unusually large—perhaps unnecessary, but prompt action was demanded. I saw her again in a few hours' time; she seemed very comfortable, and there was no need to use the further doses left. Now, I should like to know if any one would have quietly relied on *Cinnamon* 200 under like circumstances. I shall probably be told, *Certainly*; but, if I had the potency, I had no experience of it whereon to rest a life matter. *Sabina* 30 has in my hands done as well, but no better, than *Sabina* 1x, and so has *Sabina* 12; and the same I may say for *Crocus*, whether a few drops of the old syrup to a couple of ounces of water, or the 3x, or 12th potency. Teach me, therefore, I pray, Mr. Editor, and, if you smite, let it be friendly—high potency need not lead to high words or hard blows. Do your spirit-ing gently!

Well, between the Derby Wednesday and the following Monday my patient got about the house as if nothing had occurred. On the Monday week I was early summoned, found the membranes ruptured, and a soft, spongy substance filling up the os uteri, adherent all round; blood flowing, the odour giving me the idea that the fœtus was dead, but lively movement was experienced in the early morning, and this putridity was due to retained clot. I felt sure that more loss.

of blood would destroy the patient, so the placenta was removed, and soon an arm presented. I turned the child after some trouble, and delivered by the feet. It was then evident to the hand placed outside that there was another child, and, as there was no further loss, I waited. A second bag of water formed, which I punctured in an hour, hoping it would act as a plug, and stop any more loss. The second child was born without danger. I found the second after-birth also fixed; there was a long wait for it, and it seemed to come away perfect; but after this a portion protruded that could not be detached. I felt that to resort to further measures then would be imprudent, and followed by death. Exhaustion, gasping respiration, with loss of sight, and sensation of water running over the head, as well as wandering reason, followed the birth of the second. Four glasses of port wine, one after the other, prevented her dying there and then. She was not only pallid, but of a horrid putty colour. The next morning I found the shred of membrane *tight*, and a great deal of fœtor. Dr. Von Tunzelmann, in council, concurred with me that there was something more to be removed, and at once. I was very much exhausted myself, and he kindly took away, after much effort, a fleshy mass that looked like another afterbirth, friable and putrid. She had a strong dose of brandy twice before she came to after this severe handling, and then *Arnica* ϕ every half-hour completely removed every vestige of pain (which was intense over the abdomen) in four hours. I never saw medicine act better or quicker; and here again the conclusion forced itself on me that high potencies of *Arnica* could have done *no better*, perhaps no quicker. Still, let me be patient and teachable. She had a fairly satisfactory sleep of some hours, after a large dose of *Bell. ϕ* , gtt. vij., a bit of practice from Dr. Kidd, which I learned through another; and on several occasions of great mental and bodily shock I have found it a most acceptable help. The fœtor in the early days was at once checked by weak vaginal injections of Dr. Skinner's deodorant, a most blessed boon to the sick chamber. The subsequent attendance on the patient was severe night and day; she got rigors, and one morning her pulse almost failed; but there was a hardy frame, and a wish to live for the sake of the children of this dear Scotch mother. The tongue became furred and dry, and every one about her expected a daily end to her life; but days came and went, appetite and sleep returned; then vomiting and shivering

were added, the former readily checked with champagne. The colour of the body was pallid, no longer yellow; the veins remained *perfectly pink*; and, as she looked at her hands, she said to her husband, "Death, death!" The bowels acted well, discharge had returned, and all seemed hopeful until the fifteenth day, when the left leg swelled, then the thigh, and the foot blackened. Phlebitis had set in. She became very restless, quantities of wind of a nasty odour being eructated; her thirst was excessive, and the longing for beer too great to be denied. *A priori*, it might be surmised that this desire for liquid was due to *Belladonna*, but it was not so. It has not served me so in other emergencies. On the sixteenth day, after leaving her with the hope of a pull-through, I was again called, to find her breathing heavily with sudden orthopnœa; and after nine hours' struggle, conscious all the while, she died a peaceful, happy death. The offspring of this birth lived, one a day, the other four hours. These scanty notes are recorded from memory to show the value of *Cinnamon* in uterine bleeding; and it so happened that in my next case I had a retained placenta, with hæmorrhage and fainting, both immediately helped by this medicine and brandy. There was hour-glass contraction to some extent, but a capital getting-up.

Ledum Pal.

As warm weather commences, many complain of tender feet, severe stinging, sometimes inability to walk; the soles of the feet are redder than usual. *Led.* ϕ externally, 10 drops to a half-pint of warm water, to bathe the feet at bedtime, and 3x internally, has been of decided benefit. I once had the temerity to put a drop of *Ledum* ϕ on my tongue: before long I felt as if I was finely stung all over—not a bad pain, but unbearable irritation. This suggested *Ledum* here, and I suspect a gouty origin in the tendency.

Laburnum Poisoning.

One case, from putting the blossoms into the mouth, the boy soon became insensible, blue, convulsed, vomited, and brought up a great many blossoms. *Aconite* frequently in small doses relieved this alarming condition; the boy came to in about an hour, and was all right the next day. School Board teachers *ought to know* that the bark, pods, and blossoms of the laburnum are highly poisonous, and so, I believe, is the cytissus, found in many houses, prized for its

beautiful yellow colour. Here an emetic is most beneficial, and the sooner the better.

Scrofularia Nodosum.

My first experience with this great healer, recommended to my notice by Dr. Robert Cooper. The case was a most unpromising one, a deep and hideous ulcer in the flesh of the lower jaw, right side, dissecting clean the depressor labii inferioris, which could be seen at work; a deep ugly hole disposed to spread, which I should call *Lupus exedens*; discharge offensive; an older ulceration had fastened the commissure of the lip to the jaw. He was a scrofulous-looking young man. The tincture was given in doses of a drop, made from some gathered on the Wandle; a lotion of 20 drops to the tumbler applied externally. In less than a month the opening was filled up, and he looked wonderfully better; the continued use internally lessened the stiffness of the parts. Like the *Nitrate of Lead*, which was one of Dr. Cooper's picking, it will be a great healer in its own sphere. There is no doubt a syphilitic taint here.

Rheumatism.

A legacy from an allopathic brother, who, she says, supplied her with the same medicine for six months; it was effervescent, and explained the state of constipation she was in. Lately another lady had a fatal chronic diarrhoea, induced by the constant use of *Potass Water*. And I came across a third last week, who was distended and purged by *Quinine* and *Iron*, and similarly served by *Pepper's Quinine* and *Iron* pills. His doctor told him that *Quinine* could not purge, but *must constipate*; but, in spite of the wisdom, it did purge. Well, to resume. The poor lady was physic-full, in pitiable pain, no sleep, pouring down rivers of perspiration, literally sopping. I gave her *Nux Vomica* with benefit, and she got some ease and sleep. The odour both from her skin and breath was intolerable, and strongly reminded me of the smell one gets after *Podophyllin* has been largely taken. You have it with the *Podophyllin* stool, and a patient or two have observed the odour on their bodies—a garlicky, carrion compound this smell is. She almost defied me to get any action of her bowels; so I gave her tr. *Podoph.* (Kidd's) in a mixture, 6-drop doses, and before twelve hours the medicine had acted to her entire satisfaction—she had more than enough for once. Then came sleep, cessation of the sweating. The

spine was so tender before I gave the *Podoph.* that she dare not turn in bed; right knee, elbows, wrists, and hands were alike helpless. She had to be turned, washed, and fed. Done up in cotton, she looked like a curious doll recently sent home. The spinal pain had one night's relief, and some sleep from *Gels. φ*, but from the time the *Podoph.* acted so well, there was hope that she would live. So great was her exhaustion from sweating, her sleepless state, and *alkali*, night was dreaded; her monthly health failed, and she never expected to be so again. But here *Pulsatilla φ* helped her; then the grand gain was in *Sulph.*, which released her from her stiff joints, and re-established the renal function, which was reduced to a small quantity intensely loaded with lithates. In little over a month from the deplorable state in which I found her she went to the seaside. At first she looked an aged sufferer, but before we parted she might be taken for fair thirty-five. Great benefit was derived from the Turkish bath. Her doctor (not your humble servant) would have killed her, so she said, and I think she was a good judge. *Podoph.* has since suggested itself to me as the antecedent of *Sulphur*, when that remedy is indicated, with good results. The sweat is fœtid, the urine high-coloured, and the liver has been ill-used, but not with *Podoph.*

Ear Abscess.

Over the mastoid, right side very tender. Gave *Hepar Sulph. 6x*, and was in the act of opening the meatus, when the pus came through the wall of cartilage. The history of the case a very common one. He had been poking the ear with a hairpin. It was no doubt the cause of the abscess behind, but curious enough that it should come there, and then open so easily through the cartilage, the usual pin-hole opening of the ear. *Query*, Had he one first in the meatus before he came to me? I saw no evidence of it. In recent cases of deafness, *Hydrastis Can. 3x* has done me good service.

Ruta.

A girl with sprained wrist on right arm has what seems to me a ruptured inter-osseous muscle contracted up into a lump, with a large varicosis on the hand as well. It all came from violent use of the hand in overlifting. *Ruta φ* was applied to the wrist with benefit; it gave her bearing-down pains in the womb; and by chance I drew the moistened stopper over the vein. This has contracted a good bit,

and is nearly natural. It is worth thinking of in varicose veins where one before would have thought of *Hamamelis*. I have had great satisfaction with Martin's elastic bandage in varicose ulcer. It will be of great value to the profession—at least, the thinkers, as opposed to the *tinkers*.

ON THE BIOCHEMIC CURE OF DIPHTHERIA: A WORD TO INTELLIGENT LAYMEN.¹

By DR. SCHÜSSLER, of Oldenburg, Germany.

AWAY back in olden times it was customary to get rid of all the morbid products appearing on the skin, and on the visible portions of the mucous membranes, with *external* remedies, such as burning and cauterising, without at all caring about the internal disturbances of function underlying and causing such products. And, notwithstanding the frequent opportunities thus offered for observing that, after the suppression of a mucous flux or of a skin disease *by means of external treatment*, other diseases were wont to appear, yet people in general did not feel impelled to discontinue the merely local treatment of, *e.g.*, diseases of the skin and of the mucous membrane.

This habit of treating everything morbid lying within the reach of the eye with external means necessarily led also to a like treatment of diphtheria. Many medical men are of opinion that fungi are the true cause of diphtheria. If the nature of this disease lay *only* in an accumulation and proliferation of fungi, it would be quite a rational proceeding for us to get rid of these fungi with appropriate destructive means. But the thing is not exactly so. Dr. Goullon the elder, of Weimar, says in his little book, "*Die Krankheiten der ersten Lebensjahre*": "Those filiform fungi that are formed here are not the disease itself, but only guests from the air that find a good host in the decomposing organic matter (the diphtheritic exudation), and accordingly quickly multiply therein."

With this view of Goullon I quite agree. Those fungi that get into the cavity of the mouth with the atmospheric

¹ Translated by Dr. Burnett (with the special permission of the author, and of his publishers, Messrs. C. Berndt and A. Schwartz, of Oldenburg) from "*Die Heilung, der Diphtheritis auf biochemischem Wege. Ein Wort an gebildete Laien von Dr. Med. Schüssler. Oldenburg, 1879.*"

air can thrive in an exudation lying without the sphere of vitality, but not in a mucous membrane in full function.

The heretofore usual treatment of diphtheria would no longer seem to meet with general approval; this is manifest from the fact that quite lately a Commission for the Investigation of the Treatment of Diphtheria has been appointed, with the view of opening an international competition, in which the physicians of all countries may take part by forwarding their views and experience to this Diphtheria Commission for their consideration.

Inasmuch as the gentlemen who are the members of said commission move in a totally different course, and in an entirely different direction to myself, it follows that it would be quite a useless endeavour on my part if I were to present my experience of the treatment of diphtheria to said commission.

But the appointment of this commission has been the occasion of my developing my mode of treating this disease in this *brochure*, and of offering it to the intelligent public.

The circumstance that I have cured *thousands* of cases of diphtheria, and had only an extremely small number of fatal cases, gives me the courage to publish this little work.

Any one who has treated hundreds of cases of diphtheria without having to register a single death, is not therefore sure of never failing. The thousandth case may end fatally in consequence of some unhappy complication.

(To be continued.)

GLYCERINE IN DIPHTHERIA, ETC.

By A PATIENT.

In your review of Dr. Morgan's work on Diphtheria, in last month's *Homœopathic World*, you make a remark on the use of *Glycerine*. Having a most vivid recollection of its effects upon myself in the throat symptoms of scarlatina, and thinking that some clinical experience from a *patient's* point of view, might be interesting and instructive to the readers of the *World*, and at any rate would be a novelty, I send you a slight history of my case.

Some eight years ago smallpox was very prevalent in Liverpool, and my brother was stricken down with it, and, without communicating with his friends, he had himself

removed to one of the special hospitals then open ; and it was not till a day or two before his death that we were aware of his position. It seems to have been a peculiar case, and complicated by an attack of scarlet-fever and scarlet-rash. At any rate, the medical officers certified that he died from scarlatina (possibly with a view of cooking the statistics, the death-rate from smallpox being very alarming).

I went to see him the day that he died, and five days after was struck down by a similar combination of disorders, and was most kindly and skilfully treated by Dr. Hayle, of Rochdale. For some time, however, he had no hopes of my recovery. To myself the most distressing part of the affection was the throat symptoms. I felt choking ; I could not swallow, not even water, without great distress ; nothing but small pieces of ice gave me any relief. For some time—I cannot tell whether it was hours or days—I had cast longing looks at an eight-ounce bottle of *Glycerine* which stood at the other side of the bedroom. I remember hazily arguing with myself that if it was good for softening the skin of my hands when they were frost-bitten, and hard, and chapped, it must be good for my throat, which seemed to me in a very similar condition. At length, by some “pious fraud,” I induced the attendant to put the bottle at my bedside, and the next time I was not observed I stretched out my hands, and with great difficulty poured some into a tablespoon, and hastily put it in my mouth. The horrible burning, smarting, and general torture of the next moments, till expectoration came to my relief, it would be impossible to describe ; but certainly some membrane was removed, and, strange to say, I could not with all my efforts expectorate anything else. I sank back utterly exhausted, but some time afterwards found not only that I could swallow, but that the throat symptoms *had gone*, and *did not return*.

I believe Dr. Hayle attributed my ultimate recovery to his exhibition of *Ailanthus*, which was certainly very useful ; but I have always given some of the credit to my heroic dose of *Glycerine*. It certainly in my case radically removed the throat symptoms in a case of complicated scarlatina, and should be equally useful, one would think, in diphtheria. But of that I must leave better judges to form their own opinion.

NEW AND IMPORTANT CHARACTERISTIC
SYMPTOM OF LYCOPodium.

By Dr. LOOSVELT, of Belgium.

IN its sitting of April 24, 1879, our author read to the *Cercle Médical Homœopathique des Flandres* a paper of which our able contemporary, the *Revue Homœopathique Belge*, gives a good report. His cure of scrofulous ophthalmia with *Arsenicum 30* is of interest clinically, but the following is of lasting interest.

I may not omit, gentlemen, to call your attention to a symptom that appears to me to be characteristic for the administration of *Lycopodium*, and that has several times led me to giving it with success. This symptom, which is hardly indicated in *Jahr's Manual*, consists in the *half-open condition of the eyelids during sleep*; hereby the conjunctiva is dry and as if powder had been sprinkled on it, and the cornea is hidden under the upper lid. It occurs at times, with prostration of strength and convulsive contractions of the muscles of the eye, face and limbs, in meningitis and in hydrocephalus, that are apt to terminate several grave diseases, such as bronchial catarrh, pneumonia, and typhoid fever. These symptoms, especially if there was constipation, have often made me think of *Lycopodium*, and in a recent case helped me to save the life of an infant that was very dear to me. This child, after being sick a few times, was taken with violent fever, total loss of consciousness, coma, insensibility, and convulsive contractions of the eyes, face, and extremities. *Aconitum* and *Belladonna* administered for twenty hours did not modify this condition in the least, and a fatal termination appeared imminent, when the *half-open condition of the eyelids* made me think of *Lycopodium*. In less than an hour after the administration of the first dose I noticed a slight amelioration, and from the next day the infant seemed out of danger. [Under the heading *Lids*, in *Allen's Encyclopædia*, there is no mention of this half-open condition of the eyelids, though dryness of the eyes is very prominent. Neither does it appear in *Jahr's New Manual*.

Therefore it will stand as a purely clinical symptom, by the side of Dr. David Wilson's valuable symptom of this drug, the much-abused "fan-like motion of the *alæ nasi*;" but, unlike this, it has yet to be verified. Have any of our readers experience on the subject? if so, it would be valuable,

as one's patients with half-open lids, coma, and convulsions are almost as near the other world as this, and good counsel in such cases is very dear.—ED.]

DR. DE WITT TALMAGE ON LACHRYMATION.

ORDINARILY tearfulness will make us think of *Pulsatilla*, or *Ignatia*, or *Aurum*, or *Platina*; running eyes, too, fill our memories with reminiscences of pathogenetic lore in which *Arsenicum*, *Calc.-Mur.*, *Euphrasia*, and *Natrum Muriatricum* are so distinctly visible.

These are medical matters of fact, great in meaning to the homœopath; but, meaningless nothings to the allopath. Here doctors differ.

Dr. De Witt Talmage (*Theologicæ Doctor*), in his effective psychopathic treatment of grief, shows clearly that he has wandered much in the dark dale in which flows the fountain of sorrow. The *Christian Age*, of June 18, 1879, gives a report of the reverend doctor's first sermon in England, on Sunday, June 15, 1879, in the Rev. Dr. Thain Davidson's Presbyterian Church, London. In it occurs this wonderful passage:—

“It is easy enough to explain a simile, or congratulation, or a success; but come now this evening and bring all your philosophies, and all your dictionaries, and all your sciences, and help me to explain a tear. If you should ask a chemist what a tear is he would tell you it is composed of salt and lime, and has other component parts; but he would miss the chief ingredients: the acid of a soured life, the viper's sting of a bitter memory, the fragments of a broken heart! I will tell you what a tear is. It is agony in solution”!!

WE are pleased to learn that Dr. Campbell, one of our colleagues, has been elected a member of the Committee of Hygiene, of the Council of Instruction, and of the Council of the University of Adelaide. There has just been founded in Adelaide a hospital for children, for which the ground cost £2,500 and the building £3,000. Three out of six of the medical staff are homœopathic physicians.

A GREAT DESIDERATUM.

A GENTLEMAN on the Continent thus writes to the Secretary of the London Homœopathic Hospital:—

Hotel Bellevue, Andermatt, St. Gotthard,
29th July, 1879.

DEAR SIR,—Enclosed you will find a cheque for two guineas. My annual subscription is due in August, and till now has been of one guinea, but I wish to increase it to the enclosed amount. Please kindly send to me the papers of admission. I should feel so much obliged if you could tell me whether a foreign directory (such as was issued in 1863) of practising homœopathic physicians exists? Whether there is any such publication of a sufficiently recent date to be of service now? If there exists any such book—or any list of homœopathic physicians on the continent—might I ask you to be so kind as to send me a copy? I will then remit, through P.O.O., the sum due for it.

We just now happen to be desirous of consulting a homœopathic doctor, and do not know where to find one, or whether in Lucerne, Berne, or elsewhere there are to be found any such, except Dr. Malan on the Lake of Geneva. Last year we found that those we applied to in Geneva were followers of Count Mattei, and treated according to his method, and as that was not what we wished, we were unable to have real homœopathic advice until we reached Geneva. If amongst any of the homœopathic practitioners there was one who would come out and commence practice in Florence it would be a *boon* to the city, for of regular genuine homœopaths there is but one, who is old, and very often unable through illness to visit his patients. A second medical man who, after having retired from practice, partially resumed it through the need for his services, has left Florence, so that now there is but this one. A case occurred just before I left Florence of a family calling in an allopathic physician, and being treated by him homœopathically, because there was no one else—speaking English—to consult. This was a matter of need, and not of choice, for the sick lady had been under homœopathic treatment and wished it to be continued.

We have tried for years past to induce some one to come

out. Would you not mention our need to some of your medical men?

I trust you will excuse my troubling you with this.

I remain, yours truly,

B.

[We insert the above with pleasure, and hereby ask our colleagues two questions. 1st. *Why* have we no *Official Homœopathic Directory*? and 2nd. How long will the allopathic sectarians continue to ignore the true interests of humanity by refusing to learn and teach Homœopathy? —Ed.]

LONDON HOMŒOPATHIC HOSPITAL.

THE following communication speaks for itself:—

Dear Sir,—At a Special General Meeting of the Governors and Subscribers of this Hospital, held on the 8th of April last, authority was given to the Board of Management to make the experiment, for a limited period, of admitting *Paying Patients* to the Hospital, to be treated by the regular in-patient medical staff.

The important improvements and alterations now being effected in the basement of the Hospital, and other matters, have caused some delay in fully carrying into operation the above measure; but some of the wards selected for the accommodation of *Paying Patients* are now ready, and the Board are prepared to receive at once both male and female patients. The minimum rate of charge is fixed at £2 2s. a week, a higher charge being made if extra or special accommodation be required, subject to arrangement in each particular case.

In introducing the principle of *Paying Patients*, the Board of Management had in view—first, the generally expressed wish of a large section of the public that Hospital accommodation should be provided for persons who, not being paupers, would be prepared—and, in fact, prefer—to pay for the accommodation to be obtained in, and benefits resulting from, a properly organised hospital; secondly, the advantage of an enlarged field for clinical observation; and, lastly, the utilising profitably a portion of the Hospital which—chiefly from want of funds—is unoccupied.

I am requested to bring this matter specially under your

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notice, and to ask your kind co-operation, as, to ensure success for the experiment, it is, of course, most desirable that the attention of all who may be likely to desire to be treated as *Paying Patients* should be drawn to the matter by those who alone are in a position to do so.

It is anticipated that the following amongst others would be those chiefly interested in profiting by the accommodation now afforded at this Hospital:—Travellers passing through London, persons taken ill at hotels, students of various kinds temporarily resident in London, and single men and women in occupations in London, or elsewhere, who are unable to obtain or afford the medical or nursing attention their case may call for at their lodgings.

I shall be most happy to furnish any further particulars you may require.

I am, Dear Sir, faithfully yours,

(Signed) ALAN E. CHAMBRE,
Official Manager.

Great Ormond Street, Bloomsbury,
8th August, 1879.

LITERATURE.

THE CLIMATE OF DAVOS AM PLATZ.¹

THIS is a most useful *brochure* on an important subject, viz., the climatic treatment of consumption. The author, Dr. Pope, spent a portion of last winter at Davos, and not only looked, saw, and learned for himself, but has very wisely written down and printed his observations for the benefit of busy men at home. For ourselves, we may say that previous to reading this able pamphlet we knew of Davos only the name; now we feel, to some extent, able to form an opinion on the all-important question, What cases shall we send to Davos?

Dr. Pope says:—"During the past winter I have availed myself of the opportunity presented by the necessity for rest to visit Davos, to see it during winter, to observe the kind

¹ On the Climate of Davos am Platz, Switzerland, in the Treatment of Consumption. By Alfred C. Pope, M.D., etc. London: E. Gould and Son. 1879.

of life led by the invalids congregated there, to endeavour to obtain a clear idea of the climate of the locality, to note as far as possible the sort of cases most advantaged by living in such a climate, to ascertain the indications which should lead us to refrain from recommending a visit there, and to collect hints which might serve to guide us when advising it as a winter residence for an invalid."

This is a first step towards a scientific climatology. Speaking of the *Föhn*, or sirocco, Dr. Pope says, "It is when *Föhn* is blowing, and a mist is hanging over the valley, that colds are taken, that slight congestions are set up in tender lungs, that the temperature rises, and waste is once more in excess of repair."

Then, with regard to the acclimatisation process, Dr. Pope says, "The symptoms characterising it differ somewhat in different individuals. Generally they consist in *depression of spirits, incapacity for exertion, restless, often sleepless nights, frequently diarrhœa, and some loss of appetite.*"

This is the beginning of a *proving* of the climate of Davos; on this line we may look one day for a really *scientific* climatology.

The meteorological table is extremely interesting, inasmuch as it shows that "the climate of Davos is far from being of that equable character which has been generally supposed to be so highly advantageous in promoting the recovery of phthical patients. At Davos, indeed, the changes of temperature, and even the variations in the degree of atmospheric humidity, are not only considerable, but frequent, and at sunset sudden. Yet, for all this, patients suffering from a disease more or less incurable in a mild and equable climate, one often generated in such a climate, and never in that of Davos, are there cured," etc.

Our readers will perceive that all this opens up comparatively new ground.

On p. 21 our author says, "A patient going to Davos should be provided with a supply of *Aconite*. That, taken when the first chill is felt, and persevered with, would, I am sure, speedily check any Davos catarrh, and prevent the congestion that would otherwise arise."

To this we must demur, as it completely capsizes every attempt at a *scientific* application of climate to disease. It amounts to an alternation of remedies. If climate is a remedy, it must have a positive action on the economy, and that constitutes the treatment.

But this is by the way. We have learned much from a perusal of Dr. Pope's excellent *brochure*, and we commend it accordingly to our readers as an able and conscientious contribution to climatology by an earnest worker in the field of practical medicine.

DR. C. H. VILAS'S EAR NOTES.

WE have received three pink cards headed respectively *External Ear*, *Middle Ear*, and *Deaf-Mutism*. They are pompously mediocre and unworthy of the author. We are informed therein that inspissated cerumen "is easily seen with the otoscope"!

Then otorrhœa is "characterised by a tendency to break down and destroy the original tissues"!! But, dear Dr. Vilas, that would be more characteristic of tuberculosis pulmonum, or of a sore on the leg.

Then "death is by no means an infrequent result of neglected otorrhœa; it might follow ignorant and hurtful treatment"!! Happy Chicago.

This mechanical post-card style of clinical teaching may do for stuffing and cramming for the examinations, but it will not produce *thinking, nature-reading* physicians.

HOMŒOPATHY VINDICATED.¹

THE talented author of this brochure, Dr. Berridge, starts thus: "The trick and two by honours," said Proserpine. "Pray, my dear Tiresias, you who are such a fine player, how came you to trump my best card?"

"Because I wanted to lead. And those who want to lead, please your majesty, must never hesitate about sacrificing their friends" (*The Infernal Marriage*, by the Right Hon. B. Disraeli).

Although Dr. Kidd's would-be *magnum opus* is already dead, buried, and nearly forgotten, we must take this late, though our earliest opportunity of expressing our gratitude to Dr. Berridge for his extremely clever and manly vindica-

¹ Homœopathy Vindicated: a Reply to Dr. Joseph Kidd's "Laws of Therapeutics." By E. W. Berridge, M.D., one of the editors of "The Organon, and author of a "Complete Repertory to the Homœopathic Materia Medica, Vol. I., Eyes," &c. Price 2s. from the author.

tion of our cause against one from whom we certainly expected at least a generous acknowledgment that he owes his all to Hahnemann.

Dr. Berridge's "Homœopathy Vindicated" conclusively shows that the "Laws of Therapeutics" is but a poor production; so much so that, after perusing it, one is forced to exclaim "*Tant de bruit pour une omelette!*"

To give our readers a sample of Dr. Berridge's vigorous style, we will quote from p. 28:

"Following the celebrated example of the Macedonian (we are glad to find that he remembers his Grecian History), Dr. Kidd appeals from HAHNEMANN 'drunk with mysticism,' to HAHNEMANN 'sober;' we likewise appeal from Kidd 'drunk' with self-conceit (and possibly 'inebriated with the exuberance of his own verbosity') to Kidd as a 'sober' student of HAHNEMANN, before good fortune had so far turned his brain as to lead him to attempt to supersede his master. In 1847 Dr. Kidd treated a large number of cases of fever and dysentery in Ireland chiefly with infinitesimals varying from the 3rd to the 12th potency. Though the surroundings of his patients were of the most unfavourable kind, Dr. Kidd's success was far greater than that of the allopaths, in spite of their excellent hospital accommodation; nay, his success was so marked, that he was charged by the enemies of Homœopathy with having 'cooked the accounts.' We therefore invite Dr. Kidd to place himself on one of the horns of this dilemma,—and from this position he cannot escape: either these cases were fabricated, or they were not; if they were, then Dr. Kidd is altogether unworthy of confidence; if not, then *why cannot he do now what he could do thirty years ago?*"

That Dr. Kidd considers himself beaten, entirely and absolutely beaten, may be concluded from the fact that he has not ventured upon any reply to Dr. Berridge's "Homœopathy Vindicated," which every honest lover of truth should read. For Dr. Berridge possesses a consummate knowledge of the writings of Hahnemann, and of the homœopathic Materia Medica, and hence he can always give authoritative reasons for the faith that is in him.

Dr. Berridge shows an outspokenness and a manliness that are quickening and refreshing, but his powerful style is at times marred with very unparliamentary expressions. These weaken the strongest cause. We more than forgive these, however, as he was evidently boiling over with righteous in-

dignation at the unjust aspersions cast upon Hahnemann, and the homœopaths in general, by Dr. Joseph Kidd.

Dr. Kidd is, however, known as a kind and generous man, hence his gross ingratitude to Hahnemann is all the more incomprehensible.

Unless Dr. Kidd can clear himself of the charges brought against him by Dr. Berridge in "Homœopathy Vindicated," his reputation among his fellows is not enviable.

"HOUSE AND HOME."¹

THIS journal has for its mottoes, "An Englishman's house is his castle," "There is no place like home." We have rarely seen a better weekly pennyworth than this; it begins work at the right end. "House and Home," if it remains true to its name, will teach English men and women what to breathe, eat, do, and let alone, so that health may be their portion. This is also our province, though we have to deal also with actual disease, and how to get rid of it most quickly, most gently, and most safely.

We note the quotation from Tennyson :—

"Dearer matters,
Dear to the man that is dear to God;
How best to help the slender store,
How mend the dwellings of the poor."

And in doing so we would express a hope that "House and Home" may not develop into an organ for grandiose mansion-building and æsthetic house-furnishing, but be and remain true to its name.

We may be in error, but we hardly see the connection between a heavy hebdomadal dose of phrenology and the avowed objects of "House and Home." Phrenology is all very well in its place, but what it has to do with sanitary house construction, overcrowding, improved dwellings, hygiene, building societies, dietetics, and domestic economics, we really cannot see. Neither is it very clear how the ignorant will be improved in such matters by getting their bumps felt.

We will not believe that "House and Home" is the phrenological penny puff of a given enterprising phrenologist, as, if so, it is flying false colours.

¹ House and Home : a Weekly Journal for all Classes, discussing Sanitary House Construction, Overcrowding, Improved Dwellings, Hygiene, Building Societies, Dietetics, Domestic Economics.

THE ENCYCLOPÆDIA OF PURE MATERIA
MEDICA.¹

WE have been anxiously awaiting this ninth volume of the greatest pharmacological work of this, or of any other, age. We know not whom to admire most, the indefatigable authors or the plucky, enterprising, and now celebrated publishers. To all alike is due our gratitude for thus upraising a monument to the glory of Homœopathy and Hahnemann, and for thus giving us the readily-accessible means of a scientific practice of physic.

The volume begins with *Silicea* and ends with *Thuja*.

On page 54, under *Sium*, we read, "a man, aged sixteen." On page 55, "Schroff, Lehrbuch f. Pharm." Instead of the *f.* there should be *d.*

Same page, "Froumüller" is hardly correctly spelled.

There are very many such irritating mistakes obvious at first sight, and they are apt to make one *fear* that there may be many others in the body of the pathogeneses. After all, these mistakes are only irritating but unimportant, and we are perfectly satisfied that the bulk of the material is as reliable and as free from errors as the necessarily limited knowledge of a half-dozen able men can make it. For years to come it must remain our standard work of reference; let us hope that the next time it comes into the literary mill a *very large* committee of revision will edit it. In this country one involuntarily thinks of Dr. Drysdale, Dr. Dudgeon, Dr. Berridge, Dr. Pope, Dr. Dyce Brown, Dr. Skinner, Dr. David Wilson, and a score of others, as fit for portions of such a work. Dr. Hughes has done good work in the present undertaking, and would as a matter of course be one of the first importance in any new venture. What we most want now are a commentary, a concordance, and introductions, historical and otherwise, and clinical experience. A true appreciation of a drug is very difficult to obtain from *dismembered* provings.

At present no homœopathic physician, respectively no physician practising homœopathically, can afford to be without Allen's Encyclopædia of Pure Materia Medica. We are informed that a Repertory to it is in preparation.

¹ The Encyclopædia of Pure Materia Medica: a Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by Timothy F. Allen, A.M., M.D., etc. With contributions from Dr. Richard Hughes, of England; Dr. C. Hering, of Philadelphia; Dr. Carroll Dunham, of New York; Dr. Ad. Lippe, of Philadelphia; and others. Vol. IX. Boericke and Tafel, New York and Philadelphia, 1879. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

REPORTS OF INSTITUTIONS.

NORTH OF ENGLAND CHILDREN'S SANATORIUM, SOUTHPORT.

THE following is the Report of the Managing Committee, presented to the General Annual Meeting of Governors, held in the Mayor's parlour, April 26th, 1879 :—

“In presenting their Report for the past year, your Committee avail themselves of this opportunity of congratulating you on your having become possessed of so noble a building as the new Sanatorium in Hawkshead Street South, which was so successfully opened to the public on the 28th day of December last, under the distinguished auspices of Lady Lindsay, who honoured us by her presence, and that of Lord Lindsay, and laid the memorial tablet. A splendid banquet at the Victoria Hotel, which was given with his wonted kindness and liberality by Captain Hesketh, finished the opening proceedings. With the exception of an out-house (the plans whereof are before the Town Council for approval) the premises are now completed, and in the structure and arrangements of the building, the baths and other fixtures, and the various improvements introduced in the general management of this sanatorium, it is excellently adapted for the reception, comfort, and treatment of about sixty patients, and in every respect compares well with every institution of a similar character within this or the surrounding counties, the cost whereof your committee acknowledge with gratitude has been nobly provided by the benevolence of private individuals and by the munificent grant of £2,500 from the governors of the Cotton District Convalescent Fund, the receipt whereof is almost daily expected by your committee, its payment hitherto having been retarded by the delay in completing the title to the land forming the site of the hospital. By the will of the late Miss Shepherd, of Southport, a bequest of £50 was left to this institution, which has been received by your treasurer (less the amount of the legacy duty), which your committee record with feelings of sincere gratitude,

“With much pleasure your committee are enabled to state, that notwithstanding the recent and long protracted depression throughout the country, there has been an increase during the year in the subscriptions and donations. The amount received (including the above mentioned legacy).

being £344 14s. 11d., against £281 1s. 3d. in the previous year, which is chiefly due to the local contributions, and to the noble exertions of the ladies who have so efficiently canvassed the town, which has liberally responded to their appeal.

“The committee regret to say that the receipts from patients (including £61 16s. owing) amount only to £169 11s., being a decrease, arising from the shorter time the children have remained in the house, the average stay being 47 days, when last year it was 70.

“There has been an increase in the number of patients, the number of the previous year being 92, while in this year the number has been 97, which, with 8 remaining from last year, makes a total of 105 up to the 31st ult. There were then 13 left in the house, as against 8 at the same time last year. The expenses during the past year have been very heavy, owing to several causes; amongst others the large amount paid for coals for drying the new building. At the same time your committee are glad to state that there is an excess of income over expenditure for the past year of £68 19s. 11d.

“During the year the managing committee have secured the services of Miss Matthews as Lady Superintendent, who has had several years’ experience in a London (children’s) hospital, and your committee have every confidence that under her management the children will receive every attention, and the house be conducted with a due regard to comfort and economy.

“At a special meeting of the governors it was decided to alter the name of the institution to that of the North of England Children’s Sanatorium, as expressing more fully the object of the institution.

“As the new hospital is calculated for the reception of about forty more children than the old one accommodated, a *large increase in expenditure* will necessarily be incurred in its maintenance, and the committee urgently appeal for increased subscriptions to the benevolent of this town, and more especially to the wealthy inhabitants of the manufacturing towns of Lancashire, Cheshire, and Yorkshire, from whence the great proportion of the poor children come to this hospital; and, labouring as they do, earnestly, to alleviate the sufferings of these poor children, your committee desire that the Divine blessing may rest in future, as it has rested in times past, upon an institution which has

carried on its philanthropic efforts for a period of nearly twenty years.

"Thanks are again due to many kind friends who have sent presents of old linen, toys, etc.; and your committee would suggest that, during the summer, contributions of fruit and sugar, for preserving, and also fresh vegetables, would be most acceptable."

Medical Officers' Report.

The following medical report was read by Dr. Blumberg :—

"On the same date in the last year there remained in the house eight patients. During the ensuing year 95 new cases were admitted, making the total of children under treatment during the year in question 105. Of these 57 were boys, and 48 girls. The cases in general were of a more aggravated character than last year, and the long and severe winter had also been against the little patients. Nevertheless, a great majority had been sent home either perfectly cured or greatly improved. Of the 18 children at present in the sanatorium, they were, with the exception of one, who at his admittance was in a most precarious condition, all doing well. The new building is, in the opinion of the medical officers, eminently adapted for its purpose. The children could now fully have the benefit of air, sunlight, exercise, and water; but the bath accommodation would hardly prove sufficient if the house should be full. The medical officers could not conclude their report without mentioning the great help they were receiving from the energy and devotedness to her work of the new lady superintendent. Though not strictly within the scope of their report, he drew attention to a fact which came prominently before them year by year. This was the great prevalence of scrofulous diseases among the children. Nearly two-thirds of all the cases had their source in this vitiated condition of the blood, which was quite preventible, and which was but very rarely to be found in the middle and upper classes of society. It was due, in his opinion, to the absolute ignorance of the laws of health and education which prevailed among the working classes. There prevailed some most absurd notions as regards the management of the babies. He could not trespass upon the time of the meeting to catalogue all the sins of commission and omission, which began with the dread of air and water, and ended with the administering of gin and patent cordials to do the child

good. What was the remedy? Lectures might do some good; but, in his opinion, the most desirable thing would be to circulate, in the great centres of industry, tracts bearing on the subject of the healthy bringing up of children. Such tracts are published by the Ladies' Sanitary Association in London, founded many years ago by an eminent physician, Dr. Roth, who has devoted the greater part of his life to the propagation of sound principles of physical education.

Obituary.

DR. CLEMENT WILLIAMS, F.R.G.S.

WE regretfully record the death of our able colleague, Dr. Clement Williams, brother of Dr. Eubulus Williams, and formerly assistant-surgeon in the 68th Regiment. He was best known in the geographical world. We read in the "Proceedings of the Royal Geographical Society" that he had been a fellow of this society since 1874, and from his long residence in Burmah, commencing in 1858, he had become a great authority on all matters connected with that country. He visited Upper Burmah in 1860, and contrived to ingratiate himself with the late King to such an extent that he was able to lend very material aid in the conclusion of the treaty of that epoch between Burmah and Great Britain. Shortly afterwards he was appointed first Political Agent at Mandalay, a post for which he was well fitted by his knowledge of the Burmese character and language, no less than by his general abilities.

When at Mandalay, Dr. Williams devoted himself to the study of the question of an overland route between Burmah and the western provinces of China, in which he always took a deep interest, and after considerable difficulty he was allowed to visit Bhamô, being the first Englishman to do so. Whilst there he made excursions up the Taping and other tributaries of the Irrawadi, and collected much commercial and cartographical information, both by his personal observations and from his inquiries among the Shans, Kakhyens, and frontier Chinese. During his investigations, however, an insurrection broke out at Mandalay, and Dr. Williams was compelled to return without achieving his great object of reaching the Chinese frontier. As the result of his

journey, he prepared an elaborate memorandum for the Government of India on the question of British trade with Western China, which was published, with a map, in the "Journal" of the Asiatic Society of Bengal for 1864. Though this paper mainly deals with the political and commercial aspects of the subject, one section of it is devoted to the physical geography of the region proposed to be traversed by the various lines of communication. In 1868 he published, through Messrs. W. Blackwood and Sons, a small volume, giving an account of his journey, under the title of "Through Burmah to Western China," which was accompanied by a sketch map, on which the trade-routes were laid down. While at home on leave of absence, Dr. Williams retired from the Government service, and returning to Burmah in 1867, he devoted himself chiefly to the promotion and development of commerce. It is stated that he has left behind him many valuable maps and plans of Upper Burmah, some of which were but recently executed. While on his way home, our colleague died on June 26, at Castagnolo, near Florence, of typhoid fever, contracted at Naples.

According to our experience, the number of cases of fever contracted on the continent and ending fatally is steadily on the increase. It behoves British travellers to see into this matter. We believe continental hotels are but little less dangerous than ordinary fever dens in the overcrowded parts of our great cities. At home we are careful to avoid slums; abroad we habitually resort to them by putting up at the nearest best hotels, and sleeping, for aught we know, in rooms just vacated by fever patients. This premature death of a distinguished man is most deplorable.

OUR ANNUAL CONGRESS.

THE British physicians and surgeons who practise homœopathically meet annually in congress, sometimes at one place and sometimes at another. This year the Congress is fixed to take place at Malvern, on Thursday, the 11th of September.

Dr. Richard Hughes is the President Elect, and he purposes addressing the assembly on "*Homœopathy; its Present State and Future Prospects.*"

We are all proud of our President; he is our Sir Thomas Watson.

Dr. Frederick Flint, of Scarborough, will read a paper on "The Homœopathic Treatment of Internal Aneurism, illustrated by a Successful Case."

Homœopathy can already claim to have done something in this direction, but we understand our able colleague has struck out an entirely new line. The man who shall help us to cure cases of aneurism medicinally may fairly claim the gratitude of his kind.

Dr. Herbert Nankivell, of Bournemouth, will read a paper entitled "Further Remarks on the Therapeutics of Phthisis Pulmonalis."

Most people know that Bournemouth is a favourite resort for the consumptive, and hence Dr. Nankivell has had large opportunities of treating this dire malady, and, like a true physician, he comes forward from time to time to tell us what he has found useful.

Lastly, Dr. Burnett has promised a paper on the "Revival and Further Development of Organopathy during the First Half of the Present Century."

This will be merely a fragment of history to prove that an old penny is not a new one because newly furbished.

Our annual gatherings are always very enjoyable, and full of peace and brotherly good will—after dinner.

We trust the local secretary will not omit to invite those British physicians and surgeons practising allopathically that reside in and around Malvern. We would also suggest that the British Medical Association be invited to send a delegate to our Congress.

CORRESPONDENCE.

[By insertin] the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

DIETETICS.

SIR,—I must own to some sympathy with "A Question of Dietetics" touched upon by "X" in the number for August, especially in regard to the inferior quality of animal food as compared with first-hand vegetable products. Certain it is that vegetarianism (not a good name when including such

possible pure foods as milk and eggs) can no longer be called the craze of a few in this country, since we are given to understand that societies with the object of promoting economical and healthy diet have been started in most of the large towns, and great has been the discussion on the subject in many of the public journals. It is also strange that Homœopaths, who have discarded so much that is evil in medical practice, do not attempt generally to apply a farinaceous, vegetable, and fruity diet in a scientific way, especially adapted to various diseases, in conjunction with Homœopathy. It is certainly a subject most interesting and worthy of full discussion, as there are on record many cases of diseases cured by a pure unstimulating diet when everything else had failed.

I am, Sir, faithfully yours,

London, August, 1879.

J. C. D.

[We take a deep interest in the question of diet, and should gladly have the subject discussed in our pages. Will "J. C. D." kindly bring forward some of those diet-cures to which he refers?—Ed.]

A STUDENT'S LAMENT.

A PARODY.

With fingers spattered with ink,
With eyes that were bleared and red,
A student sat in his garret room
With a throbbing and aching head.
Cram, Cram, Cram !
With powders, and blisters, and pills ;
Formulæ, doses, grains and grammes,
Syrups of Tolu and Squills.

Read, Read, Read !
Ere the sunbeams brighten the sky ;
And Read, Read, Read !
Till another day draws nigh ;
It's oh ! to be a student
Of a "Pharmaceutical College ;"
A golden badge, an official "grip ;"
And vast "posological" knowledge !

Write, Write, Write !
Till the eyes seem almost blind ;
Write, Write, Write !
Till begins to wander the mind ;
Stamen, and pestil, and leaves,
Leaves, and pestil, and stamen ;
Cryptogam and Phaenogam,
Pappus, and Carpel, and Semen !

Oh ! Teachers, with kindly hearts !
Oh ! Professors, without a doubt
Ye little know the pain ye cause
As ye grind your lectures out.
Cram, Cram, Cram !

With powders, and blisters, and pills ;
Filling our heads with formulæ old,
And cures for human ills !

But why am I talking thus ?
I have little time to waste,
Natural orders to classify,
Powders and tinctures to taste ;
For examination's at hand,
And I've volumes to study by heart ;
Fowne, Pareira, Parrish, and Gray,
And the Specific Gravity Chart.

Work, Work, Work !
My brain is never still ;
And what do I gain ?—a parchment
roll,

A licence to cure, or kill.
A little cot, in a bedroom dark,
Or under the counter I'm stowed ;
A salary small,—take it "all in all,"
" 'Tis a weighty, responsible load."

Cram, Cram, Cram !
I fear my head will explode !
Oxygen ethers, and hydrogen gas,
A light, but a treacherous load !
Villainous odours of "Mercaptans"
Seem to clog the thickening air ;
While acids and alkalies blister my
tongue,
And my brains in the misery share !
Work, Work, Work !
Nomenclature is a bore !
Turning "old" formulæ into the
"new"
Is a thing I detest and abhor ;
Base, and acid, and salt,
Salt, and acid, and base ;
Till each symbol assumes a hideous
shape,
With a horrible, impish face.
Oh ! for a little rest,
To ease my muddled brain ;
It must be because my head is thick,
For I'm sure the "rule" is plain.
"Halve the 'even,'" Professor said ;
"If you cannot, the odd you double !"
New York.

All the *art i ad* would not set me
straight,
But plunge me deeper in trouble.

Oh ! but to be free again.
When examination is past
I'll close my doors 'gainst the chemi-
cal world,
Like a monk, from my books I'll fast.
But, what if I should fail,
After all my toil and pain ?
Why, I'll swallow my dose—though
a bitter pill,
And go back to my books again !

With fingers spattered with ink,
With eyes that were bleared and red,
A student sat in his garret room
With a throbbing and aching head.
Cram, Cram, Cram !
With Syrups, and Ointment, and
Wines ;
And still in a weak and dolorous tone,
Would that e'en part of his trials were
known !
The ladder of knowledge he climbs !

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Re-
ports of Hospitals, Dispensa-
ries, Societies, and Books for
Review, should be sent to Dr.
J. C. BURNETT, Finsbury
Circus, London, E.C.

All advertisement and busi-
ness communications to be sent
to Mr. J. E. STRETTON, 2, Fins-
bury Circus, London, E.C.

BOOKS AND JOURNALS
RECEIVED.

The Dublin Journal of Medi-
cal Science, July and August,
1879.

The New England Medical
Gazette, July and August, 1879.

The Organon, July, 1879.

L'Art Médical, March and
June, 1879.

The Chemist and Druggist,
July and August, 1879.

The American Journal of
Electrology and Neurology,
Vol. I., No. 1, July, 1879. (A
new venture, which we hope
to notice shortly.)

The Hahnemannian Monthly,
March and July, 1879.

Allgemeine Homœopathische
Zeitung, Nos. 21, 22, 23, 24.

House and Home, July, 1879.
Medical Record, No. 22.

United States Medical Inves-
tigator, July 15, 1879.

Proceedings of the American
Homœopathic Ophthalmologi-
cal and Otological Society,
Session, 1878, at Put-in Bay.
Cincinnati: J. P. Geppert, 1878.

Tumours: their Etiology and
Curability. By J. G. Gilchrist,

M.D., Detroit, Michigan. American Observer Office.

The Cincinnati Medical Advance, July and August, 1879.

Dietetic Reformer, July, 1879.

El Criterio Médico, Nos. 4 and 6.

Homeopathic Times.

L'Homeopathie Militante, No. 6.

Index Medicus, No. 5.

American Observer, No. 6.

On the Action and Uses of Alcohol. By Alfred C. Pope, M.D., M.R.C.S. London: E. Gould and Son, 1879.

Urethismus, or Chronic Spasmodic Stricture. By F. N. Otis, M.D., etc. New York, 1879.

Revue Homœopathique Belge, July, 1879.

Monthly Homœopathic Review, August, 1879.

ANSWERS TO CORRESPONDENTS.

The papers of Dr. Shuldham, of Dr. Clifton, of Dr. Fitzham, of Dr. Ainley, and of several other gentlemen, stand over for our next number.

DR. GUINNESS, Oxford.—Through an oversight on our part your article was not sent to you for correction.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

CORRESPONDENTS.

Communications received from Dr. Ainley, Halifax; Professor E. M. Hale, Chicago; Dr. Berridge, London; Dr. Pope, London; Dr. Dyce

Brown, London; Dr. Richard Hughes, London; J. B. Ivatts, Esq., Dublin; Dr. Schüssler, Oldenburg; Dr. W. H. Howitt, Toronto; Messrs. Thompson and Capper, Liverpool; Dr. Cash, Torquay; Dr. Proctor, Birkenhead; Dr. Blumberg, Southport; Dr. Thomas, Llandudno; Dr. Shuldham, London; E. Thomas, Esq., Chester; Dr. Maffey, Bradford; Dr. Harmar Smith, Ramsgate; Dr. Clifton, Northampton; Dr. Murray Moore, Taunton; Dr. Cooper, London; Dr. Hawkes, Liverpool; Dr. Beaver-Brown, Liverpool; Dr. Samuel Brown, Chester; Dr. John Clarke, Ipswich; Dr. Garth Wilkinson, London; Dr. Matthias Roth, London; Dr. Fitzham; and Dr. Davidson, Florence.

The Homeopathic World.

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The Art of Prolonging Life.

Telegraphic Writers' Cramp.

"Only a Doctor."

Toxic Effects of Linseed Meal.

Jaborandi for Semilateral Sweating.

On the Treatment of Mental and Nervous Diseases.

A Consolation for Smokers.

Hereditary Deafness.

Uroxanthine in Urine.

Clinical Application of Cyanuret of Mercury in Diphtheria.

The Old, Old Story.

How to Keep Eggs Fresh.

An Eighty-six Hours' Thirst.

A Proving of Opium.

Pathogenetic Record: Cannabis Indica.

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THE HOMŒOPATHIC PUBLISHING COMPANY,
2, FINSBURY CIRCUS, E.C.

Modern Work on the Principles and Practice of Homœopathy.
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By E. H. RUDDOCK, M.D., L.R.C.P., M.R.C.S., L.M. (Lond. and Edin.), etc.
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"All articles are characterised by extreme lucidity, and hints and instructions are marked by thought, fulness, and common sense."—*Chemist and Druggist*.

"Dr. Ruddock's writings have always been favourably received, and this book—perhaps the most important of all of them—cannot fail to meet with the same attention."—*Public Opinion*.

"Very clearly and pleasantly written, and on matters of hygienic rule and habits contains a vast amount of common-sense advice, which even the non-medical reader may find it to his advantage to consult."—*Graphic*.

"It does not require recommendation, being the exponent of its own merits."—*Church and Home*.

"As a volume of general utility, containing a large and varied amount of information concerning the nature of a considerable proportion of diseases, and the remedial measures requisite for their cure and palliation, it possesses strong claims to our commendation."—*Homœopathic Review*.

"The student will find it a work of great value in the preparation of his cases, and the busy physician a work of ready reference in his arduous labours."—*Medical Union*.

"For a comprehensive work, one for ready reference for the busy physician and the student, we can heartily and conscientiously recommend Dr. Ruddock's."—*St. Louis Homœopathic Circular*.

"Full to overflowing of valuable material, gathered from all sources—from the journals and standard works of the day, both homœopathic and allopathic, and from the personal experience of the many correspondents of the author. As an exponent of the best and most reliable treatment of the various forms of disease, in brief form and up to date, it is not surpassed."—*Hahnemannian Monthly*

NEW BOOKS JUST RECEIVED.

DR. CARROLL DUNHAM'S LECTURES ON MATERIA MEDICA. Second Edition. In One Vol. 32s.

DR. CARROLL DUNHAM'S HOMŒOPATHY, THE SCIENCE OF THERAPEUTICS. 21s.

UNITED STATES HOMŒOPATHIC PHARMACOPŒIA. 15s.

DR. DUNCAN'S DISEASES OF INFANTS AND CHILDREN, Vol. I. 17s. 6d.

DR. DUNCAN'S HOW TO BE PLUMP. 2s.

HART'S DISEASES OF THE BRAIN AND EYE. 20s.

DR. HOYNE'S CLINICAL THERAPEUTICS. Parts I. to V. in one vol. 30s.

EGGERT'S HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES. Half-bound. Pp. 543. 18s.

LILIENTHAL'S HOMŒOPATHIC THERAPEUTICS. Pp. 710. 24s.

HALE, E. M., on the MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN: especially those causing Sterility, the Disorders and Accidents of Pregnancy, and Painful and Difficult Labour. Pp. 298. 12s.

BUTLER'S TEXT-BOOK OF ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY. Pp. 271. 10s.

ANGELL, H. C., HOW TO TAKE CARE OF OUR EYES. 2s. 6d.

LONDON: HOMŒOPATHIC PUBLISHING COMPANY, 2, Finsbury Circus, E.C.

THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1879.

OUR ANNUAL ASSEMBLY.

THE annual congress of British homœopathic practitioners was held at the Imperial Hotel, Malvern, on the 11th September.

Dr. HUGHES, the president, opened the business of the congress by an address on "Homœopathy: its Present State and Future Prospects." He began by remarking that he thought it most appropriate that the president's address on such occasions should take a general survey of the field his hearers cultivated, rather than a special study of any part of it; hence the subject which he had chosen. He defined Homœopathy as essentially a *methodus medendi*, a rational, as distinguished from an empirical, mode of treating disease. Its organisation in a separate body was an accident. Inquiring as to the internal wellbeing of this method among those who acknowledged it, he was able to report very favourably. The "provings" of medicines on the healthy body, which constituted its "stock-in-trade," were now numerous, and had lately been made available, in their completeness, to English readers. The apparatus for applying these materials to the treatment of disease on the principle of similarity was already largely supplied, and was being rapidly augmented; while the method itself had received thoughtful study and expositions in several quarters. He next dealt with the reception of the new system by the profession and the public, remarking that there was nothing to complain of on the latter score; and that, after all, people knew whether their boots fitted them or not, though they might be quite ignorant of the mysteries of shoemaking. The fierce and intolerant opposition which Homœopathy had long met with from the profession was subsiding. He showed by several examples and quotations that both the practice and principles of the new method were being largely adopted in the old school of medicine. The speaker also adverted to the anomalous position in which the adherents of Homeopathy were placed by being forced to stand apart from the main body of the profession, and declared the cause of this to be that they were refused the liberty which was the right of every qualified medical man—the right to treat his patients to the best of his judgment. If, in the exercise of their judgment, they came to adopt the homœopathic mode of dealing with disease, they were "sent to Coventry"—everywhere expelled, ostracised, refused the opportunities of professional intercourse and the rights of medical

F F

brotherhood. Until this terrorism was abandoned they intended to stand where they were, and insist on their claims. On the other hand, he pointed out to his own colleagues that when (as must come sooner or later) the liberty they demanded was conceded to them, it would be their duty, and should be their pleasure, to abandon their separate position and merge themselves in the main body of the profession. He believed that Homœopathy itself would be the gainer by the change, as the existence of the homœopathic "body" was one of the greatest hindrances to the consideration of the method on the part of medical men; and he was sure that homœopathists, though not guilty of the schism in which they lived, were the sufferers from it. He eagerly anticipated the day when all distinctive names and rival organisations should cease to exist, and the practitioners of medicine should be united in one generous emulation as to who should do best for suffering mankind.

Dr. NANKIVELL (Bournemouth) then read a paper entitled, "Further Remarks on the Therapeutics of Phthisis Pulmonalis." Having adverted to a former paper on a similar subject, read before the Leamington Congress in 1873, he said that the expectations which he had then formed of the value of the iodide of arsenic, and other arsenical preparations, in the pneumonic forms of phthisis, had been fulfilled. Four cases, selected for their marked severity, and for the manner in which they benefited under this remedy, were reported, and a tabular statement read of these cases, and of fourteen others which had been related in 1872 and 1873. It appeared that out of these eighteen cases, six had been treated while yet in the first stage, and of these all had made a permanent recovery: eight had been treated while yet in the second stage of the disease; of these two had died after a considerable period of restored health, one had experienced a slight relapse after nine years of good health, one had remained in an invalid state, and four had been thoroughly restored: four cases had passed into the third stage before coming under treatment; of these two had died, one of recurrent pulmonary attacks four years after treatment, the other of cardiac disease four years after convalescence from the lung affection; the remaining two were in the enjoyment of good health now, six years after treatment—their cavities having completely cicatrised. The value of hepar sulphuris or sulphide of calcium was next touched on, and it was pointed out that this remedy was useful in follicular pharyngitis, in follicular laryngitis, in dry bronchitis, in catarrhal pneumonia where the air-cells are not completely blocked, and in certain conditions of the second and third stages of consumption. The natural analogue of this remedy—viz., the Eaux Bonnes mineral waters, were next mentioned; it was shown that these waters acted homœopathically, so that large doses of them excited in healthy persons the very symptoms which small doses would cure in affected persons; the use of Eaux Bonnes was advised in certain special conditions of the mucous membrane of the respiratory apparatus. Thirdly, the employment of *Lachnanthes* was mentioned. Our knowledge of its use in phthisis was at present based *ex usu in morbis*, and there was as yet a paucity of evidence as to its special value. It was, however, suggested by Dr. Nankivell that its exhibition would be limited to chronic, second, and third stages; cases were related in support of this view. The paper closed with a

reference to the value of the winter climate of Davos; five cases which had gone through the Davos treatment, and had been observed by the writer, were related.

The *pros* and *cons* were discussed, and the cases specially suited to that climate were indicated, and it was urged that the present indiscriminate medical fashion of sending pulmonary patients of all classes to Davos was not founded on a scientific appreciation of its relative advantages and disadvantages.

Dr. BURNETT'S paper on "The Revival and Further Development of Organopathy during the First Half of the Present Century," was then read (owing to the writer's unavoidable absence) by Dr. Pope. Dr. Burnett stated that his object in bringing before the congress this subject was historic fixation—to give the honour of its revival to whom that honour was due. He defined Organopathy as the doctrine that, all diseases being local or topical, and all drug action being local or topical, drugs, to be remedies, must affect the same organs or parts as the disease. The general recognition of local drug action was of very ancient date, as was shown by an extract from the works of Paracelsus, in which it is stated that drugs are to be classified *secundum loca*. Quotations were made from Rademacher's work (1841) showing that he endeavoured to ascertain the action of drugs by testing them on his own healthy body, not after the manner of Hahnemann, yet in a way which led him to distinctly recognise the doctrine of local affinity, the conclusion he arrived at being thus expressed by one of his disciples: "The anatomico-physiological action of drugs in the healthy organism is also their sphere of curative action in the healthy." Dr. Burnett then pointed out how Rademacher developed his views, and the progress made by himself and his disciples between 1841 and 1848. It was not to break a lance in favour of Organopathy that Dr. Burnett had brought forward this subject, but for purely historical purposes. Organopathy was a kind of half-way house between Allopathy and Homœopathy, being a very great advance upon the former, and very inferior to the latter. "When an allopath becomes an organopath he is looking," said Dr. Burnett, "our way, and is not far from us; he is advancing. When a homœopath becomes an organopath he is either in a lazy mood, or is neglecting his *materia medica pura*, preferring Organopathy as a kind of Homœopathy made easy; and he has his back to us; he is retrograding." Dr. Burnett then pointed out that the views published by Dr. Sharp were identical with those of Rademacher and his disciples. He concluded by saying that "Organopathy suffices for functional organ-disturbances, consisting in a simple *plus* or *minus*, but in anything like deep-seated mischief with a dyscratic groundwork, the organ remedies, unless homœopathic to the whole historical state *ab initio*, will only displace the disease, not get rid of it." As Grauvogl says in reference to such cases, "No real good can be got out of Organopathy."

Dr. FLINT (Scarborough) read a paper on "The Homœopathic Treatment of Internal Aneurism, illustrated by a Successful Case." He remarked that aneurism usually arises from chronic diseases of

the arteries, and more attention should be paid to the medicinal and hygienic treatment of all aneurisms than is often done. Aneurism was practically a paralysis (local) of the arterial walls, and in the treatment of it there were two objects in view—one to reduce the tension of the elastic blood-carrying tubes to a normal or sub-normal standard; the second to stimulate the failing energy of the relaxed arterial walls. One was the work of hygiene, diet, and physiologically-acting remedies; the other was the work of specific drugs. In the first class of remedial agents the importance of perfect, prolonged, and persistent rest was dwelt on, and the particulars of the necessary restrictions in diet and food were gone through. Dr. Flint considered rest and diet the most potent agents in reducing the blood pressure. He, however, remarked that if they proved insufficient, or a sudden sharpening of pain from increased blood pressure should demand prompt relief, there were certain drugs whose physiological action might be relied upon for the purpose, viz., aconite, cactus, digitalis, jaborandi, ergot, iodide of potassium in full doses, and muscarine. Muscarine was considered as the most promising agent to effect this purpose, and with the least injury to the patient. Specific drugs should, however, be relied on for direct curative influence on the aneurismal walls. Lycopodium, lead, iodine, iodide of potassium, baryta salts, phosphorus, and arsenic, were named among such drugs; lead, iodide and chloride of barium being more especially considered. The adaptability of lead to the chronic endocarditis at the base of most aneurisms, and also to the paralysis of the arterial walls, was pointed out. The special action of iodine on the arterial walls was dwelt on, and the special action of iodine and potassium salts (in some points) antagonistic was shown to make the compound iodide of potassium an analogue of lead and chloride of barium. It was shown that the action of iodide of potassium in large doses, as used by Dr. Balfour, was that of a paralyser of the arterioles, and that this action put iodide of potassium in the first class of remedies proposed; but that iodide of potassium also acted in more moderate doses as an antisymphilitic, and that it, or rather iodine, might be expected to develop direct curative power over the aneurismal sac by virtue of its special affinity for the arterial walls; and for this purpose very small doses would be sufficient. The action of chloride of barium was then very fully gone into, and a brief outline of the case in which it was used by the author of the paper was given. The reliability of the diagnosis was dwelt on, and it was shown that the curative influence must have taken place by virtue of its heart-paralysing power when this drug is taken in large doses, or of its homœopathic relation to the disease-process. It was demonstrated that the first hypothesis was untenable, and the homœopathicity of the drug to the disease was proved. Finally, Dr. Balfour's opinion was quoted, that "the actual cure of an aneurism is of very rare occurrence, and that is the best treatment which most often relieves symptoms and prolongs life."

In the discussion which followed the reading of the paper, the point that iodide of potassium might be expected to exercise a curative influence over aneurism by virtue of its homœopathic relation to the disease, was illustrated by two

cases given by members, in which it had a beneficial influence. In one case the medicine was given in doses of two grains, and in the other one-grain doses. A case was also cited in which iodide of mercury had, in minute doses, greatly relieved the symptoms and prolonged life.

The congress was then resolved into committee, and after formal business had been transacted, Dr. Hayward (Liverpool) read the report of the Hahnemann Publishing Society, in which he made special reference to the "Cypher Repertory," and strongly recommended every homœopathic practitioner to possess it, as it enabled the professional man, on finding the description of symptoms, at once to select the drug suited to its treatment—the symptoms and drugs being found in the same place, either in words or cypher. Other members had spoken in high terms of its terseness and practical excellence. Leeds was decided upon as the next place for their periodical conference. Dr. Yeldham was elected president; Dr. Clare (Leeds), local secretary; Dr. Gibbs Blake, general secretary; and Dr. Edward Madden, treasurer.

The members, with visitors and ladies, dined at half-past five o'clock. The usual loyal toasts were honoured. Several other toasts were enthusiastically given and responded to, including "The Memory of Hahnemann," and the healths of the president (Dr. Hughes), the local secretary (Dr. Dalzell), etc.

Amongst those present may be mentioned the president, Dr. Hughes; Drs. Bayes, Dudgeon, Powell, Jagielski, Pope, Hastings, Pearce, and Harris (London); Dr. Holland, Bath; Mr. Knox Shaw, Hastings; Drs. Hayward and Hawkes, Liverpool; Dr. G. Clifton, Leicester; Mr. Potts, Sunderland; Dr. Stevens, Cannes; Drs. Drury and Nankivell, Bournemouth; Dr. Clarke, Ipswich; Dr. Clifton, Northampton; Dr. Claudius Ker, Cheltenham; Drs. Eubulus Williams and Nicholson, Clifton; Dr. Wilde, Weston-super-Mare; Dr. Baynes, Exeter; Drs. Wynne, Thomas, Madden, and Huxley, Birmingham; Drs. Johnson and Dalzell, Malvern; Mr. Millon, Worcester; Dr. Owens, Leamington; Dr. Massy, Redhill; Dr. Flint, Scarborough; Dr. Tudge, Yeovil.

In addition to the members attending the meetings of the morning and afternoon, the following visitors were present at the dinner:—The Rev. Beresford Potter, B.A., of the Abbey Church, Malvern; Mr. E. Pope, Mr. Chambré, Mr. Wyburn, Mr. F. Clifton, Mr. G. Abbott, and several ladies.

Altogether the congress was a great success, and much praise is due to those gentlemen who very kindly undertook the arrangements—usually a very ungrateful task.

We are specially pleased that Dr. Yeldham is the president-elect for 1880. He is a very able practitioner, and has been a most consistent friend to our cause and to our institutions these many years, and has thus well merited the highest honour the homœopathic body can confer upon one of its members.

We are much indebted to Dr. Pope, both for reading our paper at the congress and also for supplying us with some of the foregoing particulars. Also we must express our grateful acknowledgments to Mr. Ellis, of the *Malvern Advertiser*, for many particulars which we have here made use of.

THE ART OF DIGESTING.

By E. B. SHULDHAM, M.D.

(Continued from page 289.)

In my last paper I endeavoured to show the value of simplicity in dinner-giving; in the present contribution I shall more particularly insist upon the possession of this virtue.

Beginning with the ten commandments and coming down to the statutes of modern law, we notice one great characteristic of all law-giving: the peoples are not told so much what things they may or ought to do, but what things they must not do; so the shortest and most direct way of giving advice on the subject of dinner-giving is to tell people what they ought not to do.

I will begin, therefore, with a series of prohibitions.

First Prohibition.—Never let the beginning of a dinner contain any heavy, rich, or too satisfying food, whether this should be in liquid or solid form.

This at once runs counter to the traditional value of turtle soup—a soup, by the way, which always graces, or disgraces, important City banquets.

This makes me pause before praising salmon, or certainly taking it at a grand dinner, as salmon is a rich, oily, satisfying fish. The same prohibition holds good in the case of eels, however delicately they may be cooked and brought to table.

Turbot, trout, whitebait, oysters, are far worthier personages to introduce at the first course, and of soups the lightest are the most appropriate.

“Why do you prohibit such a delicacy as turtle soup or salmon?” some diner-out may say, almost with tears in his eyes and a break in his voice. For two reasons; one because most diners-out are ravenous with hunger when they come to table, and by taking a hearty measure of soup or fish they give the stomach too much work to do, and so get a slight dyspepsia; and secondly, by so doing, they interfere with their subsequent enjoyment of good things which are to follow.

When a guest arrives, empty and tired, he should always begin with a few mouthfuls of light soup or a couple of oysters as a refresher, and then he is in a better state, bodily and mentally, to discuss the merits of haunch of mutton or sirloin of beef.

Prohibition the Second.—Avoid champagne and all effervescing wines at an early period of the dinner, because the carbonic acid gas contained in these wines is apt to fill the stomach with gas, and so take up room in this complaisant organ, which should have been stored with other goods. Especially bad is the habit so often prevalent of giving the guests champagne soon after the soup—not immediately after, but without a sufficiently long interval between soup and the meat-solids of the second course.

Prohibition the Third.—Never should the guests be allowed more than a liqueur-glassful of wine rich in alcohol after the soup, sherry or madeira for example. Liquid has already been taken in the shape of soup, and, as the stomach is tolerably empty, hot wine only inflames the stomach and hinders digestion.

Sauterne, Chablis, or the light Rhine wines, are delicate in flavour, free from alcoholic fire, and appropriate with fish, soup, and *entrée*.

Prohibition the Fourth.—Strong acids should be avoided. Mint-sauce is invariably too strong in acid, and too potent in mint. It kills the delicacy of sweet peas or asparagus, which chime in so sweetly as accompaniments to shoulder of lamb. Mint-sauce will also destroy all the bouquet of a choice wine; the syrupy acid roughens the tongue, and so causes a kind of temporary paralysis of the nerves of taste.

A squeeze of lemon is justifiable over rich pork, or veal, or duck, but then those “acid drops” can be distributed with judgment, whereas when a ladleful of mint-sauce is tossed

indiscriminately over lamb, asparagus, and potatoes, nothing but mint, sugar, and acid can be tasted in everything. Strong mint-sauce is a barbarism, and ought to be banished from the table of every educated dinner-giver.

Prohibition the Fifth.—Sweet wines should never follow in close proximity to the dark wines of France or Hungary; that is, sweet champagne should never follow closely on the heels of Claret, Burgundy, or Carlowitz.

Sweet wines should be reserved for the close of the dinner.

It is indeed a difficult question to decide as to the proper position champagne should take at a dinner. I have prohibited this wine from appearing soon after soup; I have also objected to her saucy presence near her rivals from Bordeaux or Hungary; she has no business to come in like children at pudding-time; so where shall we place her? She can be allowed to fill a short and brilliant interval at the time when the roasts make their appearance, but the diner-out must just touch her lightly with his lips and bid her begone, for she is an engaging, light-hearted hussy, and though she loosens the tongue of those who appreciate her saucy sweetness, yet she leaves them sad at heart when her influence is no longer felt. Brillat-Savarin speaks of the great Dr. Corvisart being a lover of champagne, which he always drank iced, and drank throughout the dinner from soup to dessert. The result was that Corvisart's tongue was considerably loosened at the beginning of dinner, talking well for the first hour, but then afterwards poor Corvisart became taciturn and almost sorrowful. Brillat-Savarin explains this change in his friend's symptoms by the fact of champagne containing a large quantity of carbonic acid gas; it is more natural to assign it to the secondary effect of the alcohol contained in this wine. By reason of the carbonic acid gas, the alcohol acts more quickly on the brain, and by reason of the quantity of alcohol contained in champagne being small, the subsequent depression is all the more quickly brought about.

Speaking of Baron Corvisart and his iced champagne, leads me to another prohibition, the *Sixth*—

Iced wines should never be taken at dinner.

Why?

Because, in the first place, to ice a wine is to destroy its flavour; and, in the second place, to drink iced liquids when digestion is going on is to hinder digestion, and to run the risk of getting an attack of colic.

What do all connoisseurs of light wines do in winter-time before opening a bottle of Claret or Burgundy? They gently warm it at the fireside, because they know that warmth will bring forth more clearly the aroma of that bottle of Château Margaux or Lafite, which then can dream again its sunny memories of the South.

Barbarians only are allowed to ice their wine. An iced wine is a ruined wine, and a ruined wine can come to table iced.

This prohibition the sixth brings me to a sub-prohibition, which we will call Six A. By the way, this is not a brewer's mark, I believe, nor is it strictly copyright.

In Six A I would enter a protest against the presence of ice at all at the dinner-table. It is less hurtful in the shape of iced pudding than of iced wine, because the ice is swallowed in smaller quantities, and so does not chill the stomach so completely as when taken with wine in full draught. But it does chill the stomach nevertheless, and stops the working of that mill which requires warm water rather than iced water to keep its machinery going.

THE SUPERIORITY OF HOMŒOPATHIC OVER ALLOPATHIC MEDICAL TREATMENT IN CER- TAIN CHRONIC FORMS OF DISEASE.

By DR. CLIFTON.

THERE are but few of the readers of this journal who will need to be convinced of the vast superiority of the homœopathic over that of the allopathic method in the treatment of disease generally; that fact is patent to all who have examined the subject fairly and fearlessly; nevertheless an opinion is entertained by some persons that chronic disease is not so amenable to homœopathic treatment as is acute disease, whilst other observers not only believe that it is so, but that it is also more easily *proved* to be the case. In the months of January and February last I attempted in the pages of the *Homœopathic World* to demonstrate this point, and brought forward several cases of chronic disease of the joints which had been treated homœopathically. In this paper I purpose following up the subject with regard to another form of chronic disease, which is by our orthodox brethren considered

well-nigh incurable, except by topical or local treatment, and which even by such means is often only relieved; the disease I allude to is "Ozæna," and in order that your readers may understand what is meant by that name, I will, before entering on the homœopathic treatment of it, give a brief, and as far as possible a plain and unprofessional, description of the disease and its allopathic treatment.

By "ozæna" is meant a deep-seated affection of the mucous (lining) membrane of the nose, manifested by much discharge of a greenish or yellow colour; at varying intervals of time crusts or scabs are shed with the discharge; there is in addition a very offensive odour from the part, the stench being quite as strong when the mouth is closed as when it is open, and may even be more powerful; whereas this is not the case when there is an offensive discharge from decayed teeth, ulceration of the gums or mouth, etc. The offensive odour of ozæna is peculiar, and quite different from that arising from other causes, and may frequently be perceived by persons standing some feet from the person affected; the patient is often not aware of the fact, for the sense of smell in such persons is often impaired. These symptoms are supposed to be caused by ulceration of the lining membrane of the nose, or of the bones or cartilages entering into the structure of that organ. The disease is considered to be of constitutional origin, an inheritance. The parents may not have had this *local disease*, but some *constitutional taint*, such as scrofula, tubercular consumption, or other specific disease, manifesting itself in some other way to what it does in the children, as ozæna. The disease sometimes shows itself early in life, even in infancy, by a stuffiness of the nostrils, or snuffles; in other cases it does not appear for some years, or even till youth, when the stuffiness is succeeded by much discharge of mucous or purulent matter and offensive smell, which has been mentioned.

Ozæna not being limited in its origin to one constitutional cause, and its manifestations being many, according to cause, age, temperament, and mode of life, rational medical treatment, one would imagine, would be as varied as the individual causes and manifestations of the disease. What, however, is the allopathic treatment? Very simple indeed, though sometimes very potent. But whether to kill the disease or cure it is another matter. If the constitutional origin appears to have been of scrofulous or tubercular origin it is assumed that the disease is in its development one of debility, so tonics are

required ; and in such cases, to the allopathic mind, what can be better than *Quinine* and *Iron*, the former to increase the appetite and give tone to the stomach, and the latter to enrich the blood ? *Cod Liver Oil* also may be added as a fatty element of food. If, however, the disease in its origin is supposed to be of a more specific character, then *Iodide of Potash* or *Mercury* are the remedies. This then is, with minor variations, the sum and substance of allopathic internal or constitutional treatment for ozæna. But what of local treatment ? This must not be neglected by any means. "There is the rub," for by such means the *local* disease can only be removed, it is supposed ; and the remedies to be applied are *Glycerole of Tannin*, *Alum*, *Iodine*, *Nitrate of Silver*, *Sulphate of Copper*, *Carbolic Acid*, *Mercurial Vapour*, etc. ; these or other astringent or caustic drugs must be used to the delicate lining membrane of the nose in order to alter its condition, arrest excessive secretion, destroy offensive smell, and so kill the local disease, whilst the general system is supported by tonics (*falsely so called*), in the form of drugs. It may very properly be asked what is the result of such practice, because it is by results we judge, and not by theoretical declamation ? To this there can be but one answer—that in nine cases out of ten the allopathically medicated state is worse than the natural state. It is quite true that some cases show great improvement for a time, but the disease nearly always returns in the same part or organ, or attacks other organs, such as the throat, the windpipe, the lung, or other and more distant parts of the body, showing that the constitutional disease has not been cured, and the local disease only driven as it were "from pillar to post." In other cases the disease appears to be stamped out, overcome by drugs, such as *Iodide of Potash* or *Mercury*, which, unconsciously to the physician, have been homœopathic to the diseased state ; but here, unfortunately, harm has been done to the general system from the unnecessarily large doses of drugs administered. The best physician is he who not only can cure his patient the quickest, but with the smallest amount of disease-producing drugs ; but the modern practice of medicine, whilst being less complicate, and dealing in fewer drugs in one prescription than formerly, and being more "sceptical in the power of drugs to alter, arrest, or modify disease," nevertheless clings to the idea of cure being dependent on potency and quantity of drug, rather than the selection of such. It may seem incredible to many persons that such should be the case in the present day,

but one has only to turn to the pages of the *Lancet*, or other medical journals, and it will be found that on any new drug being introduced as a new specific for this or the other disease, the smallness of the dose needful for curing is not so much thought of as what is the *largest quantity that can be borne by the patient*; and to such an extent has this been carried with regard to *Salicylic Acid*, as well as other drugs, that grave and fearful results have been the consequence. Truly it may be said that physicians have need to learn of Dr. Carver at the Crystal Palace, whose success in bringing down his balls is due to his skill rather than the size of his weapons or the quantity of shot.

Turning now to the homœopathic treatment of "ozæna" the question arises, In what way, and to what extent, is it superior to allopathic treatment. It is so, first, inasmuch as the local or topical treatment by means of escharotics, styptics, etc., need not, with few exceptions, be resorted to. Secondly, that in the place of, and in contradistinction to the allopathic method, the general and constitutional condition of the patient rather than the local manifestation of the disease is treated by means of drugs which, having been proved on the healthy, are known to produce an unhealthy or morbid condition of the system, similar to that which the patient is suffering from, which drugs have been proved by experience to have the power of not only curing the local disease, but improving the general state, and this not from any merely theoretical tonic power which such remedies as *Quinine* and *Iron* are said to possess.

There is one point which may be noticed—viz., *the time required for cure of the disease*, and here it is that Allopathy seems to give greater satisfaction to some patients, more being done *to the part affected* than is done by Homœopathy; so that the unpleasant odour of the diseased part and the excessive secretion is sooner checked, but only checked to return as bad as ever, for let it be reiterated again and again that the disease is a constitutional one, has frequently been of many years' growth and development; hence, to thoroughly cure such condition requires a lengthened period, frequently longer than patients will submit to, sometimes treatment for years. In the cases, however, which will be submitted to your notice further on, with very few exceptions, such a period of time has not been given to treatment; but some cases which have been greatly benefited by a shorter space of time would doubtless have got permanently well had they continued the process longer.

(To be continued in our next.)

ACCURATE DIAGNOSIS ESSENTIAL TO SUCCESSFUL TREATMENT.

By DR. AINLEY.

No person—professional or lay—will question the correctness of the heading of this paragraph, and though it has a universal application to all schools of treatment, it has a special importance in the homœopathic system of medicine. And yet one has known many medical men who delighted in making a quick, or as they would call it a “smart diagnosis,” and especially if they had been called in consultation, a practice which very much reminds one of what is called “plunging” in the game of “Nap,” in which if one is successful his gains are considerable, and *vice versa*, his losses. As a rule, however, careful inquiry into the history and details of a case will pay for the time and trouble thus taken, as the following short case illustrates.

In November last I was summoned at 11 p.m. to see a little boy, aged four years, who had been taken ill. The history of the case was, that he was all right up to teatime, and, indeed, on being put to bed at 8.30 appeared the same, but on being looked at by the parents before they retired to rest, as was their custom, they found him breathing very heavily, and were alarmed and sent for me. When I arrived, in a moment I diagnosed “croup”—that is to say, without asking any questions; and seeing no time was to be lost, as the boy’s face was already blue and swollen from impeded respiration and deficient aëration, I began to prescribe my usual remedies, and which I am thankful to say usually succeed—viz., *Acon.* and *Spongia*, administered every ten minutes in alternation. But as I anxiously watched the case, feeling sure a short time would decide for or against, I entered into conversation with the parents, and began to make fuller inquiries into the previous history of the child, and the following little incident was told me, which of course turned the whole case. On the same day at teatime, when the mother had just filled up the teapot with hot water, and left it on the edge of the table, the little fellow drank out of the teapot-spout, and although it was very hot he seemed to make no complaint of any pain in his throat, and played for some time, and even went to bed without complaining. Here we had an entirely new condition of things, which could have had no true interpretation apart from the incident just related; symptomatically it was a case of “Cynanche Trachealis;” pathologically it was

"Cynanche Laryngealis;" and I suppose if one had searched through all the homœopathic literature extant only one medicine could have been found to have met the case, and that was *Apis*. *Apis* was promptly given, and in from four to six hours all danger might be said to be over.

Occasions like these are times when one is devoutly thankful for the specific treatment of Homœopathy. Under any other system this case must have been lost; surgery, perhaps, might have made an attempt by an operation, but the risks of tracheotomy are very considerable, and if successful the nursing long and tedious. But what a contrast, the administration of a few doses of simple medicine *versus* a serious and risky operation! Truly our system is quick, safe, and pleasant. The principal lesson taught us by this case is the importance of getting the entire history, or complete picture, of a case before we prescribe the remedy.

Halifax, August 15th, 1879.

DEAFNESS DATING FROM INFANCY.

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

ARTHUR W., a boy of eight years of age, was entered under my care at the London Homœopathic Hospital, 25th January, 1879, being deaf in both ears. His deafness dates from when he was teething, at which time he was much afflicted with gatherings in the ears. This is the history given by his mother, but, besides, I elicited that at eighteen months old he had had an eruption all over his body from eating shell-fish.

This boy keeps his mouth half open, and he makes much noise in his sleep, as though the nostrils were plugged; there is, however, no discoverable obstruction to the nostrils, nor does he suffer from enlarged tonsils.

Bowels are regular, appetite indifferent. The membranes look natural, and the auditory canals are free from swelling.

Given *Soda Chlor.* ϕ , gtt. ij., aq. $\text{z}ij$. *Misce.* A teaspoonful three times a day.

Hearing (watch), left side, 7 inches; right side, 4 inches.

8th February.—Is much better, hears very much better.

Hearing (watch), left side, 9 inches; right side, normal (30 inches).

22nd February.—Hearing is much better, but he complains very much of noises in both ears like bells (an old symptom). Breathing is still very loud.

Hearing distance, left 22, right normal. *To continue.*

8th March.—Is very much better; when he belches wind he has a pain in both ears. Troubled much with a loose cough in the morning.

Prescribed *Bryonia Alba* ϕ ; gtt. iij., aq. ̄ iiij. *Misc.* ̄ zj. t.d.

22nd March, 1879.—Hearing is now in every respect perfect; his cough is much better, but the noise made in breathing is as great as ever. It is unnecessary to follow the case in detail any further, except to say that the loud nasal sound proved very obstinate and resisted *Kali Bichromicum*, *Soda Chlorata* (again given), *Ferrum Muriaticum*, and *F. Sulphuricum*, until, on the 12th July, 1879, when he complained much of accumulation of phlegm in the throat, I gave him *Hydrastis* ϕ , five drops to last a fortnight, and this has certainly brought about a beneficial change; though in a less degree, he still has the snoring tendency.

Cases such as these ought to encourage us all to prosecute the study of the action of medicine in every possible way; they place us in comparison with the allopaths in a position of unquestionable superiority. Allopathy has no means by which she can apply her medicinal agents with success to cases so severe as this was.

One of the principal aurists in London confesses to being sceptical as to the curative effects of drugs! an acknowledgment he had better, for the sake of his livelihood, not impress too forcibly upon the aristocratic clients for whom he prescribes every day.

And now as to the curative agents we employed.

The action of *Soda Chlorata* has already engaged our attention (*vide* the June number of this journal); of *Bryonia* it may well be said that its ear action is too little considered. To it I attribute, mainly, the recovery of this boy's hearing. He had one symptom which I incline to think a characteristic one of *Bryonia*, and which with him, although not specially stated in the report, was very persistent. This was a noise as of bells in both ears, and which comes out in Hahnemann's proving as "Ringing in front of the left ear as of small bells;" and then he had a troublesome morning cough, a loose cough, showing the presence of phlegm in the throat, which of course would call for *Bryonia*; and then the pain in the ear when belching wind is approached by that we find in

the proving of *Bryonia Alb.*, namely, "Drawing from below upwards towards the ear with pressure in the throat."

In a patient to whom I gave *Bryonia* for a trifling aching pain across the loins, it produced

A headache which comes on at 9 a.m. and leaves at 1 p.m. (dinner time); he has also a sensation like as from an electric shock going through the whole head when blowing the nose, and, for the time being, deafness.

These lancinations through the head, when walking, or upon sudden movement of any kind, are very characteristic of *Bryonia Alba*.

THE BIOCHEMIC CURE OF DIPHTHERIA.

By Dr. SCHÜSSLER, of Oldenburg, Author of "The Twelve Tissue Remedies."

(Continued from page 394.)

My mode of proceeding in the cure of Diphtheria is simple. I use for this purpose *Kali Chloricum*, given internally and in a molecular form.

Besides this I occasionally use a few other remedies, also administered in a molecular form. The remedies which I exhibit belong to the inorganic salts of the animal organism.

In order that the reader may thoroughly comprehend the efficaciousness of my method of healing, I must give a short account of the biochemical functions which these same salts perform in the healthy animal organism. Wherever cells are to be formed in the animal organism, there the following organic substances must be present—to wit, albumen, albuminoid substances, fat and sugar, and also these inorganic substances, to wit, chlorate of potash, iron, chloride of sodium, phosphate of potash, phosphate of lime, and so forth. The organic substances constitute the groundwork of the future cells; the inorganic salts condition their form and function.

In this treatise we shall consider only the chlorate of potassium (*Kali Chloricum*, as we say in homœopathic nomenclature), the phosphate of iron, the chloride of sodium (*Natrum Muriaticum*), the phosphate of potassium, and the phosphate of lime.

The chlorate of potassium stands in specific relationship to the albuminoid substances. As long as the molecules of chlorate of potash are in full healthy function in the cell complexes (*i.e.*, tissue), of which the albuminoid substances,

as we have seen, constitute the groundwork or basis, so long do they remain bound to one another. But if the equilibrium in the movements of the *Kali Chlor.* molecules be disturbed, then a certain corresponding quantity of the albuminoid substance becomes liberated and gets to the surface, if the local conditions allow of it. Once deposited on such a surface we call it "plastic exudation." That such an exudation is derived from the tissue, or cell-complex, and not from the albuminoid substances contained in the blood, as was formerly thought, has been demonstrated by experiment.

The phosphate of iron is contained in the blood-corpuses and in the muscular fibres. The state of tension of these latter is conditioned by the right quantity and the right behaviour or functioning of the iron molecules. When a more or less intense foreign irritant causes a disturbance in the equilibrium of the molecules of iron contained in the circular muscular fibres of the blood-vessels, then these blood-vessels become pathologically dilated, and there is consecutive blood stasis. Such a condition, which is called hyperæmia from irritation, constitutes the anatomico-physiological basis of the first stage of inflammations.

Common salt serves to regulate the watery contents of the tissues. A disturbance in the equilibrium of its molecules in the cerebral cells produces a state of coma, with other so-called brain symptoms.

When the phosphate of potash suffers a disturbance of equilibrium in the movement of its molecules, then decomposition sets in.

The phosphate of lime stands in the same biological relationship to the albumen as does the chlorate of potash to the albuminoid substance.

Having thus briefly, but for our present purpose sufficiently, characterised the before-mentioned four salts, I now turn to a consideration of diphtheria itself.

(To be continued.)

SIR WILLIAM JENNER has resigned his professorship in University College Hospital, London. One day he went into the pathological laboratory and remarked how few students were present. "It's Derby Day," said his house-physician. "Derby Day, sir!" said Jenner, with unconcealed surprise, "when I was a student I knew as little when it was Derby Day as when it was Trinity Sunday."

CALOTROPIS GIGANTEA.

By E. B. IVATTS.

Rheumatic Fever.

A PROVING of this drug was given in page 70 of the volume for last year.

March 10th, 1874.—Henry P——, æt. 17. Saw him at 11 a.m., ill for four days, had senna and salts yesterday. His arms, legs, and feet are powerless; and any attempt to move them causes intense pain. Tongue coated thickly with white deposit and pulse weak. Breathing slightly oppressed, no pain over heart or chest. Red blotches here and there on limbs and at joints, hot dry skin, urine thick and reddish. Delirium last night, thought the ceiling of the room was falling in upon him. Incoherent talking. Had rheumatic fever before, four years ago, and was in bed for three weeks. Thin delicate youth. *Calotropis* 1x and *Aconite* 1x, 10 drops of each in two separate tumblers of water. Dessert-spoonful of each every hour, alternately. This being the first time I had used *Calotropis* in rheumatic fever I hesitated to trust to it alone.

Same day, 6 p.m.—Better generally, and had slept. Moist perspiration. Can now move right leg and arms and wrists a little. Pain seemed to go from his legs down into his feet and then left him; urine same. Continue medicine now every two hours. I was surprised to see such a change for the better in seven hours.

March 11th, 9 a.m.—No sleep and no delirium, feels weaker, legs almost free. Arms and hands worse than last evening, pulse stronger. Tongue cleaner at tip, pulse 100.

Same day, 8 p.m.—Great perspiration, pulse down to 98. Two hours' sleep.

March 12th, 10 a.m.—Had partial sleep. Arms and wrists better, but hands still immovable. Nose bled over half a pint of blood during the night, and was described as very dark, thick and offensive in smell. Breathing deeper and fuller. Medicine now every three hours.

Same day, 6 p.m.—Shortly after I left him bleeding from the nose came on again and he lost about a pint of blood, and clots came from the nose and down from the nose into the mouth. His mother thought he would die, and sent for the dispensary doctor, who ordered gallic acid. Before using it the bleeding had stopped and did not recur. The discharge from the nose was described as very offensive. Had been in

the habit of bleeding from his nose, and when he had small-pox his nose bled. He is now very weak, the crisis having been severe.

I then gave him up to the dispensary doctor. I am satisfied the *Calotropis* caused the expulsion of clots from the nose; the habitual bleeding from the nose indicated the habit of body.

He remained under the dispensary doctor for about four months, and had remained stationary in condition for several weeks when I next saw him. Being hopeless of getting any further relief from the dispensary doctor he came again to me. Both feet were stiff, he could walk a little by shuffling his feet along, but it took him some time to walk a hundred yards. I gave him *Calotropis* 2x, three times a day, and in ten days he was attending to his employment and running about. Here the *Calotropis* was striking in its action of removing the sequela of the rheumatic poison. He has remained well since and become robust.

October 21st, 1874.—Patrick A—, æt. 27, canal dockman. Unwell feeling for several weeks. On the 17th (Sunday) confined to his bed. His present condition, left hand and right foot very much swollen, tense and excessively painful both on attempting movement and when quiet. Both knees also painful but not swollen. Great fever, skin very hot and bad sour-smelling perspiration. Water thick and very red. No sleep. No pain over heart. Under allopathic treatment three days without relief. Robust healthy man, never had any sickness before. Under his cottage is a cellar in which water sometimes stands, and is at present standing to the depth of three inches, and has been so for several weeks. Place has a damp unwholesome smell, being only a boarded floor over cellar. The allopathic doctor this morning saw him and ordered him into hospital, but he declined to go. Ordered at 5 p.m., *Calotropis* 2x, twenty drops in tumbler of water, a tea-spoonful every hour during the night if awake. Chloride of lime put on water in basement every day.

October 22nd.—Less pain and easier. Headache a little. Continue medicine only three times a day.

October 23rd.—Easier and not in pain now *unless on attempting movement*. Bowels relieved twice. Thinks his hand less swollen. Slight pain over heart when taking a deep inspiration. This was the only occasion during his illness when the heart was affected, and I attribute this to the

Calotropis keeping up a continuous excretion by the kidneys, so that no restriction of the action of the heart could take place. Medicine same.

October 24th to 29th.—Hand continued to steadily improve. Foot one day better and one day worse. Knees improved, bowels regular. Nausea and appetite bad. Fever continued, great perspiration in hair and head, and very profuse and offensive. Water less red and less thick on 29th, and on same day he complained of pain down left side and back and slightly in head. On 27th very weak, and I stopped *Calotropis*, fearing its over-action, and gave *Sulph.-Quinine* 3x, three times a day.

November 2nd.—Hand well, except two fingers a little stiff. Generally better and can sleep better. Fever less, but profuse perspiration continues. Urine not so red. *Calotropis* 2x, one dose a day, and *Sulph.-Quinine* 3x, two doses per day.

November 6th.—Not so well, foot and knees pain him. Urine clear, no sediment, but slightly red. I attributed the alteration in the urine to the *Quinine* stopping the excretion and causing the pain to return. *Calotropis* 2x, twice a day, and stop *Quinine*.

November 13th to 17th.—Better and worse. The urine became clear on and off. When clear the pain in the foot became worse, when thick there were ease and improvement. I feared the *Calotropis* was over-acting. I stopped it and kept the strength up with *Sulph.-Quinine* 3x. No progress being made, I had recourse to *Rhus Tox.* 2x and *Sulph.-Quinine* 3x alternately.

November 27th.—The foot still continued much the same, some days better and some days worse. The *Rhus* did not appear to do much good. From later experience with the *Calotropis* I should now prefer to have given *Calotropis* No. 5 in place of interposing the *Rhus*. Ordered *Calotropis* 2x, two drops twice a day.

November 28th.—Better, less pain at night. Continue.

November 30th.—Improving. Can draw up his foot and slightly move his toes.

December 2nd.—Going on well, thinks he will soon be able to get up. To-morrow he is to leave in a cab the miserable cottage. The standing water in the basement no doubt caused the disease, and his recovery was undoubtedly protracted by his remaining in the place with the producing causes present. The damp on the wall of the bedroom

was such that if you passed your hand over the wall it came off quite wet, in fact the walls were running with water.

December 3rd to 14th.—He continued to gradually improve, but the stiffness in the fourth and fifth toes was very obstinate and he got a wet pack to the foot for several days. A few days after this date he resumed work and has been under my notice ever since. He is exposed to all weathers, but has had no subsequent attack.

I consider the *Calotropis* controlled the fever and excreted the rheumatic poison through the kidneys instead of, as in the previous case, partly through the nose. If at the time I had had sufficient faith to have trusted to the higher dilutions, No. 5 or 10, I think no other remedy would have been necessary. I look upon *Calotropis* as similar to a combination of *Aconite*, *Hepar Sulph.*, and *Rhus T.* It has a great future before it if it should get into the hands of a more skilful operator.

DR. POPE IN THE UNITED STATES.

As many of our readers are aware, Dr. Pope, of London, was the delegate from the British Homœopathic Society to the meeting of the American Institute of Homœopathy, held at Lake George last June. Dr. Pope made a tour through the States *en route* to the Assembly, and we were much gratified to learn from the American daily press that his reception was everywhere of the most cordial and brilliant description.

At Boston the Homœopathic Medical Society gave a dinner in our delegate's honour; the Union League Club of New York entertained him at a luncheon; in Philadelphia, Dr. Pope was munificently entertained by the Hahnemann Club; at Chicago the Faculty of the Hahnemann Medical College gave a dinner in his honour, to which about sixty homœopathic physicians sat down, ably presided over by Dr. D. S. Smith, "the father of Homœopathy in the West." At Cleveland there was another dinner in Dr. Pope's honour, and then came the grand annual banquet of the Institute at Lake George, and the subsequent ball. This triumphal march of Dr. Pope through the homœopathic highways of America is very significant and most gratifying; our American *confrères* in thus honouring our delegate have

honoured us, and we tender them our warmest acknowledgments for their generous grace and true appreciation of a man who for many years has stood in the fore front of our cause, fighting the enemies of Homœopathy, both from without and from within, and fighting valiantly, yet withal fairly, and always preserving the dignity of the gentleman.

Dr. Pope's literary labours in the cause of Homœopathy, more especially as editor of the *Monthly Homœopathic Review*, have hardly met with that amount of recognition with us that they deserve. But few of us realise the fact that his literary work has always been without fee and without reward, and often at considerable loss, both direct and indirect. The indirect loss is enormous, we are certain, as years of time have been devoted to literature that others of us have devoted to profitable practice. This disinterested devotion has been recognised at last, but in America. *Nemo propheta in patria* is as true as ever.

VETERINARY PRACTICE.

[WE should gladly receive regular contributions from veterinary surgeons or others, for insertion under this rubric. Cases of disease in animals are often of the very highest scientific interest; and, moreover, there can be no just reason why our domestic animals should not share in the blessings of our gentle means of cure. They have had, perhaps, more than their share of proving our drugs, and have thus contributed not a little to the upbuilding of our *Materia Medica*.]

CASE OF TRAUMATIC TETANUS.

By WILLIAM TOLHURST, Veterinary Surgeon.

THIS case is very interesting. The cure was effected with *Arnica*, *Nux Vomica*, and *Gelsemium*. The most decided improvement resulted from the last-named in the first decimal dilution. We cannot give Mr. Tolhurst's case in full, as it contains a little too much irrelevant matter, but if Mr. Tolhurst will in future kindly keep to his text, his papers will be very welcome.

EPILEPSY IN THE DOG.

By E. THOMAS, Chester.

PATIENT, a female Scotch terrier dog, aged six years ; had not had puppies for two years. For three months prior to my being consulted she had had attacks of running around a small circle, and suddenly falling down, after which she would be very weak for several days. The attacks came on every week or ten days. I sent *Belladonna* 30, a powder night and morning for a fortnight, then to cease medicine for four days. The report was very satisfactory, but some fresh symptoms were noticed, and *Nux Moschata* ordered. After a week with this medicine, *Bell.* 30 was again given for two months, remitting medicine every fourth day. At the end of last May, the fourth month of treatment, the owner of the dog reported :—"The dog is now quite free from the attacks, but occasionally seems uncomfortable, and we are fearful of a return." I gave them more powders of *Bell.* 30, with directions to give *two a week in mornings*. In July I heard that she seemed perfectly well.

MILK FEVER IN THE COW.

By E. THOMAS, Chester.

IN March last I was consulted as to the possibility of curing a cow "down with milk fever," and went to see her. She was a half-bred Guernsey, had brought her *first* calf eleven days before, and had been "down" ten days. She had refused to let the calf suck her, but the cowman had milked her pretty regularly. I found the cow very quiet, eyes dull and glassy, pulse (in the jaw) slow and feeble ; an occasional grunt was heard, and also a slight single cough, called by the country people a "hask." She was very much swollen. I ordered 20-drop doses of *Ammon.-Caut.*, 1 centes., ever half-hour. This was at 12.30 noon ; at 4 p.m. the swelling had diminished greatly, and the cow got up. The local veterinary surgeon, a gentleman of great skill, had a month before, when attending another cow, noticed her cough, and prophesied that she would not long survive her calving, as he thought she had disease of the lungs. I therefore ordered *Phosphorus* 1, ten drops to be given four times a day, and continue for three weeks. At the end of two months I had the pleasure of hearing she was in good health and

milked well. This may be taken as a sample of many cases of cure of milk fever in cattle, but it is noteworthy that the cow had been "down" ten days, and also it was her *first* calf. Generally milk fever attacks from the *third* calf onwards, rarely even at the second calving. I would just add that my usual practice is ten drops of *Aconite* 1x every half-hour for six doses; then alternated with either *Nux* 1, *Bryonia* 1, or *Bell.* 1, as the particular case may require; but *Nux* I find required oftenest, as there is usually decided constipation. The bladder also rarely acts. Whenever there is *swelling*, *Ammon.-Caust.* I sometimes use an enema of two to three quarts of tepid water to move the constipated bowels.

LITERATURE.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.¹

PROBABLY almost every professional homœopath in the civilised world has heard of Dr. Carroll Dunham, the great and good. We have heard many speak of him; we never heard any one speak *against* him. But we have here nothing to do with the gentle, yet manly, individual who was known to so many as the very highest type of the physician. Here we would consider what his mundane labours have left us; we would inquire, Are we in our theory and practice any the better for that Carroll Dunham was once a fellow-worker with us in Homœopathy? Before us lies the above-mentioned volume; we will proceed to examine it.

It is dedicated to "P. P. Wells, M.D., the honoured colleague and beloved friend of Carroll Dunham," and comprises thirty-nine articles, being the author's various contributions to literature, beginning with 1852, and ending with 1875. Besides "Homœopathy the Science of Therapeutics," there is another work on *Materia Medica* which we propose to refer to again. Thus is "Homœopathy the Science of Therapeutics" introduced:—

"Homœopathy claims to be 'The Science of Therapeutics.'

¹ Homœopathy the Science of Therapeutics. A collection of papers elucidating and illustrating the principles of Homœopathy. By Carroll Dunham, A.M., M.D. London: The Homœopathic Publishing Company, and all Homœopathic Chemists.

This claim involves the assumption that prior to the establishment of Homœopathy on a scientific basis, therapeutics, as a science, had no existence. It is incumbent on homœopaths to show the justice of this assumption. To accomplish this, it will be necessary to prove that such a science is possible, to demonstrate what its nature and conditions must be, and to show that medicine hitherto has not furnished the means for the construction of a science which fulfils these conditions.

"It is the object of this paper, first, to discuss the nature and conditions of the only possible science of therapeutics, to show that these conditions are not fulfilled by what is called rational medicine, and to inquire in what degree they are fulfilled by Homœopathy; and, secondly, to examine the methods by which this science may be most successfully studied, and made subservient to the practical art of medicine."

Beyond this introductory portion it is difficult to quote appositely or fairly, as the whole is composed of parts that follow each other in logical sequence. But we will grace our pages with the following from p. 26:—"Does Homœopathy fulfil the conditions of a science of therapeutics? Returning now," says our author, Carroll Dunham, "to our argument, we find that the field is open for a science of therapeutics. In the light of what has been said, we proceed to examine the claims of Homœopathy to the honour of being that science.

"In its structure as a science, Homœopathy conforms to the model we have delineated. It consists of a law or formula which expresses the relation between two series of phenomena, those of a given case of disease on the one hand, and those of a given drug-proving on the other. The elaboration of each of these series is the province of various subsidiary sciences, and they are analogous in their mode of elaboration. Each series, however, is entirely independent of the other. Each may be pursued independently as a branch of natural science; and under the heads of pathology and pathogenesis respectively, researches may be made in each without any view to a practical application in the cure of the sick. It is only when connected by the law of their relation (the formula of similarities) that they constitute the science of therapeutics. Their application, moreover, in obedience to this law is based upon no hypothesis respecting the essential nature of either variety of phenomena, or of their *modus operandi*, where brought into operation. This may

surprise some who know how earnestly Hahnemann argued on these very points in his *Organon*. But these arguments were no essential part of his system. They were the results of an endeavour to commend his discovery to the prevalent way of thinking. They constitute the only controvertible part of his writings, and are the only positions of his which have not triumphantly withstood the assaults of his critics.

“Coming now to apply to Homœopathy as tests the conditions to which we have shown that every inductive science must conform, we find in the first place that it is capable of infinite progress in each of its elements, without such progress involving the destruction or denial of what has been previously constructed or received. The study of the phenomena (whether of disease or of drug-action) was limited at first to the observation of external manifestations and subjective sensations, as these might present themselves to our senses, unassisted by any of the aids by which modern science has sharpened them, or to our minds unaided by that knowledge of the connection and mutual relations and dependencies of symptoms for which we are indebted to modern discoveries in chemistry and pathology. But these advances in pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug-disease. These phenomena respectively, whether rudely apprehended, or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other, expressed by the law *similia similibus curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation.”

And then:—“The complete manner in which the second condition—that of *precision*—is fulfilled by Homœopathy is a source of inexpressible benefit to the race. It follows, from the very terms of the science, that if the phenomena of a given case of disease be known, the law of relation will at once point to the appropriate remedy (if this be contained in the *Materia Medica*); and this indication may be relied upon with implicit confidence, even though no such case of disease has ever heretofore been subjected to treatment.

“Conversely, when the properties of a given drug have been investigated, and its toxic phenomena well ascertained, the physician is able to pronounce with certainty what form of disease it will cure, even though no such disease has ever been witnessed or treated by himself, or by anybody. An

illustrious example of this *provision* was afforded by Hahnemann. The terrible fatality of Asiatic cholera, on its first invasion of Europe, is well known. In extenuation of their lack of success, physicians of the old school pleaded that the disease was new to them; they had no opportunities to study it, and to ascertain by experiment the effects of remedies upon it. The plea was plausible, but fatal to the pretensions of their science. In fact it was good for nothing. For surely the first thousand cases should have afforded means enough for learning the pathology of the disease and how to cure it, *if it were to be learned from pathology*. But hundreds of thousands perished, and yet the percentage of mortality remained the same."

Dr. Dunham then goes on to contrast the behaviour of Hahnemann, who by means of his law was enabled to predetermine what remedies would come into play in the treatment of Asiatic cholera. Six decades have rolled away since then, and homœopaths are still pretty well unanimous in holding to the remedies then diagnosed by Hahnemann.

Well may our author say with Dudgeon, "This one fact speaks more for Homœopathy and the truth of the law of nature on which the system is founded than almost any other."

We next come to "How to Study the Science of Therapeutics," but this we must reserve for a future occasion. Let it be our privilege to call special attention to this beautiful work, "Homœopathy the Science of Therapeutics," and to express a strong hope that no one of our body will fail to procure it, as containing the crystallised thoughts of the dear departed Dunham.

(To be continued.)

LECTURES ON HOMŒOPATHY.¹

THIS is a beautifully printed volume of 177 pages, and embodies a series of lectures given by Dr. Martiny to his fellow-officers of the 3rd Regiment of Artillery of the Belgian Army. These lectures were published in the *Revue Homœopathique Belge*, and are now brought together in book form. They contain a great deal of clever writing, showing what Homœopathy is, and what it is not, refuting the false accusa-

¹ Homœopathie: Conférences Données à MM. les Officiers du 3me Rt. d'Artillerie, par le Dr. Martiny. Brussels, 1878. Paris: J. B. Baillière, 1878.

tions brought against it and its professors, and, altogether, putting our principles and practice into the clear light of common sense and reason, so that the *unprejudiced* who read it will hardly fail to become convinced. As an all-round, vigorous, logical statement of the main facts involved in the question on which it treats, this volume is second only to that of Imbert-Gourbeyre on the same subject. Those of our readers who have kept up their French will find this book full of clever, spirited writing, always to the point, and withal thoroughly philosophical.

We read in a Belgian paper that Dr. Martiny has retired from the army, and been on this occasion created a Knight of the Order of Leopold of Belgium. That he possesses a truly knightly spirit may be seen in every page of these *Conférences*. In these there is no masterly movement to the rear, with the old flag turned into a *mouchoir* on the plea of "recognition." May our author long live to enjoy and adorn the *Ordres de Léopold et de Hahnemann!*

A BIOGRAPHICAL RETROSPECT OF ALLOPATHY AND HOMŒOPATHY.¹

THIS is a volume of one hundred and sixty-two pages, teeming with literary errors, some of them of the grossest description, and not a few of them very funny. To begin with the title: obviously this expresses an impossibility, as has been pointed out in the *British Journal of Homœopathy*.

On the last page we find Dr. Hastings perpetrating the following:—"Indeed, I am not aware that in our homœopathic literature a case of tracheotomy has ever been performed!" Well, probably not.

To note the errors occurring between the title and this little Hibernianism, we should require much time and space, and should, moreover, rob Dr. Hastings's enemies of a delightful task.

This book contains also many exhibitions of bad taste—letters from grateful patients. A man of thirty years of practical professional experience ought to know better; he should leave such natural expressions of gratitude in a known corner of his study, to be re-read when smarting under the

¹ A Biographical Retrospect of Allopathy and Homœopathy during the last Thirty Years, with Cases. By Hugh Hastings, M.D., M.R.C.S., L.S.A., etc. London: Henry Turner, 170, Fleet Street; B. Pond, 4, The Pavement, Brixton Hill.

effect of some gross act of ingratitude on the part of some one whom he has greatly benefited.

But notwithstanding all these blemishes, Dr. Hastings has brought together a considerable array of successful cases that many may read with profit. Our author is clearly an able and enlightened physician, and loves his profession and the truth. Therefore let us leave the tares, and gather the wheat from the large field of his experience, for many medical works that issue from the press are perfect in style and correct in taste, and yet teach us nothing.

The best point scored by Dr. Hastings is in his treatment of cases of cancer with *Acetic Acid* 1x, *internally* administered, and *warm White Vinegar* compresses to the part. This is a practical hint of great value, the more so as we have seen a case of cancer of the liver in a lady who had used the *Acetic Acid* cure for all her ailments for a number of years *previous* to the appearance of the cancer, and we have now a case of a hard mammary tumour under observation that came *after* a prolonged course of *Acetic Acid* applications to the patient's spine.

Our author also gives an instructive case of consumption, *commencing after the removal of the tonsils*. It runs thus: "A lady, aged 40 years, married, suffered from sore throat for some years, which eventually ended in enlarged tonsils. These continued to annoy her so much, notwithstanding all attempts with caustic, etc., to burn them away, that she was *advised* to have them excised, and for this purpose she went to London, and had them 'cut out.' For a time she felt better, but she soon became subject to repeated *colds*, feeling weak, and frequently losing her voice; these ending constantly in her having a *cough* with her colds, attended with expectoration."

It is probably not meant that we should understand that any one really attempted to "burn away" the tonsils with caustic, but rather to cauterize the surface, and thus reduce them somewhat in size.

We quite agree with Dr. Hastings's opinion that, had her tonsils not been "cut out," but properly treated, consumption would not have developed itself so soon. Indeed, we go further, and maintain that the excision of the tonsils is a wanton act that opens the door to catarrhal consumption, and may of itself induce consumption in the psoric by compelling the organism to transfer its operations to the bronchial and other internal glands.

Dr. Hastings's "Biographical Retrospect" contains many other very instructive cases, for which we must refer our readers to the book itself.

REPORTS OF INSTITUTIONS.

PROGRAMME OF THE LONDON SCHOOL OF HOMŒOPATHY FOR THE COMING SESSION.

THE following courses of instruction in the principles and practice of Homœopathic Medicine will be given during the Session of 1879-80.

The introductory lecture will be delivered by J. Galley Blackley, M.D. Lond., at the London Homœopathic Hospital, Great Ormond Street, on Thursday, October 2nd, at 5 p.m., entitled "Some Difficulties in the Study of Homœopathic Therapeutics." Medical men and medical students will be admitted on presentation of their address cards.

Dr. D. Dyce Brown will commence his course of lectures on the "Principles and Practice of Homœopathic Medicine," on Friday, October 3rd, at 5 p.m., and will continue the course on each succeeding Tuesday and Friday.

The following will be the order of Dr. Dyce Brown's lectures on the "Principles and Practice of Homœopathic Medicine":—

General treatment of Acute Inflammation and of Inflammatory Fever.

Diseases of the Respiratory Organs—of the Pleura—of the Heart and Blood-vessels—of the Liver and Peritoneum—of the Kidneys and Urinary Organs—Acute Febrile Diseases—Diseases of Women and Children—of the Nervous System, etc.

Fee for the above course of lectures, £2 2s.

Dr. Hughes will commence his lectures on "Materia Medica and Therapeutics" with an introductory lecture to his course, on Monday, October 6th; and will proceed to the consideration of the following alphabetical series of medicines, which he hopes to include in its entirety in the six months of the Session, on each succeeding Monday and Friday, at 5 p.m.:—

Acidum benzoicum	Carbo animalis	Kali bromidum
Acidum fluoricum	Carbo vegetabilis	Kali carbonicum
Acidum hydrocyanicum	Caulophyllum	Kali chloratum
Acidum muriaticum	Causticum	Kali hydriodicum
Acidum nitricum	Cedron	Kali nitricum
Acidum oxalicum	Chamomilla	Kali permanganicum
Acidum phosphoricum	Chelidonium majus	Kalmia latifolia
Acidum sulphuricum	Chimaphila	Kreasotum
Aconitum napellus	Cicuta virosa	Lachesis
Actæa racemosa	Cina	Laurocerasus
Æsculus hippocastanum	Cinchona	Ledum palustre
Æthusa cynapium	Cistus canadensis	Leptandria virginica
Agaricus muscarius	Clematis	Lithium
Agnus castus	Cocculus indicus	Lobelia inflata
Ailanthus glandulosa	Coccus cacti	Lycopodium
Allium Cepa	Coffea	Magnesia carbonica
Allium sativum	Colchicum	Magnesia muriatica
Aloes	Collinsonia	Manganum
Alumina	Colocynth	Menyanthes
Amбра grisea	Conium	Mercurius
Ammonium carbonicum	Copaiba	Mezereum
Ammonium muriaticum	Corallia rubra	Millefolium
Anacardium	Crocus	Moschus
Angustura vera	Crotalus	Murex purpurea
Antimonium crudum	Croton tiglium	Naja
Antimonium tartaricum	Cuprum	Natrum carbonicum
Apis mellifica	Curare	Natrum muriaticum
Apocynum cannabinum	Cyclamen	Natrum sulphuricum
Argentum	Digitalis	Nuphar luteum
Argentum nitricum	Dioscorea villosa	Nux moschata
Arnica montana	Drosera	Nux vomica
Arsenicum album	Dulcamara	Oleander
Assafetida	Elaterium	Oleum jecoris aselli
Asarum	Eupatorium perfoliatum	Opium
Asclepias tuberosa	Eupatorium purpureum	Origanum
Asterias rubens	Euphorbium	Pœonia
Atropia	Euphrasia	Petroleum
Aurum	Ferrum	Petroselinum
Baptisia tinctoria	Gelseminum	Phellandrium
Baryta carbonica	Glonoine	Phosphorus
Belladonna	Graphites	Phytolacca
Berberis	Gratiola	Platina
Bismuthum	Guaiacum	Plumbum
Borax	Gummi guttæ	Podophyllum
Bovista	Hamamelis	Pulsatilla
Bromium	Helleborus niger	Quina
Bryonia alba	Helonias dioica	Ranunculus
Cactus grandiflorus	Hepar sulphuris	Ratania
Calcarea acetica	Hydrastis	Rheum
Calcarea carbonica	Hydrocotyle Asiatica	Rhododendron
Calcarea muriatica	Hyoseyamus	Rhus
Calcarea phosphorica	Hypericum perforatum	Rumex crispus
Calendula	Ignatia amara	Ruta
Camphora	Indigo	Sabadilla
Cannabis Indica	Iodium	Sabina
Cannabis sativa	Ipecacuanha	Sambucus
Cantharis	Iris versicolor	Sanguinaria
Capsicum	Kali bichromicum	Sarsaparilla

Scilla	Stramonium	Uva ursi
Secale cornutum	Strychnia	Valeriana
Selenium	Sulphur	Veratrum album
Senecio	Tabacum	Veratrum viride
Senega	Taraxacum	Verbascum thapsus
Senna	Tellurium	Vinca minor
Sepia	Terebinthina	Viola odorata
Silicea	Teucrium	Viola tricolor
Spigelia	Thea	Viscum album
Spongia	Thuja occidentalis	Xanthoxylum fraxineum
Stannum	Uranium nitricum	Zincum
Staphysagria	Urtica urens	

Fee for the above course of lectures, £2 2s.

At the conclusion of the Winter Session a prize of £20 will be given to that student who, to the satisfaction of the examiners, passes the best examination in Homœopathic Principles and Practice of Medicine, Materia Medica, and Therapeutics.

Clinical instruction in the wards of the London Homœopathic Hospital, Great Ormond Street, W.C., and in the Dispensary Department, on the following days and at the below-named hours.

In-Patients.

J. Galley Blackley, M.D. Lond.—Mondays at 9, Thursdays at 3.

D. Dyce Brown, M.A., M.D. Aberd.—Wednesdays and Saturdays at 3.

H. Thorold Wood, M.R.C.S.—Tuesdays and Fridays at 2.

Out-Patients.

D. Dyce Brown, M.D. Aberd.—Wednesdays at 3.

Richard Hughes, L.R.C.P. Edin., M.R.C.S.—Thursdays at 3.

R. T. Cooper, A.B., M.B., M.D.—Saturdays at 3.

Washington Epps, L.R.C.P., M.R.C.S. Eng.—Fridays at 7 p.m.

H. Thorold Wood, M.R.C.S.—Tuesdays at 3.

The London Homœopathic Hospital contains 65 beds.

The in-patients during 1878 numbered 552.

The number of out-patients was 6,419.

The daily average of in-patients was 45.

For further information apply to Dr. Bayes, Hon. Sec. to the London School of Homœopathy, 4, Granville Place, Portman Square, W.

[The London School of Homœopathy has a great future before it; it supplies a manifest want, and we commend it to our subscribers as worthy of their generous support.—ED.]

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

A QUESTION OF DIETETICS.

SIR,—Your correspondent "X." in the last number of your valuable journal makes some rather wild statements, somewhat heterogeneously jumbled together.

"X." says, "If allopathy is right, homœopathy is nonsense; if homœopathy is right, allopathy is murder." This is not so. Rather is it, I submit, a question of comparative merits and demerits. It does not follow that homœopathy is nonsense because allopathy is right. For instance, if "X." has overloaded his stomach with, say, beans and bacon, and is in for a fit of indigestion and biliousness, he may say to himself, "How shall I proceed?" Let us suppose he takes a good dose of salts and senna. If so, he will be purged and there is an end of his ailings from his beans and bacon. I think he would be proceeding allopathically, and rightly; he clears away that which was clogging his organs and secondarily his whole organism. That is, of course, supposing that his organs are healthy and strong. This is, I submit, the proper sphere of allopathy; it is very good for *small trivial ailments*, but woe to the patients if they have diseased organs, or any *severe or critical ailment*; then allopathy is indeed *murder*.

We commonly hear that homœopathy is a splendid thing for women and children and for *trifling ailments*; that it is a splendid thing for women and children many thousands, ay, millions, can testify, and *also for trifling complaints*. But its truest, grandest sphere is for deep-seated, serious maladies, that preclude any other known system of medicine except homœopathy.

No, Sir, allopathy is not nonsense, but good for trifling unimportant ailments for which it is really not worth while troubling the scientific homœopathic practitioner.

If "X." have an organic disease allopathy will murder him if he will let it, that I readily grant. Now let us to "X.'s" diatribe against various articles of diet referred to in Dr. Ruddock's "Essentials of Diet."

"X." very justly remarks that this book "truly abounds

with much valuable information and common-sense advice, and is written in clear language." This is only a fair recognition of a very valuable work on a most important subject.

Ruddock's "Essentials of Diet" is not a one-sided recommendation of any one particular kind of food, animal or vegetable, but it really contains the "Essentials of Diet," as the world has all along understood the subject.

"X." says, "The liver of probably one half of the animals that come to market is diseased." To begin with, "X." owes us the proof of this. But supposing it were true, what has that to do with Dr. Ruddock's statement that the "Liver of the calf, lamb, or pig, when fried, is rich and savoury"? Is "X." aware that *healthy* animals have *healthy* livers, and that our deceased friend Ruddock was treating of the *healthy* article?

Or does "X." really maintain that fried liver is *not* rich and savoury?

Ruddock says of tripe that it is "a food of somewhat delicate flavour and agreeable."

"X." says tripe is "disgusting garbage."

Now, sir, I have been informed by my own medical man, who, by the way, knows his business well, that *he often keeps patients alive on tripe alone*; he says that the stomach and duodenum of animals are not only *not* disgusting but exquisitely cleanly, and never, in the healthy, contain any excrementitious matter whatever, but constitute a specially appropriate food for some cases of weak digestion on account of some glands that are in the walls of these parts: Moreover, I am informed that it is principally the upper and cleanly portion that is recommended by medical men, and this is evidently that recommended by Ruddock.

I therefore fail to see the justness of "X.'s" complaint against this able caterer for our medical and dietetic wants simply because he recommends tripe as "a food of somewhat delicate flavour and agreeable." "X." objects to kidney because of its function, and calls it indigestible and expensive filth.

Ruddock very properly says, "Kidneys, lungs, and heart are as nutritious as lean meat." Obviously this is a perfectly correct statement. He does not maintain either that kidney is *cheap* or *digestible*.

Whether kidney may be classified as "filth" is a much wider question, and strikes at the root of our national diet.

If animal bodies be man's fit food, then there cannot be any sound objection to a properly washed, healthy kidney. I would remind "X." that his "nameless fluid" is also contained in the blood, and indeed in the muscles and in all the living tissues.

Ruddock says "bacon is the most soothing of fats to the digestive canal, and may be eaten freely."

"X." says "bacon is innutritious, thirst-creating, besides expensive."

The two statements may exist side by side as perfectly true; Dr. Ruddock does not maintain that bacon is cheap.

But it seems to me that "X." is palpably wrong in stating that bacon is "innutritious." Ruddock speaks of it as a fat; fats *are* nutritious, and it must therefore follow in simple syllogism that bacon is nutritious. Its degree of nutritiousness is another question altogether. The thirst-creating quality of bacon is due to the *salt*, not to the fat.

"X." further states: "The reader may possibly be a flesh-eater, and among those who classify man with the omnivorous portion of the animal kingdom. Then he must regard the filthy hog as an intimate relation of his"!! Now, sir, I, in my simplicity, should naturally think that "X." is in this plight himself, and refuses to eat of the hog out of a natural objection to eating his own kith and kin.

Or, otherwise, if the carnivorous human being be a relation of the hog's because he eats bacon, it will follow that "X.," being a partaker of, say, pumpkins, is himself no human being at all, but a kind of pumpkin.

"X." continues: "The hog eats filthy swill, and in eating the hog we actually eat nothing more nor less than second-hand and expensive swill, or its equivalent."

By parity of reasoning, I may say the wheat eats the fluid and solid excrement of the hog. "X.," in eating his daily bread, eats nothing more nor less than second-hand and expensive hog's excrement, fluid and solid, or its equivalent. "X.," in his letter to you, sir, trusts some one will reply "most unsparingly" to his remarks. My own tender and delicate feelings prevent me from so doing, so I break off, and remain

Your obedient servant,

FITZHAM.

THE INFLUENCE OF DIET IN DISEASED
CONDITIONS.

SIR,—Having been courteously invited to bring forward some of the diet cures alluded to in a former letter, I hasten to do so, claiming indulgence from lack of literary ability and professional experience, and trusting that discussion on the subject may lead to thorough practical investigation.

To begin with Smith's "Fruits and Farinacea," at p. 75, on the beneficial effects of vegetable food on invalids, we find sixteen reliable cases of pulmonary disease, scrofula, epilepsy, apoplexy, ulcers, indigestion, accompanied by rheumatism, etc., cured by abstinence from all animal food, and subsistence on a pure diet composed of farinaceous and vegetable substances with milk.

Dr. Cheyne, a Dublin physician celebrated fifty years ago, lived freely, became enormously stout, lethargic, nervous, and scorbutic. He tried medicine in vain, but was cured by a purely vegetable and milk diet, and wrote several works in defence of the system, to which he afterwards remained constant, as narrated in the *Dietetic Reformer* for July, 1879, under the head of "Ancient and Modern Authorities on Flesh Eating."

Dr. Lambe, after a career of success as a physician, was disgusted at the charlatanry of the medical profession, threw it up, retired to Warwick, but continued to treat all who applied to him gratis, and cured them of their ailments by his peculiar regimen, a vegetable diet and distilled water, with which he had cured himself to a great extent of disorders which had nearly prostrated him, and to which simple regimen in his eightieth year he ascribes "the good share of health" which he had enjoyed, in spite of early weakness of constitution.

There is the historical case of Dr. Adam Ferguson, detailed in Watson's "Practice of Physic," and in the preface of one of Sir Walter Scott's novels. The doctor at sixty-five was seized with paralysis. Carried home, he sent for his friend Dr. Black (not a vegetarian). "Turn a Pythagorean, man," were the words of his friend. He did turn vegetarian at once, and recovered the use of his limbs and faculties.

Isaac Pitman, the renowned author of "Phonographic Shorthand," thus wrote to the *Times*, on the 27th January, dated from Bath:—"About forty years ago dyspepsia was carrying me to the grave. Medical advisers recom-

mended animal food three times a day instead of once, and a glass of wine. On this regimen I got worse. I avoided all meat and wine, and gradually recovered my digestive powers," etc.

Mrs. Mary Nichols, of America, in a treatise entitled "A Woman's Work in Water Cure," 429, Oxford Street, narrates a great number of bad cases of all kinds cured by a pure diet, and hastened by hydropathic treatment of the skin. She also states in one place, "For many years I have used homœopathic remedies, admitting the reasonableness of the dynamic theory;" but diet is always her first consideration.

Allow me also to refer to the "Diet Cure," by Dr. Nichols, 429, Oxford Street. At page 39 is the commencement of an interesting chapter on "Diet in Acute, Scrofulous, and Nervous Diseases."

Gibson Ward, F.R.H.S., of Ross, in "Food for the Million," Pitman, or 429, Oxford Street, p. 10, thus narrates:—"Three cases of epilepsy which lately presented themselves were immediately cured. A Nottingham manufacturer wrote to me: 'I have a daughter twenty-seven years old, apparently a healthy woman with a ruddy countenance, who for the last seven years has been fearfully afflicted with epileptic fits. She had been in London last year (1877) for eight months under the care of —, but, as in all previous attempts, medical assistance has not been of the least benefit. This morning I met Mr. —, and he wished me to write to you. If you can only give me a ray of hope you will confer,' etc. The reply was decisive and consolatory:—'She shall never have another fit of epilepsy if you only withdraw all flesh food, and give her at first a careful vegetable diet, as laid down here, and pure water.' As in every other case, the cure was immediate and final. Many similar cases could be detailed, but they all present the same testimony—instant relief and no more fits."

Taking a deep interest in this subject of diet and disease, having a wife incurably insane, undoubtedly intensified by such former dietetic treatment as abundant flesh food, malt liquors, spirits, and quinine wine, plentifully provided and recommended—having recovered from fearful straits himself, the writer of this suggestive article has attended most public meetings of late years held on dietetic reform, and has often heard unsolicited testimony from among the audience gathered by chance on such occasions. For instance, Miss L—h H—t testified to the entire *absorption* and *dispersion* of

tumour when near death's door by abstinence from all description of flesh, alcohol, etc., substituting a most spare diet, almost bordering for the time on starvation, composed of pure elements of the vegetable world, as sound whole-meal bread and fruit; also by some amount of hydropathic treatment.

Mr. M—k, cured of excessive prostration, weakness, etc., first by taking an expensive patent food, but finding it composed mainly of lentil meal, prepared it himself, was constant to a vegetarian diet, and enjoys perfect health.

A working cooper, kidneys diseased, enjoys now perfect health and strength on a diet not exceeding the cost of sixpence per day.

A young lady, with open ulcer which would not heal, all treatment unavailing, was at length advised by an allopathic physician to try the purer diet, abstaining even from tea and coffee. The sore healed, and, thinking to return to the usual habits of society, she betook herself to her former diet, with the result that the old malady returned, to be again vanquished by a return to Nature.

A gentleman of means, for six weary years unable without assistance to walk at all, and only able to take carriage exercise, after being under the care of many physicians for paralysis, betook himself, under the advice of a retired hospital surgeon, to a vegetable diet, renouncing wine, etc. I had the pleasure of seeing him not long since after a walk of three miles, fully recovered, and am sorry I did not make more inquiries into the case at the time, as to the galvanic treatment, if any, etc.

The following testimony has been supplied me by the proprietor of the Hygienic Institute and Vegetarian Restaurant in Oxford Street:—

J. N., a female, left Charing Cross Hospital very little better than when she went in for treatment of ulcerated stomach and bowels. Came to us, and after a few days' treatment with a bland diet, consisting mainly of milk and coarse whole wheat meal, recovers.

J. P., clerk in the British Museum, been suffering for years from indigestion. After dining here a few weeks, and living as advised, recovers. Of such cases we have an abundance, all asserting they have been martyrs to physic. Here is my own (states the proprietor). At twenty-five years of age I did not think I should live to see thirty. I am now sixty-six. Reformed dietary was the physician

in my case. Am more active at sixty-six than at twenty-five.

I am, Sir, faithfully yours,
J. C. D.

INFORMATION WANTED.

SIR,—Being desirous of getting information regarding the prospects and profitability of homeopathic practice in Australia or New Zealand, I avail myself of your pages to make known my want, hoping that you, or one of your readers, can and will supply me. Do you know of any assistantship with or without a view to partnership or succession, or any suitable town where the first year's income would be guaranteed?

I am, etc.,
25, Grosvenor Street, Chester. SAMUEL BROWN.
September 15th, 1879.

DR. HAWKES ON LYCOPODIUM.

DR. HAWKES, of Liverpool, writes us:—

“Your remarks on page 396, art. *Lycop.*, are very interesting. See Bell's *Diarrhœa*, page 92, *Pod.*; page 63, *Ipec.*; and page 105, *Sulph.* I have again and again verified the symptom in cases of *Diarrhœa*, especially with the rolling of head (*Pod.*)

“I find *Lycop.* excellent in whooping-cough with well-marked sublingual ulcer (see Allen). The highly-praised *Ac.-Nit.* fails me here.”

OPIMUM IN THE NURSERY.—A correspondent, writing under the signature “A Mother who has suffered from Opium in the Nursery,” asks: “Can no legislation restrict the extensive sale of opium, in the guise of ‘soothing syrups,’ and thus check to some extent the most pernicious practice, too common amongst nurses, young and old, of secretly administering opium to infants entrusted to their care? The low, irritable febrile state thus produced is so similar to that resulting from errors in diet that, even when fatal convulsions follow, the real cause of illness may remain unsuspected by a skilful physician. The heavy, death-like sleep, accompanied by

convulsive twitchings, the scorched, swollen eyelids, the bluish pallor of countenance and growing heaviness of expression, has told its own tale to one watchful mother just in time to save her child from death, or from a state of idiocy far worse, and the contrast between this and the glow of health and intelligence in the little rescued one leads to earnest entreaties for the ever-powerful advocacy of the *Daily Telegraph* in favour of the prohibition of such indiscriminate sale of opium."

THERAPEUTIC NOTE.

Aspland on the Therapeutic Uses of White Paint. Mr. Alfred Aspland says that for many years he has used ordinary white paint for the treatment of burns and scalds, and has never known an instance of failure.

The pain ceases in a couple of minutes. The paint, repeated if necessary, forms a new skin; there is no discharge, and no further application necessary. He has never, during many years' experience, known a case of lead poisoning from its use. Even in cases where death ensues from extensive and deep burns, it saves suffering, but then requires repeated application. A wide-necked bottle full of paint should be kept in every house, ready for immediate application. Where large *nævi* have been destroyed by the actual cautery, its application has saved all after-suffering. During twenty years' attendance as surgeon to the Ashton Barrack Hospital, and during ten years' attendance as surgeon to the Ashton Infirmary, Mr. Aspland always adopted this method.

MISCELLANEOUS NOTES.

Crystallized Eggs.

The *Druggists' Advertiser*, New York, in speaking of the immense egg traffic of America, tells us, in the following quotation, together with some old things that are unquestionably true, some new things:—"The perishable nature of eggs has naturally detracted from their value as a standard article of diet. The peculiar excellence of eggs depends on their freshness. But lately the process of crystallizing has been

resorted to, and by this process the natural egg is converted into a vitreous substance of a delicate amber tint, in which form it is reduced seven-eighths in bulk compared with barrelled eggs, and retains its properties for years unimpaired in any climate. In this form eggs may be transported without injury, either to the equator or to the poles, and at any time can be restored to their original condition by simply adding the water which has been artificially taken away. The chief egg-desiccating companies are in St. Louis and New York. No salts or other extraneous matters are introduced in the process of crystallizing, the product being simply a consolidated mixture of the yolk and albumen. Immense quantities of eggs are prepared in the spring of the year by liming. Thus treated, they are good for every purpose except boiling. It is a common fraud for some dealers to palm off eggs so treated as fresh, so that imposition is easily practised. In the desiccating process, however, the difference becomes apparent, as from four to five more limed eggs are required to make a pound of eggs crystallized than when fresh are used, and eggs in the least tainted will not crystallize at all."

Dinner Hour. When travelling in little-frequented parts of Germany, we often find English habits of centuries ago flourishing at the present day. Eleven and twelve o'clock are very usually the hours for dinner in all parts of that empire. In England, the court dinner-hour remained at eleven from the reign of Edward IV. to that of Henry VII., but the middle and lower classes dined at nine or ten. The fashionable hour in Henry VIII.'s reign came to be twelve, when Sir Thomas More dined, and it remained fixed there for many years. It is still the working man's time, and is likely so to remain. Fashion may make laws as she will, and call meals by various names, but at mid-day most persons feel the necessity of taking food. When the dinner was eaten early in the morning, it was not always the practice to take a previous meal, so that, in point of fact, the old dinner was a knife-and-fork breakfast, such as is common now on the Continent. In Cotton's *Angler*, the author says: "My diet is a glass of ale as I am dressing, and no more till dinner." In 1700 the dinner hour had shifted to two o'clock; at that time Addison dined during the last thirty years of his life, and Pope through the whole of his. Great people dined at four as early as 1740, and Pope complains of Lady

Suffolk's dining at that late hour; but in 1751 we find the Duchess of Somerset's hour was three, and we know that, when the Duchess of Gordon asked Pitt to dine with her at seven, his excuse was, that he was engaged to sup with the Bishop of Winchester at that hour. In 1780 the poet Cowper speaks of four as the then fashionable time; and about 1804-5 an alteration took place at Oxford, by which those colleges that dined at three began to dine at four, and those which dined at four postponed their time to five. After the battle of Waterloo, six o'clock became dinner hour. Now we have eight and nine; and the epigram tells us—

"The gentleman who dines the latest
Is in our street esteemed the greatest;
But surely greater than them all
Is he who never dines at all."

Within four hundred years, the dinner-time has gradually moved through twelve hours of the day—from 9 a.m. to 9 p.m. Nature, however, will revenge herself on fashion, and have her own way in the long run; for as the dinner hour becomes gradually later, it must inevitably return to the early hours of past centuries, and the Irishman's description of his friend's habits will be literally true of us, for we shall not dine till—to-morrow.—*Chambers's Journal*.

New Mode of Observing the Vibrations of the Vocal Cords. Professor Oertel of Munich has succeeded, by the intermittent illumination of the larynx by means of a revolving mirror, in observing the isolated vibrations of the vocal cords, and in distinguishing small

differences in their tension, and in the peculiarities attending paralysis and other alterations of their functions. The apparatus used seems to be similar in its principle to Foucault's mirror for determining the velocity of light. The brief announcement of his discovery contained in the *Centralblatt Med. Wiss.*, No. 5, 1878, has been followed by a second (*Centralblatt*, No. 6), in which he describes the different appearance of the cords in the production of chest and falsetto tones. In the former he finds that the ordinary view is correct, namely, that the vocal cords vibrate as a whole in their whole length and breadth. On the other hand, in singing falsetto the vocal cords are divided by longitudinal nodes running parallel to their edge into two or more vibrating segments, the number of these segments and of the nodal lines increasing with the pitch of the note.

“Rest Awhile.” A medical man in very large practice, and much respected for his personal worth as well as his professional skill, lately received an anonymous letter, containing £100, and a slip of paper, on which was written, “St. Mark, chap. vi, verse 31st.” The text referred to is this: “And He said unto them, Come ye yourselves apart into a desert place, and rest awhile; for there were many coming and going, and they had no leisure so much as to eat.” A more happy instance of Christian consideration could not be conceived. It is not uncommon for ministers to receive from their people the means of taking a holiday, at least in free churches, where the State is not supposed to support the clergy. In America, for example, a pastor’s trip to Europe is frequently franked by the generous and considerate members of churches; but for other classes of overworked professional men this thoughtful kindness is so rarely shown, that the case of the doctor is worthy of special notice. Many a man is worn out prematurely for lack of the means to “rest awhile.”—*Leisure Hour*.

Longevity. A well-known anecdote tells us that when Lord Mansfield, the celebrated judge, had a very aged witness before him, it was his custom minutely to inquire into his or her habits of life, and he invariably found that whether their occupations were sedentary or active, whether they were drunken or sober, such old people were always early risers. As judges on circuit, when trying right-of-way cases, are frequently brought in contact with the “oldest inhabitant” of the neighbourhood, this evidence is valuable, and it is borne out by the experience of the centenarian Canon Beadon, who, being asked for the secret of his long life and robust health, replied, “Never be out of bed after ten o’clock at night, nor be in bed after seven in the morning; never do any brain-work after dinner, and never wear a great-coat.” It is far easier, as most of us are aware, to praise early rising than to practise it, but it would not be so difficult of attainment if we went to bed at a reasonable hour. This achievement, however, is undoubtedly harder now than it was a hundred years ago. Modern discoveries have removed or alleviated those perils and dangers of the hours of darkness, which to our ancestors were real causes of apprehension. To the inhabitants of towns, especially, with well-guarded and well-lighted streets, night

and day are much alike, and hence they sit up late and rise late, to the detriment of their health. We do not agree with Canon Beadon's anti-great-coat theory. If it be right to wear warmer clothing in winter than in summer—and Nature makes this provision for her furred and feathered children—it can scarcely be wrong to put on an extra wrap when going from a warm room to a cold road.

Connoisseurs of
Drinking - Water.

The Turks (says Mr. Wrench, the Vice-Consul, in his report on Constantinople) are as great *connoisseurs* of drinking-water as Western Europeans are of wine. To suit particular tastes, the water-sellers at Constantinople supply the beverage by the names of the sources from whence it has been taken. The water of the "bends" or catchment-basin of the rain-water, known locally by the name of "Texiom" (the Pera reservoir), though muddy, is not unwholesome, and when allowed to settle, or filtered, it is held in great esteem, as is also the water from the Cara Koulak, a spring near Tokat, on the Asiatic side of the Bosphorus, and that from Tchamlidja, near Scutari. The water of Ranli-Kavak spring, near Arnaout Kioy, is perhaps the purest spring-water in the world; for by careful analysis it has been proved to rank next in purity to distilled water. Two sources in the Valley of Roses, beyond Buyukdéré, called Fundulili and Kestane, are in great demand among the natives; but the water mostly consumed by the highest class of Turks comes from two springs in Asia, called Goztepé and Tash-Délen.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, Finsbury Circus, London, E.C.

All advertisement and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always

to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

BOOKS AND JOURNALS RECEIVED.

The House of Shelter.
Albany, New York.

The Cincinnati Medical Advance, August, 1879.

The Homœopathic Times, August and September, 1879. New York.

The Homœopathic News, July, 1879. St. Louis.

The Indian Physician. A Monthly Homœopathic Medical Journal in Bengali. By S. C. Datta.

Allgemeine Homœopathische Zeitung, Nos. 9, 10, 11, 12.

The United States Medical Investigator, New Series, Vol. X., No. 3.

St. Louis Clinical Review, Vol. II., No. 6.

Rivista Omiopatica. Luglis, 1879.

Phrenology Vindicated, being a Reply to the Article by Dr. Andrew Wilson, entitled "The Old Phrenology and the New." By A. L. Vago.

Monthly Homœopathic Review, September 1, 1879.

Boston University School of Medicine. Seventh Annual Announcement, July, 1879.

El Criterio Médico, Tomo XX., Num. 8, 30 de Agosto, de 1879. Madrid.

The Vaccination Enquirer and Health Review, September, 1879.

A System of Surgery. By William Tod Helmuth, M.D., &c. Fourth Edition. Revised and corrected, illustrated with 568 cuts on wood. New York and Philadelphia: Boericke and Tafel. London: The Homœopathic Publishing Company, 1879.

Homœopathic Therapeutics, second revised and enlarged edition. By S. Lilienthal, M.D., editor of "North American Journal of Homœopathy," etc. New York and Philadelphia:

Boericke and Tafel. London: The Homœopathic Publishing Company.

The North American Journal of Homœopathy, August, 1879.

The Encyclopedia of Pure Materia Medica: a Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by Timothy F. Allen, A.M., M.D., etc. Vol. X. New York and Philadelphia: Boericke and Tafel. London: The Homœopathic Publishing Company. [This is the last volume, and contains a very copious supplement.]

List of Medicines Mentioned in Homœopathic Literature. By Henry M. Smith, M.D. New York: Smith's Homœopathic Pharmacy, 1879.

The American Homœopath, August and September, 1879.

The Homœopathic Journal of Obstetrics, and Diseases of Women and Children. Henry Minton, A.M., M.D., editor. No. 1, Vol. I., August, 1879. [We hope to review this new venture in our next issue; in the meantime we would direct the special attention of obstetricians to it.] A. L. Chatterton, Publishing Company, 114, Nassau Street, New York.

Chemist and Druggist, Educational Number, September 15, 1879.

Annals of the British Homœopathic Society, and of the London Homœopathic Hospital, August, 1879. London: Trübner and Co.

Revue Homœopathique Belge, Aout, 1879.

Notes on the Position and Progress of Homœopathy in the United States of America.

By Alfred C. Pope, M.D., M.R.C.S. London: E. Gould and Son, 1879.

New England Medical Gazette, No. 9, Sept., 1879.

The Malvern Advertiser, September 20, 1879.

The Bradford Observer, Sept. 16, 1879.

Archivos de la Medicina Homœopatica, Numero 45. Barcelona.

L'Homœopathie Militante, Aout, 1879, No. 8.

The Medical Herald, Louisville, Vol. I., No. 5.

Psalmody. By John Price, M.A. Second Edition. Chester: Minshull and Hughes, 1879.

ANSWERS TO CORRESPONDENTS.

DR. HAWKES, Liverpool.—Shall be glad to receive the paper.

DR. COOPER, London.—Your article on "Deaf-Mutism" shall appear in our next.

THE LADY SUPERINTENDENT, Hospital for Children, The Vine, Sevenoaks.—As we have no personal knowledge of this hospital we should like to have a list of the members of your committee before publishing the "Few Words" by F. M. S.

DR. BEAVER-BROWN, Liverpool.—Your article, "Chips from the Workshop," came too late for insertion in this number.

DR. MAFFY, Bradford.—The obituary notice of Mrs. Jane Teasdale, of Bradford, shall appear in our next

CORRESPONDENTS.

Communications received from Dr. Cooper, London; Dr. Shuldham, London; Mr. Chas.

Delolme, London; Dr. Hawkes, Liverpool; E. B. Ivatts, Esq., Dublin; Dr. Pope, London; Alan E. Chambré, Esq., London Homœopathic Hospital; Dr. Moore, Liverpool; Professor E. M. Hale, Chicago; Dr. Clifton, Northampton; C. H. Ellis, Esq., Malvern; Dr. Ussher, Wandsworth, S. W.; Dr. Samuel Brown, Chester; Rev. T. Davies, High Wycombe; Dr. Beaver-Brown, Liverpool; Dr. Maffy, Bradford; Dr. Peath and Dr. Mohr, Philadelphia.

ERRATA.

In September number, 1879, p. 392, article Ear Abscess, third line from bottom, for *ear* read *Hepar*.

Also, for *Cytissus* read *Cytisus*.

The Homœopathic World.

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On the Best Mode of Working Dispensaries.

Dr. Ainley on Milk as a Prophylactic.

Baryta Carbonica in Acute and Chronic Suppuration.

Habitual Constipation: its Cure.

On the Relation Between Poisons and Medicines.

Notes by the Way.

On the Biochemic Cure of Diphtheria: a Word to Intelligent Laymen.

Glycerine in Diphtheria, etc.

New and Important Characteristic Symptom of Lycopodium.

Dr. De Witt Talmage on Lachrymation.

A Great Desideratum.

London Homœopathic Hospital.

LITERATURE:—

The Climate of Davos am Platz.

Dr. C. H. Vilas's Ear Notes.

Homœopathy Vindicated.

House and Home.

The Encyclopaedia of Pure Materia Medica.

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THE
HOMŒOPATHIC WORLD.

NOVEMBER 1, 1879.

MEDICAL TRADES-UNIONISM IN BARBADOS.

WE have been perusing a long correspondence in the *Barbados Times*, *Barbados Herald*, *Barbados West Indian*, *Barbados Globe*, etc., on the subject of medical registration in Barbados. It appears that the Hon. the Attorney-General has laid before the House of Assembly a Bill for the Registration of Medical Men. It appears further that some sixteen duly qualified medical men are at the bottom of it, and their object is, they aver, twofold—viz., to protect the public and to protect themselves. For ourselves we do not believe in protective legislative measures in such matters. The public know well enough who is a regularly qualified medical man and who is not, and no amount of legislation can compel the public to desist from seeking lay or unqualified medical advice. The true remedy is for the medical men to show by their skill that they are to be preferred. There seems to be a pretty strong feeling abroad in Barbados that the whole thing is got up with the special object of crushing out Homœopathy, that has only lay representatives in the island. So if the Bill passes into law, the poor Barbadians will be excluded from the blessings of our gentle and efficient means of cure, and must be and remain leech-ridden by the immortal sixteen.

• Verily a terrible prospect for a high-minded, liberty-loving people.

Given this law, and a simple fever may not be quenched with *Aconite*, a pleurisy may not be cut short with *Bryonia* or with *Asclepias*, the irritable babe may not be soothed with *Chamomilla*, dysentery may not be cured with *Mercurius*, vomiting must not be stopped with *Ipec.*, diarrhœa shall not be arrested with *Arsenicum*, the pneumonia must not be interfered with with *Phosphorus*; cholera may come, but no *Camphor* or *Cuprum* dare be given; children may be rickety or get convulsed with teething, yet *Calcarea* or *Kreasote* are

forbidden; the little ones may get the measles, but *Aconite* and *Pulsatilla* are unlawful; they may have scarlatina—what matters! they shall not be cured with *Belladonna*. Barbadian maids and matrons may be racked with pain from a disturbed physiological function, but the few health-bringing doses of *Pulsatilla* shall not be given; Barbadian men may get sun-stroke, but *Glonoin* may not cool their heated brain.

Barbadians! are ye fools or bondsmen that ye should suffer these things? We trow not.

NOT A HOMŒOPATH.

A CERTAIN medical practitioner, Dr. W. Wilberforce Smith, of London, seems very anxious that the *professional* world should know that he is NOT a homœopath. Not only does he go about in private (so he says) denying the soft impeachment, but he also holds peculiar views on the physiological value of a bit of butter, and is especially desirous that a hitherto benighted medical public should be fully acquainted with Smithian butyrology.

Lest any of the readers of the *Homœopathic World* should go down to their graves without a knowledge of Dr. Smith's sectarian position in butyrology, we beg leave to quote the great butter authority himself.

Writing to the *British Medical Journal* of October fourth, in this year of grace one thousand eight hundred and seventy-nine, Dr. Smith, of London, thus says (p. 563):—"A small bit of butter probably yields more than its own weight in fat"!! We were always bad at arithmetic, but we presume that if a *small* bit of butter yields more than its own weight in fat, a *large* bit will possess the same astounding quantitative quality. What a glorious outlook! What a facile remedy for these bad times! We dare wager that Dr. Smith is a secret adherent of the dynamisation theory in regard to his butter.

Now, although Dr. Smith takes this peculiar sectarian position in butyrology, we find him all the more anxious to be considered sound in matters medical. Why? Dr. Smith knows.

In addition to the anti-fat letter of Dr. Smith, he, in the same journal, and in the same number thereof, poses as a repudiator of Homœopathy. The letter is headed "A Repudiation," and runs thus:—

“Sir,—An untrue report that I profess Homœopathy having repeatedly come to my hearing, I should feel obliged if you would allow me, through the columns of the *British Medical Journal*, to repeat the denials made in private. Ever since studying medicine, I have regarded Homœopathy, as a system or separate mode of practice, as a mistake and an anachronism, and this conviction has only been deepened by time. It is not the place here to enter into the question whether Homœopathy may not have important legacies for medicine, as other *erroneous* systems have had, but I would distinctly repudiate any connection with a sectarian medical position.

“I am, Sir, yours obediently,

“W. WILBERFORCE SMITH.

“London, September 22nd, 1879.”

So we perceive that, however heterodox Dr. Smith may be on the question of butter, he is, at any rate, no homœopath. So we, who are homœopaths, have at least something to be thankful for—with us two and two make four.

Why does Dr. Smith thus figure as a repudiator? Perhaps some one of his friends can inform us. Is it the natural culmen of his career?

“*Das ist der Fluch der bösen That, dass sie fortzuehend Böses muss gebahren.*”

DEAF-MUTISM.

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

DEAF-MUTISM, when congenital, owes origin to trophic changes taking place in foetal life that render useless the ear as an acoustic instrument. It is unnecessary to say more upon this variety of the affection.

But very different indeed is it with a large proportion of the cases of deaf-dumbness we meet with. Some authorities have it that about forty, others that fifty per cent. of these are of the acquired form, and all are agreed that a very large proportion are due to the improper treatment of the deafness, let us say rather, the ear diseases of infancy.

This is not the opinion, be it well remembered, of homœopathic practitioners only, but of all authorities, let their views of the actions of medicines be what they will, who have paid any attention whatever to the subject.

Listen to what Roosa¹ says:—"It is well known that a suppurative inflammation of the middle ear, in an infant, is sometimes first recognised as such when the pus breaks through the membrana tympani. The fact that such severe processes may go on in the ears of children and escape recognition, renders it very probable that even Wilde's proportion, in which he gives fifty per cent. as the proper one for acquired deaf-mutism, is too low a one. I (Roosa) am inclined to think that there are many more cases of children becoming deaf after birth than of intra-uterine deafness."

And he goes on to say, and I would impress it upon every parent blessed with little ones, "*It does not require absolute deafness in a young child to produce deaf-mutism. A case of chronic aural catarrh, that would only inconvenience a grown person, will make an infant so stupid that it will soon cease to attempt to imitate speech.*"

Ear diseases, which in infant life induce deaf-mutism, are in after life attended with deafness only; deaf-mutism therefore is but a *symptom of a disease*, and not a disease itself, just as is simple deafness.

Let every one of us who has ever suffered from deafness remember that had he been deaf for long together before he was eight years of age, he would in all probability, nay, in all certainty, have become a deaf-mute, and he will, I trow, at once see the great importance of the study we are engaged upon.

If these facts were more widely known it would have this great advantage, that parents would not become disheartened and lose all hope of improving the condition of their children when they find their power^s of speech deficient.

If, as matters are now, a mother is unfortunate enough to have a child unable to hear, and consequently deprived of speech, the consolation she will get from her friends will be such as is conveyed by an ominous shake of the head, accompanied by the too cruel because too well understood term "*afflicted*," and the probabilities are very great that her family medical attendant, the oracle of the neighbourhood, without making any examination as to the condition of the ear, will divest himself of an opinion in no way more educated than that to be obtained at any local mothers' meeting.

More than this, the bitter spirit that prevails in the pro-

¹ Diseases of the Ear, Third Edition, p. 516. New York, 1876.

fession towards any one who makes a study of ear cases is simply shameful. Are lives that might otherwise be valuable and enjoyable to be deprived of the most elevating and ennobling faculty man possesses, namely, that of speech, and this because certain doctors make it fashionable to say that deafness cannot be cured, and that aurists are humbugs? Rather let us educate the public not to trust too implicitly to the opinion of men who cannot conceal their prejudices, and let us explain to them how simple are the diseases to which the ear in infant life is prone.

I report this case more to illustrate the influence that can be exerted by medicine upon deaf-mutism than to point to the definite action of any one drug.

Anne S., a girl of eight, was admitted under my care at the London Homœopathic Hospital, 29th June, 1878, having suffered for three years from deafness, supposed to be the result of scarlatina. Beyond this I could get no history of the child, and as verbal communication was impossible, I had to depend entirely upon the local signs in selecting the remedy. A certain amount of indistinct "thick" speech is said to exist, but it is impossible to detect by the watch or the tuning-fork any hearing faculty whatever.

Her tonsils were enlarged, and for this reason I gave *Calcarea Phosphorica* in the 3rd dec. trit. The drumheads looked natural. Up to the 14th September the *Calcarea Phosphorica* was gone on with without much improvement, and she was observed to totter a good deal when walking.

Soda Chlorata was then given with (by 28th September) some improvement in her health, but my report gives her as "looking heavy," and it is still impossible to detect any hearing.

And now we put her upon *Ferrum Pernitricum*, three drops to go over the fortnight, and by 2nd November she was declared to be much better, and unmistakable hearing-power was certainly observable; for instance, she was seen to startle and look round at slight noises.

On myself testing her hearing, I found the vibration of a tuning-fork was, judging from the expression of her face, evidently perceived, but on removing an accumulation of wax from the left ear all perception of this sound disappeared.

16th November.—Improvement has gone on, her appetite is much better, but has been having headache a good deal.

"She has heard the baby cry for the first time," as her guardian said, "in her life," meaning, probably, for the first

time for three years, and her speech is, though variable, at times very much better than it has been.

The medicine was continued for another fortnight, and then the report was that the child was much stronger, but in other ways stationary.

This being the case, and remembering how likely ferruginous preparations are to aggravate, I discontinued it, giving instead unmedicated powders.

This, I much regret, was the last time the little patient was brought; her guardian—the child was a helpless orphan—complained to me of the inconvenience experienced in attending on Saturdays, but it really never occurred to me that the treatment, after all that had been done, would be discontinued.

We shall probably revert to the subject on another occasion.

HARD TUMOUR OF THE BREAST CURED WITH CUNDURANGO.

By J. C. BURNETT, M.D.

IN the spring of the year 1875 I was treating the children of a family in Cloughton, near Birkenhead. While chatting with the children I noticed that their nurse, a woman of about forty, had an ugly, unsightly crack in the left angle of her mouth, about the fourth of an inch deep, and surrounded with warty excrescences, the whole covered with a nasty secretion. I considered it commencing epithelioma. I offered to treat the woman for it, but she did not believe in Homœopathy, and she was using a salve to it prescribed by her own doctor. At this period I was myself still suffering from my proving of *Cundurango* (see *British Journal of Homœopathy*, July, 1875), and I had repeatedly proved that the crack in the angles of the mouth was a very characteristic symptom of the drug. Altogether I have seen it produced pathogenetically four times, and I have cured it also many times. It apparently finds no favour with the profession, but its importance will be recognised.

Some little time elapsed, and the before-mentioned nurse was confronted with the chance of losing her situation, as her mistress was getting afraid lest the disease might be communicated to the children. The nurse was now willing to be treated homœopathically, and her mistress accordingly

sent for me. On inquiring I found the warty ulcer in the angle of the mouth was only a little worse; it was very *torpid*, and had remained for many months pretty much the same. This is also characteristic of *Cundurango*. The pustules and other cutaneous manifestations of this drug are very *torpid* (see the proving in the *British Journal of Homœopathy* and the "Symptomatology" in "Allen's Encyclopædia of Pure Materia Medica," Vol. IV., p. 1, *et seq.*) Once while using an ointment this ulcer had almost disappeared, but it soon returned to the condition I have described.

But what alarmed both mistress and maid (the former on account of the children, no doubt) was a tumour in the patient's left breast, *i.e.*, on the same side as the epitheliomatous ulcer of the angle of the mouth. On examination it was found to be about the size of a small hen's egg, and very hard and very painful at times; at other times painless. It had been there for several years, and was on the increase, but only very slowly. The odour from the axillæ was very offensive indeed, but not from lack of cleanliness. Speaking generally, patient did not look ill-nourished or cachectic, though her teeth were very badly decayed, which gave an old appearance to the face from the falling-in of the cheeks, and the dilated small cutaneous blood-vessels showed that she had probably been a florid subject.

The history of the tumour was this. She had for years been in the habit of sleeping with the youngest child, a bonnie boy, with a very large, heavy head, and he lay with his head against this breast. To that she attributed the lump. And she was probably right, for the boy would be at times restless at night, and hit about with his head a good deal, hence we may fairly conclude that the breast had been mechanically injured very many times. Patient complained that he very often hurt her thus.

There was nothing to account for the ulcer of the angle of the mouth; it was idiopathic, as the phrase goes. There could be no reasonable doubt of the connection existing between the tumour and the ulcer. Was it cancer? I think so now, and I thought so then. I do not call it a case of cancer, but simply a tumour of the breast, hence my diagnosis cannot be called in question, whereas if I were to call it cancer it might be objected to. Still I will say I think it was cancer: 1st, from the appearance of the floor and edges of the ulcer; 2nd, from the coincidence of the ulcer and of the tumour; 3rd, from the hardness of the tumour; 4th, from its origin.

It is needful to state this view of its pathological nature, as it influenced the treatment.

The medicine I decided on was *Cundurango*, and for these reasons :—

1. *Cundurango* produces cracks in the angles of the mouth, and also cures such.

2. *Cundurango* is, in my opinion, an antipsoric, and this case appeared to be a psoric manifestation from injury.

3. *Cundurango* has beyond any doubt cured cases of cancer, and this seemed such a case.

4. It seemed to me that the ulcer in the angle of the mouth—that started as a mere crack—just supplied the pathogenetic differentia requisite for knowing whether to give *Hydrastis*, *Conium*, or what not.

The first prescription is dated July 16, 1875, and is

R. Pil. *Cundurango* 1, ʒij.

One four times a day.

This was taken until December 4, 1875, when I could perceive only slight amelioration of the ulcer and none of the tumour. I then remembered that the cures reported had been with material doses, and that Goullon, jun., and another writer on the subject on the Continent, whose name has escaped me, seemed to incline to that view. Now, I would rather cure a patient with a big dose than leave him or her uncured with a small one. And, of course, conversely.

Moreover, my patient rather objected to pilules; the size of the means seemed so inadequate to the end. Therefore I gave the following prescription, December 4, 1875 :—

R. Tc. *Cundurango* φ, ʒij.

Aq. ad. ʒvj.

C. c. med. ter in die.

This was taken till September 1, 1876, with slight interruptions. At this date I certainly noticed much improvement in the ulcer, and the tumour seemed a little smaller, but still I felt very much disappointed. Then *Bryonia Alba* 1, two drops in water four times a day, was given till November 10, 1876, when, no further progress being apparent, I gave a short course of *Sulph.* 30, one pilule at bedtime. This is a very old practice and has been verified a great many times. In all about one drachm of the pilules was taken. Then at the end of 1876 I again went over the case and felt justified in reverting to the old prescription of *Cundurango*, but I gave the tincture of the first centesimal dilution three times a

day, with occasional omissions, that the organism might not get insusceptible of the action of so small a dose. This was continued during the whole of the year 1877, during the whole of the year 1878, and during the first five months of this present year 1879, that is just about two years and a half. I saw the patient at intervals during this period, and was able to observe the course of the cure. In a few words it was this. At first the ulcer of the angle of the mouth became dryer, cleaner, and less rugged, while the tumour went smaller and a little less hard. About a year and a half ago the ulcer had entirely healed and remains so; nothing remains of it but a very slight puckering of that angle of the mouth and faint streaks of scar-tissue. But to a casual observer these objective symptoms have no existence, it is only when examining it critically in the light of its past history that one can detect even these trifling rests.

Already towards the end of the year 1878 the tumour had nearly disappeared, and in the spring of 1879 it was gone. In sending a report from Prince's Park, Liverpool, on September 2, 1879, the patient says: "The lump has entirely gone out of my breast," and then she goes on to state that she had given up taking the medicine in consequence. This case is very important from various stand-points; it shows the utility of proving a remedy that has an empirical reputation in order to find out the variety of a disease that it will cure: thus *Cundurango* has undoubtedly cured a number of cases of cancer, but we may say the same of *Sulphur*, *Thuja*, *Arsenicum*, *Conium*, *Hydrastis*, *Carbo Animalis*, *Bryonia*, *Bufo*, of *Galium Aparine*, and hence the point to find out is *what characterises* the variety or species. The greatest characteristic yet observed of our *Cundurango* is the crack in the angle of the mouth, and hence on theoretical grounds we may say that a case of cancer with a manifestation in the angles of the mouth calls for *Cundurango*. Now we have one such case on record as cured. If my readers will not admit that it was cancer—well, I have no objection.

This case is strikingly important from another view, viz., it illustrates the torpidity of the *Cundurango* variety, and it also teaches a most valuable lesson to us all. Never despair! This woman patiently took her medicines for *four full years*, and now she has her reward in health, and I have mine in the comforting consciousness that I did not listen to a very able, physician who pooh-poohed the proving of *Cundurango*,

and who ridiculed the idea of curing tumours with medicines. As J. Stuart Mill says, "He who knows only his own side of the case, knows little of that." I may add that when I last saw the patient she had very much improved in appearance, being stouter and fresher, looking younger.

A CASE IN WHICH AN ABSCESS OF THE LUNG SIMULATED ABSCESS OF THE LARYNX.

By Dr. MIDGLEY CASH, Torquay.

I HAVE frequently found reason to regret that from the beginning of a case I have not taken notes, which, as it has happened afterwards, would have been valuable to have preserved. Unless notes are kept of every case treated one is constantly in this position. Those ailments constituting the bulk of general practice, unless to be chronicled for some special object, are usually passed over as too commonplace for note-book entries. But as it more generally than not happens that striking points do not come out on the surface from the beginning, one is often compelled to trust to a sketchy and imperfect memory picture for the description of the course of a disease which it seems desirable to preserve on record. Such is my excuse for the somewhat meagre history of the following case.

I was called on to attend Mrs. D—— about the beginning of the present year. Her age was 50. She was a thin, spare woman, of nervous temperament, and complained of suffering for many months past from persistent "throat cough," for which she had been treated with indifferent success. She was worn with this and with constant fever. All the trouble complained of was in the throat; repeated chest examinations revealed nothing amiss, but pressure on the cricoid and lower part of the thyroid cartilage caused intense pain, and the exclamation, "There it is!" From this and from the ejection by coughing of large quantities of muco-purulent secretion, preceded by a shiver and increased fever, rapid pulse and high temperature, I suspected we had to do with an abscess of the laryngeal walls, which had broken, and was discharging itself. Her voice too was much affected—low, hoarse, and whispering—and there was such a degree of dysphagia that for a long time nothing but fluids could be swallowed, though could she have eaten she would have done

so, her appetite being very good. I was never able to examine her with the laryngoscope, as her throat was excessively sensitive, and even depressing the tongue to view the fauces would cause her to retch violently.

Among other remedies *Lachesis* and *Belladonna* were given at intervals, also *Ant.-Tart.* and *Hep.-Sulph.* without any benefit. *Ac.-Phos.* 1x, two drops in water every three hours, helped her the most. Milk she could never touch, saying it made her sick, but strong fluid meat essences and soups, together with thin farinaceous foods, kept her alive for some time, though getting gradually more exhausted by the constant cough and profuse expectoration.

Occasionally a slight mucous râle was audible over the chest, but careful percussion from time to time, both by myself and by Dr. W. F. Edgelow, who kindly saw her with me, failed to elicit anything but a normal note equally resonant on the two sides. She gradually got weaker as the hectic increased, profuse mucous rattling set in over the whole chest, and she finally sank on the 29th of March, apparently suffocated by the immense accumulation of mucus which she had not power to bring up.

Section on the 30th. Rigor-mortis well marked, body extremely emaciated. On opening the chest, the right visceral and parietal pleuræ were found firmly adherent together, and inferiorly intimately attached to the diaphragm and liver. A section of the right lung showed its upper part to be converted into a huge abscess, the walls of which were formed by the pleural membrane itself. The cavity, which would have held a large fist, was filled with green mucus. Throughout the entire lung abscesses were found varying in size from a blackbird's egg to a pea, and the contents varying from pus to caseous material, and in some cases semi-calcareous. Both lungs were riddled with such cavities, from which creamy pus oozed on section.

The mucous membrane of the trachea and larynx was inflamed, but no evidence whatever was obtained of any abscess or growth. The heart was small, and contained *antemortem* clot.

The special point of interest in this case appears to me to be that here was a great cavity in the lung filled with gas and fluid lying immediately below the surface, and over which percussion and auscultation had been carefully practised again and again, yet both had failed to discover its presence, either by the least deviation from the normal lung note, or by the

occurrence of any abnormal sounds. The symptoms in general were certainly those of an abscess somewhere, profusely discharging, but so pointedly did they seem connected with the laryngeal, and so little was there to associate them with the pulmonary tract, that but for the *post-mortem* inspection we should have been under complete misapprehension as to the nature of the case. This appears to me strikingly to illustrate the value of necropsies, which, could they be more frequently practised, would greatly strengthen the appreciation of the nature of certain symptoms during life, and at the same time indicate and perfect the treatment.

A PECULIAR CASE OF CEREBRAL CONGESTION ILLUSTRATING THE SECONDARY CURATIVE ACTION OF VERATRUM VIRIDE.

By E. M. HALE, M.D., Author of "New Remedies," etc.

THE patient was "an ancient maiden lady," aged nearly 70. This was her third attack; the previous ones had been treated by an eminent homœopath, and had lasted two weeks or more. She is attacked suddenly with ringing in the ears, faintness, cold pale surface, small slow pulse, and great sense of prostration; this condition lasts but an hour or two, when she becomes slightly delirious, incoherent, the face flushes a dark livid, the *veins* stand out like tortuous cords, and show almost black on the livid skin. She has difficulty of breathing, and heavy dull throbbing in the head. The pulse is something unique—*intensely hard, full*, rolling like bullets under the finger, and the rate eighty to ninety. The sensation the pulse gives the finger is one indicating intense *blood pressure*, the temperature 101°.

If the reader will refer to my fourth edition of "New Remedies," vol. ii., and read the experiments of Dr. H. C. Wood, on dogs, with large doses of *Veratrum Viride*, he will find this condition described exactly. *First*, great lowering of the blood pressure in the arteries, with coldness and paralysis; *second*, the reaction or secondary symptoms—sudden and *great blood pressure with enormous fulness of the venous system*, etc.

The previous attacks of this patient had been treated with *Hyoscyamus*, *Belladonna*, and *Gelsemium*, neither of which were homœopathic, which accounts for the long duration of the

illness, which in the end assumed a "cerebral typhoid" character.

I saw the patient within three hours of the beginning of the seizure, and she presented such a complete picture of *Ver.-Vir.* secondary effects, that I unhesitatingly gave her a tenth of a drop of the ϕ tincture every half-hour. Calling again in six hours I found her sleeping quietly, her face a natural colour, and veins not engorged. She woke rational, and the next day was as well as usual. I have no comments to make, the deductions are evident.

DROITWICH BRINE BATHS.

By DR. TUTHILL MASSY.

AFTER attending the Congress at Malvern, I remained in that enchanting spot for some time, and from thence visited Droitwich, in order to take some of the brine baths and test their action, and compare their strength with those which I visited some years ago at Bex. As usual, I found that both have their advantages and disadvantages for the class of patients requiring the saline treatment. For those who are stiffened with gout, rheumatism, and threatened paralysis, the home pure springs are best and safest; but for those who are able to take the long journey, and require a bracing air, Bex certainly offers many inducements in its grand hotel on high ground, commanding noble views and walks close round the baths to the salt-works of Bevioux.

The bathing establishment at Droitwich comprises six first-class baths, twelve first-class dressing-rooms, three second-class, and three third-class baths; Turkish bath, with rooms and dressing-rooms complete; a beautifully clear swimming bath, seventy feet by thirty feet, heated to 90° Fahr. during the winter months; the whole fitted up with all modern appliances. The house adjoining (formerly the old George Hotel), has been altered, modernised, and enlarged, and now affords accommodation for nineteen invalids:

Dr. Blundell, a highly accomplished physician, superintended the working of this establishment for some years previous to his departure with his family to settle in the more salubrious climate of South Brisbane, in Australia. The present medical officer is Mr. Bainbrigg, a gentleman who possesses very high testimonials, and is esteemed for his

courtesy and skill in directing the treatment. His views are large, and he uses other help when required in obstinate cases to combat stiff joints, such as the Turkish bath, shampooing, etc.

Patients at the establishment are allowed to visit the drying rooms of the salt works, and sit among the blocks which are piled one above the other for a considerable height. Asthma is relieved in its chronic form by inhaling the warm saline air diffused through these rooms; also cases of incipient consumption. The girls who work cheerfully from six in the morning to six in the evening, amid the great heat of the boiling brine, in making the large blocks, and carrying them one by one into the drying rooms, appear strong and muscular, although looking pale from the constant perspiration. The dress is scanty on both sexes while working amid this heat, breathing chlorine. I could not detect in the workers any of those symptoms so eloquently and truthfully described by Dr. Burnett which the action of a trituration of *Natrum Muriaticum* in its dynamised state has produced. Dr. Burnett's valuable little work¹ should be circulated among the patients at the establishment, to teach them the hidden properties of salt, and the benefit which so often follows the treatment at Droitwich. The salt is obtained for the baths at Bex by dissolving the saline argillaceous slate in water, which abounds in the mines at Devens close by; but in Droitwich the brine is bored for. When the instrument has reached a certain depth, about three hundred feet, and passed through a hard slate, it suddenly passes into a cave, when the brine comes up, and continues to flow for years, and is possessed of valuable properties, which we append. There is a deposit on the iron pans called *pickings*, which has the power of retaining heat; when warmed in an oven, it can be rolled in flannel and taken to bed for a comfort or a cold. Another property related by the inhabitants in great triumph was this—that even when heated to a high temperature, “it does not *singe* the flannel or bedclothes.” It is useful in relieving and removing rheumatic pains, lumbago, etc. Some visitors take off large blocks to keep by them at home as a substitute for the old copper warming-pan.

¹ *Natrum Muriaticum*; as Test of the Doctrine of Drug Dynamization. By James Compton Burnett, M.D. Glasgow, Fellow of the Royal Geographical Society. London: E. Gould and Son, 59, Moorgate Street, E.C.; Homeopathic Publishing Company, 2, Finsbury Circus, E.C.

Now that this analysis is before me, it will be instructive to make a few practical remarks. The undiluted brine at Droitwich is too strong for internal use; a teaspoonful may be taken to feel its saltness. The bath, when largely diluted with hot fresh water to raise the temperature, is painful to the eye when accidentally rubbed to the eyelids, and still so largely impregnated with salt that, to keep the buoyant patient under water, a bar of wood is fixed across the bath. I may here remark that I have found *sea-water* an excellent remedy for *sea-sickness*, and have seen a tumblerful swallowed without its producing any effect beyond removing the sickness. A small bit of salt fish is equally appetising.

Although there is no *Chloride of Sodium* or *Potassium* in the thermal springs at Bath, I have found them more supportable, having there got on my back in a bath about five feet deep, and floating while my heels rested on one of the steps, I fell into a slumber. On awaking, the bath-man was standing over me, and exclaimed, "You would have frightened me very much, only a gentleman last week did the same thing." *Buxton* thermal springs are the most powerfully depressing springs in Europe if indulged in beyond ten minutes; three minutes are quite enough for some. One morning I was detained in the large swimming-bath over twelve minutes, until my turn came for hot towels, when I felt quite depressed. On asking one of the resident practitioners the cause, and which chemical element produced it on so many, he answered, "*God only knows!*"

THE DIRTY-WATER OPATHY.

THE German doctors seem inclined in a chivalric spirit to undertake the defence of much-abused dirt. Not long ago Hebra urged that we washed ourselves too much, and now Emmerich, in the *Vienna Med. Blatt.*, attacks the theory that foul drinking-water is necessarily unwholesome. Choosing the dirtiest ditch he could find near Munich, he made its contents his daily beverage for a month, taking a quart or more daily. The water was to the eye dirty, and to the nose foul-smelling, and that to such a degree that it was difficult at first to avoid involuntarily vomiting after taking it. It contained fragments of garbage, dirty rags, hairs of men and beasts, particles of *fæces*, etc., as the trench was the general receptacle of privies, dirt-carts, dead cats, and the like. For

the first day or two after beginning the use of this water, Dr. Emmerich suffered from headache, loss of appetite, catarrh of the bowels, coated tongue, and other symptoms of a light gastritis. In three days' time all these symptoms disappeared, and for the month during which he continued to drink the water he was as well as ever. Next he persuaded two convalescents in the hospital to try it. One had been suffering from constipation, headache, loss of appetite, and muscular pains; after a few days' use of the ditch-water *he decidedly improved*. The second had long been a victim to dilatation of the stomach and dyspepsia. He was not the least injured by the free consumption of the putrid fluid. Finally, about a month after the doctor had ceased his experiments, he happened to be attacked with a sharp gastro-enteritis. He rejoiced at such an opportunity of testing his ditch-water, and, therefore, without using any remedies, he began to drink it freely. In a few days he was well! From these experiences he concludes that "the use of the most foul and putrid drinking-water produces no injurious result on the system in health; and even existing affections of the intestinal canal are not in the least aggravated by it." Surely it would be fair to admit that his experiments were favourable to the *similia* theory.—*Chemist and Druggist*.

HYSTERICAL PARALYSIS OF THE VOCAL CORDS.

By Prof. GERHARDT.

GERHARDT observed twenty cases in the course of five years. In half of the cases aphony set in after a faucial and laryngeal catarrh from cold, in three other cases after diphtheritis faucium, pneumonia and a hysteric spasm, once after fright and a severe pressure on larynx; in several cases patients became aphonic who were in the same ward with other aphonic patients. Hysteric aphonia differs from that from other causes, in that several functions remain unaltered. Thus one woman could sing, though she could speak only in a whispering voice. Another one spoke with a loud voice when dreaming, but was aphonic when awake. All patients *coughed with a full voice*, which never happens in aphonia from other causes (ulcerative destruction, multiple papilloma, paralysis from pressure on vocal cords). A second differential symptom of hysteric aphonia consists in simultaneous

high-graded disturbance of sensibility of the introitus fausium et laryngis (though high-graded hyperæsthesia was observed in one case). *Electrical contractility is preserved.* The motory disturbances of the vocal cords did not show at all times the same laryngoscopic picture in one patient; sometimes the glottis stood open in the form of a lancet, or three-cornered, or without any symmetry. Fourteen were cured, one by the laryngoscopic examination, two by percutaneous galvanisation, all others by faradisation or the alternating compression of Ollivier, or by combined galvanisation and faradisation. Gerhardt considers it probable: 1. That the obstinacy of the aphonia in paralysis of the tensors of the vocal cords and constrictors of the glottis is caused by shortening of the antagonists (*M. cricoarytenoidei postici*). 2. That when some of the muscles, which by their action produce the position and fixation of the ary-cartilages, become paralysed, the position of the ary-cartilages becomes changed, and thus may be explained the beneficial result of Ollivier's compression. Some patients learned to reproduce their voice by compression of the larynx when they became aphonic.—*Zeitschr. f. pract. Med.*, 12, 1878.

DISEASES OF THE EAR FROM BATHING.

DR. SEXTON, in a paper published in the *New York Med. Record*, has drawn attention to the frequency with which disease of the ear is produced by bathing, especially in persons who have a large opening and perhaps a correspondingly large Eustachian tube. He has only of late noticed the frequency of its occurrence, and has found that of 800 cases seen by him in clinics and in private, between May and September, sixty-five have had their origin in sea-bathing. Of this number, thirty suffered from acute or subacute inflammation of the middle ear, nine from inflammation of the *membrana tympani*, and twenty-six from inflammation of the meatus, accompanying the foregoing, or (nine cases) existing alone. One reason why the frequency of the occurrence is overlooked, is the habit which patients have had, and often their attendants also, of attributing the ailment to "catching cold"—the real cause only coming to light after close questioning. Complete deafness may indeed result without the cause having been suspected. Baths should never be ordered, without the necessity of protecting the ears being insisted on.

Notes of four cases are also given by Dr. Sexton, in which the Russian bath also induced inflammation.

Man not having the protection afforded the ear which amphibious animals possess, the water may act injuriously in various ways. The mere force of contact may injure the membrane, and when an incoming wave dashes against the face, water may be freely driven into the Eustachian tube. In some persons the cutis is very sensitive, so that this may be easily irritated; and the presence of cold water for a long time in the meatus, as in diving, may set up inflammation in the meatus or the membrana, which may extend to the cavity of the tympanum. Another ill effect is produced by allowing the ears, etc., to dry in a current of air after coming out of the water. Sea-water is often more obnoxious than fresh, on account of its comparative uniformly low temperature, and the large quantity of salt which it holds in solution. A too prolonged stay in the water is also mischievous.

In three of Dr. Sexton's sixty-five cases, the inflammation passed from the middle ear and set up meningitis, and life for a time seemed endangered, recovery taking place only after protracted illness. He has also met with numerous cases in which the naso-pharynx and Eustachian tubes were unmistakably affected by the irritating quality of sea-water, even when deafness was not caused. Pain is the first symptom which alarms the patient, this being usually violent, and sometimes accompanied by delirium. From the beginning, and often preceding the pain, there is a distressing tinnitus, compared to the roaring of a cataract, wind, violent escape of steam, etc. Deafness is always more or less marked. Dizziness is usual, the patient being often unable to walk without support. In some cases there is only subacute action, tinnitus and deafness being then the only annoyance. The deafness, indeed, does not depend altogether on the violence of the disease. Suppuration occurs within twenty-four hours, and the collection of mucus which takes place in the middle ear causes great pain and distention, which may last for several days before the membrana gives way, when the pain ceases. In about a fourth of the cases both ears were affected, although not always in the same degree, nor yet sympathetically. Women are not often subjects (three in the sixty-five cases) of the affection, as they protect their ears and do not dive. The purulent discharge following an acute inflammation may continue for months or years if not arrested, and under the most favourable circumstances seldom

ceases in less than three weeks. Where the inflammation has not been severe beyond the meatus and the membrane, there is only exfoliation of the epidermis covering those parts, which is sometimes cast off whole, resembling the finger of a glove in appearance.

STARVATION IN THE NURSERY.

THERE are not a few little meannesses amongst what are called the respectable classes of society, and some of them are trivial enough. Every one knows the half-dried mud at the bottom of an inkstand resplendent with ormolu, the pen that will not write, the blotting-paper that "blots" only too completely, so very black and changed is it with long-continued use. Most medical men, too, are pretty well acquainted with the patient who calls a week after his first interview "only to ask a question," and under cover of this flag quietly appropriates a second and often lengthy consultation. But some are serious, and prominent amongst these is the only too common meanness which grudges a wholesome supply of milk to the nursery, which insists that the dairy expenses shall be represented by pence, not shillings. It would seem incredible, but that daily experience teaches us the fact, that large numbers of persons occupying decent positions in society systematically starve their children in respect of that article of food which is of all the most essential to their nutrition. Even to very young and fast-growing children they give cocoa with water, and not always even a suspicion of milk, corn-flour with water just clouded with milk, tea, oatmeal, baked flour, all sorts of materials, indeed, as vehicles of milk, but so very lightly laden with it, that the term is a sham. There are thousands of households in which the children are reared upon this miserable defective dietary—pale, slight, unwholesome-looking, and, as their parents say, in something like a tone of remonstrance, "always delicate"—households, too, in which wine to the value of some four or five shillings is consumed every day in the dining-room. There is no question of the existence of this anomaly, although it must be allowed that in some cases there is the excuse of ignorance for it. The parents do not know that, supposing even there were no other reason, their wisest economy is to let their growing young ones have their unstinted fill of milk, even though peradventure the dairyman's bill should come to

nearly as much as the wine merchant's in the course of the week. But in many the stint is a simple meanness, a pitiful economy in respect of that which, it is supposed, will not be open to the criticism of observant friends.

CHIPS FROM THE WORKSHOP.

By A. BEAVER-BROWN, L.R.C.P., etc., Edge Hill, Liverpool.

Ulceration of Tonsils.

MISS A. D., æt. 20, a well-built, healthy-looking young woman, complexion fair. For the last three weeks has been under the treatment of an allopath in another town. On March 4th, 1878, her condition was as follows. The soft palate, tonsils, and back of the pharynx were covered with deep, yellowish, sloughy ulcers, the left tonsil having the appearance of one large deep ulcer. Both tonsils were much swollen, especially the left, dark red, the ulcers discharging a thin, ichorous pus; the submaxillary glands were enlarged and very painful. The act of swallowing was extremely distressing, the throat feeling as if scalded. The tongue was covered by a thick, blackish-grey fur, and dry, with a few small ulcers on the surface; breath very offensive. During the last three weeks, under her previous treatment, the throat has been periodically swabbed with nitrate of silver. No history of syphilis.

R. *Merc. Bin.* 3 trit., gr. 1 t. d. The throat to be gargled three or four times a day with tepid water.

March 7th.—Very much improved. The ulcers considerably smaller; the swelling of the tonsils diminished; the surface is not so dusky red. Continue.

March 9th.—The ulcers very small; tongue quite clean; can swallow without pain; ulcers on tongue disappeared; submaxillary glands natural size and quite painless. Continue.

March 12th.—Quite well. Not the slightest trace of ulceration left; voice quite natural; has not the least pain anywhere.

Remarks.—In this case *Merc.-B.* was indicated by the scalded feeling in the throat, the dark-red colour of the fauces, the greater affection of the left tonsil, and the extensive implication of the submaxillary glands.

Chronic Leucorrhœa.

Mrs. R. M., æt. 31. Has suffered from leucorrhœa almost incessantly for two years. Menstruation very irregular; sometimes several days too early, very profuse, and preceded by violent pains and chilliness; at other times delayed from three or four days to a fortnight, with cutting pains in, and distention of abdomen, and constipation. Distressing bearing-down in the pelvis. Occasionally the menses, after lasting one or two days, are suddenly suppressed; at the same time, severe burning and itching of the vulva. The leucorrhœal discharge is thin and very profuse; at other times scanty, yellow, and producing burning and smarting of the vulva and thighs. The feet are very cold, with clammy sweat, and weak feeling in the ankles and knees. Empty sinking feeling in abdomen, with headache, pressure in vertex, and feeling of a band drawn tight round the head. All the symptoms are aggravated at night.

August 15th, 1879.—*Sulph* 30 t. d.

August 29th.—Much improved. The discharge nearly gone; no burning or itching of vulva; the pains in head and abdomen very slight. Continue.

September 6th.—The menses came on during the last week, accompanied by very little pain or discomfort. The leucorrhœal discharge has quite disappeared. Continue.

September 13th.—Feels quite well; bowels acting very regularly; no discharge; pains in head and abdomen have not been felt since the last consultation.

Epulis.

Mrs. E. G., æt. 30. Has an epulis about the size of a large pea behind the upper middle incisors. This commenced about eighteen months ago, and has slowly increased to its present size. It is rather soft, and painless.

August 16th, 1879.—*Calc.-C.* 30 t. d.

September 2nd.—The tumour has diminished to the size of an ordinary pilule.

The *Calcarea* was continued till September 16th, when the tumour had quite disappeared.

(To be continued.)

DR. HENRY MINTON, of Brooklyn, New York, is the author of this clever acrostic; we publish it for the special edification of those who have no faith in

TRIGONOCEPHALUS LACHESIS.

July 28, 1828.

To Hg.

July 28, 1878.

- " Cannot compose herself to sleep,"
" she fears to go to bed."—*Lachesis.*
- " Or has prophetic visions,"
" she thinks that she is dead."—*Lachesis.*
- " Neuralgic pains above the eye,"
" with redness of the face."—*Lachesis.*
- " Says her medicine is poison,"
and takes it with bad grace—*Lachesis.*
- " Talks, whistles, laughs, makes odd
and singular motions,"—*Lachesis.*
- " And is suspicious, proud, and
full of curious notions."—*Lachesis.*
- " Nose is red and swollen,"
" herpes on the lips,"—*Lachesis.*
- " Tearing in the coccyx,
extending to the hips."—*Lachesis.*
- " Inflammation of the ovaries
going from left to right."—*Lachesis.*
- " Never feels as well in the
morning as at night."—*Lachesis.*
- " Eating makes her sick,
except coffee, which agrees."—*Lachesis.*
- " Has pain before the menses,
which a flow of blood relieves."—*Lachesis.*
- " Eyes feel, when throat is pressed,
as if they would protrude."—*Lachesis.*
- " Rumbling in the abdomen," "nausea,"
and "vomiting of food."—*Lachesis.*
- " Inclined to be loquacious,
with a jealous, mocking mood."—*Lachesis.*
- " Numbness of the finger-tips,"
" trembling of the hands,"—*Lachesis.*
- " Great emaciation," "malignant pustules,"
and "suppurating glands."—*Lachesis.*

A HUMORAL THEORY.

PROFESSOR Jäger, of Leipsic, has recently published a work, in which he maintains that an increased proportion of water in the tissues and humours of the body is one of the most essential conditions of liability to disease. To guard against disease, therefore, it is necessary to make the body yield as much water as possible through skin and lungs, and to avoid all that favours the accumulation of water. To this end he

recommends the wearing of close-fitting woollen clothing throughout the year; all bodily movements which promote perspiration; on outbreak of disease the use of vapour or sweating-baths, of drinks that excite perspiration, and of foods that do the same; constant ventilation of sitting and bed rooms, so that the moisture of the air may not become great. Dr. Jäger asserts that the specific gravity of a living body is an accurate criterion for the strength of constitution of a man or a domestic animal—that is to say, for its capability of resistance to causes of disease, such as chills, infection, etc., and its power of work, bodily and mental. The specific gravity may be determined as follows:—Two chambers are made, which can be closed air-tight, and are connected with a tube. In one the man or animal is placed; the other is to be underground, and connected with the water-pipes. When the man enters, both chambers are filled with air; then, the door being closed air-tight, water is forced into the lower space, so that the air in this is forced into the upper. The larger the volume occupied by the man, the greater will be the compression of the air. This is to be read off on a mercury manometer connected with the system. If the apparatus have been previously gauged, the volume of the body may be read directly from the position of the mercury. In an ordinary balance the weight of the body is then ascertained, and, by division, the specific gravity is arrived at.

MALTINE.

WHAT is *Maltine*? It is a highly concentrated extract of malted barley, malted wheat, and malted oats, prepared by a company calling itself "The Maltine Manufacturing Company, Limited." Their works are stated to be at Creskill, on the Hudson.

According to the best authorities, the value of any extract of malt depends on four chief materials. First, starch-digesting material known as diastase; second, flesh-forming material; third, bone-forming material; fourth, heat-producing material. The function of diastase is to aid the stomach to do its natural work of converting bread, potato, pastry, puddings, and other farinaceous food, into a fluid substance readily absorbed by the human system. In short, it assists any weakened stomach to *digest* these and all other farinaceous or starchy foods. The three other chief materials of malt-

extract contribute directly to the nourishment and well-being of the system.

We esteem "Maltine" specially on two grounds: first, because it is a non-alcoholic, and secondly, because it is a vegetable product. It is really a convenient form of administering the all-important digestive *Diastase*, and that without alcohol or any other objectionable substance. Not that we would condemn alcohol under all circumstances, but we think it a serious responsibility to order it to young girls and children, and above all to the suckling mother. To those who cannot digest their farinaceous food without beer we commend this elegant and excellent preparation as a substitute for it.

A PROVING OF HYOSCYAMINE.

In the *British Medical Journal* the following interesting proving was lately reported by a Mr. C. V. Chubb, of Devonport:—"Very recently I had occasion to give *Hyoscyamine*, in the hope of inducing sleep, in a case in which there had been great sleeplessness for two or three weeks; and as the effects of the drug were, in my opinion, somewhat remarkable, I think a record of them may be of interest to the profession. The dose given was one sixth of a grain; and, as the patient was my own wife, I had an opportunity of observing the effects from beginning to end. After the medicine had been taken about an hour, a sensation of swimming in the head was complained of, and very soon afterwards there was an excited and rapid action of the heart, quickly followed by excessive restlessness and constant tossing about in bed; and then, when she tried to get out of bed, she could not stand. When the medicine had been taken for about two hours she became quite delirious, and remained so for many hours. One remarkable feature in the symptoms was the effect which the *Hyoscyamine* appeared to produce on the sight, which effect lasted to some extent for many hours in the following day. She took up the box with the pills, and said that some of them were much larger than others, and that I must have given her one of the larger ones. I then looked at the pills, and found that they were all of the same size; and there was other proof that her sight as to the size of objects was perverted; and again, there was no doubt that her vision as to colour was much affected. I would only add that the pills were made in London by a very respectable chemist."

THE OPIUM HABIT.

By J. R. HAYNES, M.D., Indianapolis, Ind.

IN June, 1856, Mr. S. took, for the purpose of committing suicide, one ounce of the *Tincture of Opium*. I saw him about one hour after. At that time several men had him in charge, trying to walk him about, slapping his face and hands to keep him awake. His face was haggard and cyanotic; breathing heavy and laboured, nose pinched, eyes closed, it being impossible to get any intelligent answers from the patient.

I prepared fully thirty grains of pulverised *Ipecac.* in a cup of warm water, had him placed on a bed, head propped up, when we forced it down him, but before emesis took place he began to show signs of the antidotal effect of the *Ipecac.* The vomiting was kept up by giving luke-warm water, for nearly an hour, when most of the *Opium* symptoms had disappeared. He felt weak for two or three days, when he regained his usual health without further medication.

This gave me an idea that *Ipecac.* would antidote the *Opium* habit, and I determined to apply it on the first opportunity.

In about six weeks I was called to see Mrs. B., who lived about two miles in the country—had flux, which was relieved with *Colocynth 6* and *Belladonna 6*.

Mrs. B. had taken ten grains of *Morphine* per day for several years. Nose pinched up, eyes sunk back in the head, skin of a dirty-yellow colour. A fine specimen of an opium-eater. I told her that I believed I knew of a remedy that would antidote the *Morphine* habit. She was anxious to be relieved of the accursed habit (as she called it), and readily consented to a trial. After procuring the co-operative assent of her husband and family, I demanded *all* the *Morphine* and *Opium* in the house (which I carried away), and a promise that no one should be allowed to procure or give to her the least particle of either. I prepared thirty drops (m.) of the mother tincture of *Ipecac.* in half a glass of water, and ordered one large-sized teaspoonful to be administered every hour—would see her the next day. She passed a very restless night, uttering imprecations on my head for carrying away her *Morphine*. Continued the same dose of *Ipecac.* The second night she was not quite so restless. Continued the same treatment for one week, when I offered her her *Morphine* bottle, which she refused to take. Said she had

had enough of the accursed stuff, and would never take any more. I then diminished the dose and lengthened the time for about two weeks. The only remedy given was the *Tincture of Ipecac.* In looking over the older writers I found that they had placed *Ipecac.* amongst the antidotes of *Opium.*

This case brought me several others, all of which I gave the same remedy and in the same way, making it a rule to give five drops of the homœopathic tincture of *Ipecac.* for every grain of *Morphine*, or its equivalent in *Opium*, taken during one day—*i.e.*, if the patient took five grains of *Morphine* per day, $5 \times 5 = 20$ drops of the *Tincture of Ipecac.* in half a glass of water, one teaspoonful every hour, or the whole to be taken during the twenty-four hours.

I have had no breaking-down of the system, or giving way of the vitality of any part of the system. There will be loss of appetite for a few days. Great restlessness, with mania for *Opium*, and they will take it if they can procure it. I find that the greatest danger is congestion of the brain, which I have controlled with *Belladonna 6* or *Atropine 6*. Any complication which may arise can be easily combated with the properly selected homœopathic remedy. I believe that *Ipecac.* given as above will cure or antidote every case of *Opium* habit. To do so it will be necessary to put out of their reach all *Opium* or its salts, for they will take it if they can get it for the first few days; also to get the assent of the family that they will not procure it for them.

The worst time is from 10 p.m. to 4 a.m.; it will be much easier to tide them over the balance of the twenty-four hours. I have trusted almost exclusively to the *Ipecac.*, diminishing the dose and lengthening the time between doses after the first few days.—*American Homœopathist.*

THE ACNE OF IODINE AND OF BROMINE.

ADAMKIEWIEZ found that the acne pustules, due to the prolonged exhibition of the *Iodide of Potash*, contained *Iodine*. This led Guttman to test the contents of the acne pustules in a man who had taken the *Bromide of Potash* for agoraphobia during the space of about a year, during which he had taken 100 grammes a week. From those pustules, situated principally in the face and on the upper part of the trunk, he expressed the contents, diluted them with distilled water, filtered, and tested the filtrate for *Bromine* by

means of *Liquor Chlori* and chloroform. The *Liquor Chlori*, added by the drop, turned the fluid yellowish, thus proving that *Bromine* is excreted by means of this-acne efflorescence. The added chloroform took up the *Bromine*, turned yellow, and fell to the bottom, while the superjacent fluid again became colourless. The acne eruption soon disappeared after the *Bromide of Potash* was no longer given.—*Berliner Klin. Wochenschrift*, 1879, No. 7.

[This is an interesting and suggestive observation. It proves that cutaneous eruptions may be really a vital reaction of the organism to rid itself of a foreign agent inimical to its well-being. As we all know, *Silicea* likewise produces pustules and boils, and we have seen pustules arise from the use of *Fluorine* as *Fluoric Acid* or *Fluoride of Lime*. Do these likewise contain *Silicea* respectively *Fluorine*?—ED. H. W.]

ITALIAN OLIVE OIL.

MR. A. JANSEN communicates the following particulars respecting olive oil to the *Pharmaceutische Zeitung*:—

Next to wine olive oil is perhaps the most important natural product of Italy. Tuscany alone produces 160,000 hectolitres a year. Usually the olive harvest takes place from the middle of November to the end of December, the fruit being gathered before it is quite ripe. A larger proportion of oil is yielded if the fruit hangs till it is quite ripe (January-February); but the extra yield is not sufficient to balance the risks of the weather, and besides, trees from which the fruit has been gathered late bear poorer fruit in the following year. As usually collected the olives are of a violet tint, and are thus composed:—Pulp 51·25, water 14·38, residue 9·39, seed 20·16, ethereal oil ·6. The pulp contains, water 51·25, fibrous material 16·38, oil 9·29. In the neighbourhood of Lucca the harvest is sometimes delayed until April in order to obtain a very fine white oil.

The olives should be gathered by hand. Beating the trees with sticks injures both the fruit and the young branches which would bear fruit in the following year. If sufficiently dry the fruit is at once transferred to the press and expressed very slowly and without the aid of heat. A heavy pressure, heat, or any dirt or impurity in the press, is very injurious to the oil.

A so-called "virgin oil" is obtained by gentle pressure from the pericarp of the fruit; it is amber yellow to yellowish green in colour, of a pleasant flavour, and with a slight odour of the olive. After expression the oil is at first turbid, but after a little time it becomes quite transparent. Alcohol and ether will dissolve about 3-1,000ths of their volume. It will keep in a cool place for a long time without change. It boils at 330° C., and its sp. gr. at 12° C. is .9192.

The Tuscan oil, and especially that from Lucca, is generally considered the finest for eating. The average annual production throughout the whole of Italy is reckoned at 1,700,000 hectolitres, worth about 350 millions of francs, and this value might be increased if the preparation were conducted with greater care. Sicily, for instance, produces 190,000 quintals, of which not more than 10,000 quintals can be sold for eating purposes. In some provinces the oil produced is so carelessly produced that it is worthless except for lamps and for the manufacture of soap. A good oil is prepared on the Ligurian coast, the greater part of which is exported to France, and there refined and sold at a very high price as Provence oil. In recent years the Province of Bari has made remarkable progress in the preparation of the oil, and now the Bari oil ranks almost if not quite equal with the Lucca oil, as the finest of the Italian olive oils.

Next to the virgin or superfine oils, which are used for eating, preserving sardines, etc., comes a second quality, which is obtained by a second pressing, then a third quality obtained by hot pressure and water, and used for lamps, and a fourth quality, extracted by sulphide of carbon or benzine, and used in the manufacture of soap, for cart grease, and so on.

The first purification of the expressed oil is performed by letting it stand for four to six days in large earthen vessels, holding three or four hectolitres, in order that the impurities may settle. If this method does not clear the oil it is necessary to filter it. It is found best before filtration to mix the oil with one-twentieth of its volume of water, as by this means the slimy substances are more readily removed. When the oil is very dirty it is advantageous to dissolve some tannin in the water before mixing with the oil. Small quantities are filtered through paper, but for large quantities cotton is used. Filtration is also recommended through a bed of sand, wood charcoal, and sulphate of lime.

A PECULIAR FORM OF MANIA.

DR. MESCHÉDE described, at the meeting of naturalists and physicians at Cassel, a peculiar form of mania which he had observed, and which is the reverse of the mental disease known under the name of agoraphobia, in which the patients are suddenly taken with a sensation of terror and giddiness when attempting to cross a large open space or when entering a hall or facing a large multitude. In the disease observed by Dr. Meschede, the patient, a young man aged twenty, was subject to oppression and giddiness whenever he entered a small room or a narrow space. He had been obliged to leave his studies and to apprentice himself to a farmer. He could not sleep in a room, but camped out in the fields and woods during summer; and only during the coldest part of winter could be prevailed upon to sleep in a large and airy apartment with all the windows open. There was no hereditary predisposition, but certain sensorial anomalies existed, and he had also suffered for several years from ear-disease. There were no other traces of mental affection. Another similar case was that of a patient suffering from diabetes, who experienced much the same sensations. The author thinks that this disease ought to be classed under the same head as agoraphobia, as in both the characteristic symptom is that the patient cannot by any means form an accurate conception of the dimension of his surroundings. He also mentioned a third curious case, that of a man who, after recovering from poisoning himself with prussic acid, could not remain in the middle of the road when he saw a vehicle approaching him, even at a considerable distance, but was forced, as it were, against his own will, to stand aside without waiting for it to come nearer.

COD-LIVER OIL *VERSUS* PSYCHOLOGY.

MR. HERBERT SPENCER was one of the witnesses examined by the English Copyright Commissioners some time ago. He was asked whether he did not think that if any publisher might reproduce his works by paying him (the author) say 10 per cent. royalty, an increased sale consequent on lower prices would not probably yield him a larger return. He said he thought not. The reduction in selling prices so effected would not be more, he calculated, than about 15 per cent., and he said: "I am of opinion that a reduction of the

price of one of my books by that amount would have but a small effect upon the sales, the market being so limited. Let me use an illustration: Take such a commodity as cod-liver oil, which is a very necessary thing for a certain limited class. Suppose it is contended that, out of regard for those to whom it is so necessary, retailers should be compelled to take a smaller profit, and you reduce the price by 15 per cent. The consumption would be very little influenced, because there would be none except those who had it prescribed for them who would be willing to take it, and they must have it. Now, take one of my books, say the 'Principles of Psychology.' Instead of calling it '*caviare* to the general,' let us call it cod-liver oil to the general; I think it probable that if you were to ask ninety-nine people out of a hundred whether they would daily take a spoonful of cod-liver oil or read a chapter of that book, they would prefer the cod-liver oil. And if so, it is quite clear, I think, that no lowering of the price by 3s. out of 20s. would in any considerable degree increase the number of persons who bought the 'Principles of Psychology.' The class is so limited and so special that there would be no increase of profit of a considerable kind in consequence of an increased number sold."

Q. But are there not many people who would have benefited by cod-liver oil who cannot get it at present because of the price?

A. I think in all those cases in which they would be benefited they get it by hook or by crook when it is prescribed for them.—*Chemist and Druggist.*

ACCIDENTAL PROVINGS.

Dyspepsia of Bankers' Clerks.

DR. MANOUVRIEZ has published, in the *Bulletin Médical du Nord*, some novel observations on this subject. It has been repeatedly noticed for years that bankers' clerks, after having handled for some days in succession large quantities of silver five-franc pieces, suffer from disorders of the respiratory and digestive organs. These have been ascribed to a dark-greenish metallic dust, which is raised by taking the coins from the bags where they are generally kept, weighing them, and putting them back; this dust impregnates the atmosphere

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of the room, blackens the skin, and penetrates into the respiratory and digestive tracts together with the air and saliva. As a rule, this process is only gone through at rare intervals during the year, and only lasts a few days, so that the clerks soon recover their health, or do not feel much affected by this dust. But in the years 1872 and 1874, when the money which had been paid by France to Prussia as a tribute was returned to France through mercantile transactions, the clerks spent several weeks in handling the coins, which had not been taken out of their bags for some years, and the affection was now more marked than ever. The symptoms of this peculiar disease are—frequent sneezing, coryza, and angina; the expectorations are black. There are a disagreeable metallic taste in the mouth, which spoils the flavour of the food, loss of appetite, colic, nausea, and violent thirst. The bowels are mostly constipated; diarrhoea seldom prevails. The blue line along the gums, which is often noticed in patients who have been subject to treatment by silver, is absent. There are a great feeling of prostration and frequent headaches. Owing to the peculiar circumstances under which this affection has been first observed, there can be no doubt as to its being due partly to the copper (verdigris), and partly to the oxydised state of the silver; both metals are used in the coinage of the five-franc pieces, in the proportion of nine-tenths of silver and one-tenth of copper. The constipation seems to be caused by the silver, because copper invariably causes diarrhoea. It is also said that silversmiths often suffer from colic, which is caused by their work. The patients were treated with purgatives and a milk-diet, and the disorder soon ceased.

A LYING THERMOMETER.

DR. SELLERBECK has described a case which was treated in the Charité Hospital at Berlin for supposed ulcer of the stomach, and in which the patient, a female, successfully imposed on her attendants for some time by simulating fever. She appeared to have temperatures reaching 39.4° Cent., with a pulse of 120, and respirations of 24, and yet nothing in her physical state was sufficient to account for them. Dr. Sellerbeck detected the imposture by observing that the highest temperatures occurred sometimes at night and sometimes in the morning, and at last a simultaneous observation in the

axilla and rectum gave 38.5° for the former and 37.8° for the latter. The false temperature was obtained by the patient, after the sister had inserted the thermometer into the axilla, taking the instrument and pushing it into a fold of her chemise, which she drew forward from behind. This fold she firmly wedged between her side and her arm, and she then twisted and rubbed the thermometer until it reached the required height. As the thermometer, however, was not a registering one she had to warm it *above* the temperature to be read by the nurse, so that the mercury might sink gradually until the moment came for the observation. Dr. Sellerbeck found by his own experiments that by the above method the mercury could be raised in one to two minutes as high as 46° Cent., that it then fell rapidly to about 39.5° , and afterwards ranged for five or six minutes between that temperature and 38° , so that the patient could be sure of appearing to be feverish when the nurse read the thermometer. Less marked results are obtained by simply rubbing the bulb of the instrument between the skin of the arm and chest. The symptoms of increased frequency of pulse and respiration in the above case were of course easily simulated after the patient had learnt during her long stay in the hospital their association with fever.

TREATMENT OF PHTHISIS PULMONALIS WITH KREASOTE.

DR. M. RAYNAUD publishes twenty-seven cases of phthisis pulmonalis, treated with Kreosote. His prescription is: R: Kreosote 3.50, Alcohol 125.0, Water, 125.0, to take twice a day a tablespoonful. Under this treatment (1) The expectoration diminishes, is easier, the sputa becomes more mucous. 2. The cough decreases, especially the nocturnal paroxysms, and then nearly ceases; the cough sometimes lessens before the expectoration. 3. Vomiting ceases; appetite increases. 4. Fever gradually ceases. 5. After treating thus the patient for three weeks, the night-sweats begin to decrease, till they finally cease. 6. All physical symptoms, hinting to induration and inspissation of lung-tissue, cease. 7. Strength and weight return.

We must be very careful to use only pure Kreosote, made from wood-tar, and continue the treatment for a long time.
—*Bull. gén. de Thérap.*

Obituary.

MRS. JANE TEASDALE, OF BRADFORD, YORKSHIRE.

ON a dull morning early in September was laid in its last quiet resting-place, in a great cemetery overlooking a smoky valley in which lies one of our largest north country manufacturing towns, all that remained of one whose life was a long-continued act of unpretentious charity.

At Bradford, on August 29th, 1879, died Mrs. Jane Teasdale, in the 76th year of her age. Truly the pioneer of Homœopathy in that town, and for upwards of thirty years its ardent exponent; to whose memory it is our bounden and pleasurable duty to pay a marked tribute of respect.

Mrs. Teasdale, a native of Bradford, married in Leeds, where her husband predeceased her as long ago as 1835. Some few years subsequently she, at the urgent request of the late Dr. John Ramsbotham, of Leeds, settled in Bradford, and started a kind of homœopathic dispensary. Previously to this she had been in the habit of throwing open her kitchen on Sunday afternoons, for the purpose of providing homœopathic treatment gratuitously to the poor. This was in Leeds. On settling in Bradford she began her dispensary business in a place at the bottom of the Manchester Road, which has long since disappeared owing to the march of improvement which has taken place in that part of the town. At this place Dr. Ramsbotham was in the habit of seeing patients once a week for some time. This, however, we believe he discontinued when our respected colleague Dr. Brereton (now of Sydney, Australia) settled in Bradford. After carrying on her business in this place for some time she removed to a shop in North Gate, situate just behind her last well-known place of business at the corner of North Parade and North Gate, where she resided the greater part of the last twenty years, and which has during that period been the resort of all classes of Bradfordians from the richest to the poorest. Her work has thus been a great advantage to the medical men practising Homœopathy in the town all this time, and a real boon to the poor. Timid people gained confidence by first consulting her, and the doctors reaped the benefit eventually. It is our wish to bear the fullest testimony to the uniform worth of her character, for truly hers was a beautiful life of self-

sacrifice and perseverance, as she was for years a blessing to a large section of the sick poor of the town and district, for whom she prescribed, and to whom she gave the remedies at either a nominal remuneration or, as in thousands of instances, gratuitously, and she was held in the highest respect and esteem by all who really knew her. It will thus be seen that during her residence in the town she did the work usually carried on by a dispensary, no organisation of this kind having existed there until the establishment of the Bradford Homoeopathic Institution in 1877, excepting on one occasion when the late Dr. Brady and others started something of the kind in 1861, which had a fitful existence of not more than a year or two, and the burden of which, on its dying the death natural to neglect, fell upon Mrs. Teasdale's shoulders. Mrs. Teasdale had a great reputation for the treatment of the ailments of women and children, and people of all classes came from far and wide to consult her; she also was greatly in repute for her treatment of "bad fingers." She had an unswerving faith in the law of similars, and was also a firm believer in the efficacy of Markwick's spongio-piline. This article she introduced into Bradford on first settling there, she having been previously engaged in the management of one of the departments of Dr. Markwick's piline manufactory in King William Street, London. The spongio-piline is still, and deservedly so, a favourite appliance in the district.

In the last ten or twelve years of her life the old lady suffered much from deafness, and this infirmity eventually incapacitated her for her business, though she did not actually retire from its supervision until the beginning of the present year. Owing to this infirmity it was amusing to watch her during a consultation, and especially with a stranger. It was necessary for her to use an instrument to assist her hearing, and the one generally adopted was a flexible tube with bell-mouthpiece. The patient would usually go on well enough bawling into the end of the tube until some point of delicacy cropped up, and would often then remove the tube and commence whispering a description of the symptoms across the counter.

She had quite an army of pensioners, and seldom did a beggar appeal to her and go away empty-handed; often, we fear, however, her charity, thus indiscriminately given, was ill bestowed. The loss to the deserving poor on her retirement from business was a severe one, and will not easily be replaced. She will be held in loving remembrance by many.

as] long as the present generation of Bradfordians lasts. Much of her benevolence was extended to those who would scarcely come under the denomination of "the poor," for truly did she bestow her kindness so that we may say barely did her left hand know what her right hand had done.

Requiescat in pace.

[We are indebted to Dr. Maffey, of Bradford, for the foregoing notice.—ED.]

It is our painful duty to announce the death of one who for upwards of five and thirty years was a staunch disciple of Hahnemann, and a homœopathic writer of no mean merit, though not a doctor—Mr. FREDERICK JAMES SMITH. An obituary of our departed friend, from the pen of Dr. Wilde, of Weston-super-Mare, will appear in our next issue.

LITERATURE.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.¹

Reviewed by DR. A. BEAVER-BROWN.

TRULY "of making many books there is no end." We have received the first number of the above journal, edited by Henry Minton, A.M., M.D., and published by Boericke and Tafel, New York. It is well and clearly printed from excellent type, on toned paper, and has, moreover, two good features which many of our English journals would do well to copy—viz., the leaves are cut, and there is a wide margin to the pages. The literary matter, as a whole, is very good and interesting; there is a good supply of original matter; an account of a complimentary banquet to Dr. Guernsey, at which our colleague, Dr. Pope, was present; book reviews—among others a very favourable one by Dr. Hale of Dr. Burnett's "Gold as a Remedy in Disease;" together with some interesting extracts from other journals. Among the original papers is one by Dr. Conant, in which he gives indications for various remedies in the different disorders of pregnancy. These indications, however, are, with few exceptions, identical with those given under corresponding headings in Guernsey's

¹ The Homœopathic Journal of Obstetrics and Diseases of Women and Children. No. I., August, 1879.

Obstetrics. But surely, if Dr. Conant would select a remedy for any case of constipation, in accordance with the guiding symptoms which he gives under this heading, he would have no necessity to order the enemata of tepid water and soap-suds with which he seems so ready to "assist nature." In Dr. Thomas's excellent paper on "Ovariectomy," we have an illustration of the damage frequently done by meddlers, in the fatal result of a purgation "advised by some old women neighbours," after the excision of an ovarian tumour. Two interesting cases of malformation are related; one, a case of atresia vaginæ, by Dr. Farrington; the second, one of congenital occlusion of the vulva, by the editor. There is a good commonsense paper on the examination of sick children, by Dr. Edmonds; and one on the use of the curette and scoop, by Dr. Hale. Some items in the medicinal treatment of the third case related by Dr. Hale would hardly meet the approval of the stricter followers of Hahnemann; to wit, the administration of fifteen grains of *Bromide of Soda* at one dose, to relieve headache; and of *Ergotine Granules*, one grain in each, one every three hours, to prevent the accumulation of milk and induce uterine contraction. This savours rather too much of the old school.

Among the extracts is one from the *New York Tribune* concerning Alexis St. Martin, well known to all students of physiology. It may be interesting to some of our readers to know that this man is still living, and is hale and hearty, though seventy-eight years of age. The orifice in his stomach is still open. St. Martin is, unhappily, in great poverty.

In conclusion, we can only wish our new contemporary god-speed, and admire the pluck and go-ahead spirit of our American cousins, shown in thus bringing out a journal specially devoted to the interests of Homœopathy in the treatment of the Diseases of Women and Children.

THE BRITISH HOMŒOPATHIC MEDICAL DIRECTORY FOR 1880.

MESSRS. THOMPSON and CAPPER, the well-known homœopathic chemists of Liverpool, Birkenhead, and Manchester, have the Homœopathic Directory for 1880 in preparation. It forms a most convenient little volume, and improves from year to year. We trust all who have any information to

convey will do so soon, so that it may not be delayed in its publication. We think there should be an official Directory, but as there is none, we are grateful to Messrs. Thompson and Capper for supplying the want. We trust all homœopathic practitioners and chemists will subscribe each one for a couple of copies, to mark their appreciation of the useful enterprise. It only costs one shilling.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homeopathic World.

LACHNANTHES IN CONSUMPTION.

DEAR SIR,—On reading the article entitled “Our Annual Assembly,” in your issue of the 1st October, I was surprised to find that Dr. Nankivell, of Bournemouth, in reading his paper on “The Therapeutics of Phthisis Pulmonalis,” referred to the employment of *Lachnanthes* as a remedy for the disease in such a manner as to infer that the discovery was his own.

I think I am perfectly correct in stating that, until I drew the attention of the profession to the utility of this remedy, it had never before been used.

Dr. Nankivell states, “There is a paucity of evidence as to its special value.” From my own experience, and this is founded on the treatment of several thousands of cases, the drug has proved successful in a most extraordinary degree, and a very great number of these cases have recovered. Some of them were treated as far back as 1871, and are still enjoying good health, thus proving the reality of the cure.

Dr. Nankivell is in error in imagining that the exhibition of the drug should be limited to chronic, second, and third stages. It is true that this leaves but the first stage of the disease to meet, but it is here, where dulness on percussion, a harsh breath sound, prolonged expiration, and other symptoms of the invasion of the disease, present themselves, that I have found the remedy of the greatest value, two or three months’ treatment usually being sufficient to remove the mischief.

I make these remarks in justice to myself, and in defence

of a remedy which I think has at present done more towards the cure of phthisis than any other.

Apologising for trespassing on your valuable space,

I am, yours obediently,

EDWIN W. ALABONE, M.D., M.R.C.S. (Eng.)

Lynton House, Highbury New Park, N.,
8th October, 1879.

A HOMCEOPATHIC PRACTITIONER WANTED AT HIGH WYCOMBE.

DEAR SIR,—This town is much in need of a respectable qualified practitioner. Should you be able to recommend such a man, I shall be pleased to correspond with him on the subject of settlement. The ground is thoroughly broken up and cultivated, and in the opinion of not a few of the more influential inhabitants, presents a fine opening for a gentlemanly and persevering homceopath.

Yours truly,

TALIESIN DAVIES (Congregational Minister).·

27, High Street, High Wycombe,
16th September, 1879.

A REMARKABLE CONCRETION.

DEAR SIR,—Enclosed is a pathological specimen of great interest—the half of it only, the remainder I sent to Dr. Dyce Brown. It was expelled after two or three severe efforts, nearly choking the woman. She never complained of her chest, but she had some sharp pains about the liver (pleuritic?) some years ago—a possible chronic pneumonia of right lung—with a fortunate termination. There is at present no chest disease that I can discover. She has a large ovarian tumour right side, which has decreased much under *Graphites* 3x and 30. I do not think any other medicine was prescribed, unless it be *Aconite* for a cold. *Graphites* not only reduced the tumour, but stayed a tremendous blood loss, which continued three months—after an examination by an allopathic doctor, and my patient declined a second experience. Query, Had *Graphites*, a medicine with few chest symptoms, anything to do with the expulsion of this

remarkable calcareous concretion, the size of which was not far from a large-sized gooseberry? The case is worth recording in the *Homœopathic World*.

Yours faithfully,

East Hill, Wandsworth,
Oct. 8, 1879.

H. USSHER.

P.S.—At first its colour was like mica ; since then changed to its present hue. It was round and friable.

[This pathological specimen appears to us to be a gall-stone. Did it not come up *viâ* the œsophagus?—ED.]

PORTRAITS OF HOMŒOPATHIC PRACTITIONERS.

SIR,—We have the honour to announce that our plate, "Physicians and Surgeons Practising Homœopathy," will be ready about the end of October; and as it will be supplied to subscribers at a lower rate than it will be published at, we trust we may be honoured with instructions to retain a copy. The size of the plate will be about 28 by 18 inches, and the frame will be designed to suit the picture, which will be accompanied with a key.

Your obedient servants,

96, Gloucester Place,
Portman Square, W.

BARRAUD & JERRARD.

THE NURSING INSTITUTE OF THE LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, W.C.

SIR,—I desire to bring to your special notice the arrangements in force at this hospital for providing trained nurses to attend patients at their own residences.

Previous to 1877 a few nurses on the staff of the institution had been occasionally employed, two or three at a time and chiefly in London, on out-nursing, when they could be spared from the ordinary duties of the hospital.

The success of this very limited trial encouraged the Board of Management, in 1877, to profit by the services of the present highly efficient Lady Superintendent, and to extend the measure by increasing the staff of nurses from twelve to eighteen, so as to allow, on the average, eight nurses to be engaged in attending to private cases.

In 1878 the staff was further increased to twenty; and at the present moment it amounts to twenty-two; allowing, on an average, twelve to be employed for out-nursing. Occasionally as many as fourteen have been out at the same time.

Information on the subject was given in the Annual Reports for 1877 and 1878; but experience has shown that many homœopathic medical practitioners are still unaware of the establishment of a "Nursing Institute" attached to this hospital. Consequently the call for trained nurses, although it is constantly on the increase, is yet far from being thoroughly developed. The board of management are quite prepared to sanction further additions to the staff to keep pace with the demands for trained nurses; and they hope that, on your attention being specially drawn to the matter, you will be induced to try them.

I enclose copies of testimonials I have received from Drs. Hamilton, Yeldham, Burnett, Harper, and Dyce Brown, and Mr. Cameron, which may be left to speak for themselves.

On the fly sheet you will find particulars as to the charges, etc., for trained nurses sent from this institute.

Faithfully yours,

ALAN E. CHAMBRE,

Official Manager.

P.S.—Paying patients are now received at this hospital, one ward having been arranged to accommodate female patients, and another male patients, at a weekly charge of two guineas each person, all included, except the washing of personal linen. A limited number of patients can be received at higher rates for more exclusive accommodation. A fair amount of success has already attended this measure since it was inaugurated about two months ago, and it only requires to be more generally known to be entirely successful.

The following is an extract from the form sent out with nurses to private patients:—

"The rate of remuneration for the attendance of a nurse is fixed at £1 1s. per week in ordinary cases, and at £1 11s. 6d. in cases of infectious diseases, for any number of weeks not exceeding eight.

Should the number of weeks exceed eight, the remuneration after that period will be at the rate of two guineas per week.

Travelling expenses and washing are to be paid by the

family employing the nurse. In infectious cases, a sum of 15s. extra is required to be paid, when the attendance of the nurse is dispensed with.

Each week commenced must be paid for in full as one whole week.

It is particularly requested—

1. That no gratuity be offered to the nurse; the receipt of money, or of any article of clothing, being strictly forbidden by the rules, as they have always been found to be prejudicial to the discipline and good conduct of nurses. A book, or other article of small value (as a token of remembrance), may, however be accepted by a nurse without infringing this rule. Patients, or their friends, who wish to express gratitude for benefits received, can do so most effectually by donations or annual subscriptions to the hospital.
2. That no wine or spirits be given to the nurse, unless at the request of the medical attendant.
3. That the nurse be allowed to rest every third night; and that when her services are found to be absolutely necessary for several consecutive nights, she be allowed—during that time—at least six hours' rest, each day, away from the sick-room.
4. That the nurse be permitted to take out-of-door exercise at least every other day.
5. That when the services of the nurse are no longer required, this sheet of paper may be returned, sealed up, with a full statement, on page 3, of her conduct and efficiency, signed either by one of the family or the medical attendant, together with information of the sum remitted, and in what manner it is remitted."

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Copies of Testimonials.

9, Portugal Street, Grosvenor Square, August, 1879.—I have much pleasure in stating that my experience of the nurses sent out by the London Homœopathic Hospital is in every way satisfactory. Their knowledge in what is requisite for nursing, their attention and kindness to the patients under their charge, and their perfect trustworthiness in carrying out the orders of the physician, leave nothing to be desired.—EDWARD HAMILTON, M.D., Consulting Physician to the London Homœopathic Hospital.

43, Hertford Street, Mayfair, S.W.—I very readily and gladly bear my testimony to the efficiency and kindness of the nurses whose services have come under my notice in their attention upon my own patients; indeed, I never apply elsewhere for nurses, and have never had occasion to be otherwise than fully satisfied with them.—HUGH CAMERON.

10, Taviton Street, Gordon Square, 26th July, 1879.—You ask me for my opinion of our hospital nurses. I have no hesitation in saying that I consider them first-rate. Within the last year or two several very severe and critical cases of mine, both medical and surgical, have been nursed by them, and nothing could exceed their patience, intelligence, and kindness. Such excellent nursing I have never before witnessed.—STEPHEN YELDHAM, Consulting Surgeon to the London Homœopathic Hospital.

Windsor, 2nd September, 1879.—I have for several years employed nurses trained at the London Homœopathic Hospital, and have formed so high an opinion of their general excellence that I never now think of seeking such assistance elsewhere. I have had, in previous years, excellent help from other institutions, but I have never had such *uniformly* good and reliable nurses as those sent from Great Ormond Street; indeed, I do not remember ever having had one in whom I could find a single fault. For kindness of manner, patience, self-denial, skilful management, and *conscientiousness in carrying out instructions*, they have as a body been equalled by none, and their whole training reflects the greatest credit on the Lady Superintendent, Miss Brew, who certainly possesses in a high degree a rare gift for such work.—JAMES P. HARPER, M.D.

29, Seymour Street, Portman Square, August 29th, 1879.—I have much pleasure in stating that I have frequently had the advantage of the services of the nurses from the Homœopathic Hospital at the houses of my private patients, and that I consider them all far above the ordinary run of nurses. I have found them thoroughly up to their work, most kind and attentive to the patients under their care, and most agreeable inmates of the houses where they are nursing. Many patients who have dreaded the idea of a nurse, from former experience of others, have found our nurses an agreeable surprise, have made them presents on leaving, and have kept up communication with them afterwards. Their selection and training reflect the highest credit on Miss Brew, the Lady Superintendent at the hospital. I can with

confidence recommend my *confrères* to employ them whenever they have need for a nurse for their private patients.—D. DYCE BROWN, M.D., one of the Physicians to the Hospital.

2, Finsbury Circus, E.C., 29th August, 1879.—As a rule I am so afraid of the professionally busy nurse in the sick-room, that until about a year ago I was in the habit of refusing to allow any trained nurse to take charge of any patient under my medical care. I have had good reason to be thus afraid of the regular nurse, for I have more than once seen a valuable life lost through the injudicious acts of nurses. But last autumn I was persuaded by Dr. Pope to try the nurses from the Nursing Institute of the London Homœopathic Hospital, and I am bound to confess that I was most agreeably surprised at their excellence; it is clear that some one has very carefully trained them. Since then I have frequently employed them, and that with the very greatest satisfaction, having invariably found them sober, humane, kind, and gentle, and thoroughly devoted to their noble womanly calling. In tedious cyclic cases—such as typhus, typhoid, and rheumatic fever—I have found them simply invaluable.—J. C. BURNETT, M.D.

LONDON HOMŒOPATHIC HOSPITAL.

The return of patients admitted during the sixteen weeks ending October 23rd, 1879, gives the following statistics:—

Remaining in Hospital July 3rd, 1879	38
Admitted between that date and October 23rd	146
	<hr/>
	183
Discharged between July 3rd and October 23rd	140
	<hr/>
Remaining in Hospital October 23rd, 1879	43

The number of new out-patients during the above time has been 2,059.

The total number of out-patients' attendances for the same period has been 6,197.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, Finsbury Circus, London, E.C.

All advertisement and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

QUERIES.

DEATH OF DR. HEMPEL.—

Dr. C. J. Hempel, the well-known translator of *Jahr* and of many other homœopathic works, died some weeks since at his residence, Grand Rapids, Michigan. Can any one of our readers who *knew* him supply us with his life-history?

I NOTICE in skin eruptions that where a drug is given that does not quite heal up the sores, but produces some benefit, shortly after another drug is given an increased discharge comes on, and so on with a third or fourth drug. I am speaking of low dilutions, 2x and 3x. Is it characteristic of drugs that they produce excretion before healing—a sort of rotary action? or is it that a lower dilution primarily gives an impetus to excretion while its secondary action is to heal?—X. Y. Z.

As persons get towards middle life the muscles become

flaccid, a double chin, thickened neck, etc. Is this degeneration of muscular fibre, or infiltration of healthy fat in the tissues? I have frequently removed this condition with *Calotropis G.*, No. 2x, without reducing the person's weight.—E. B. I.

BOOKS AND JOURNALS RECEIVED.

The Homœopathic News, April and September, 1879.

Allgemeine Homœopathische Zeitung, Nos. 13, 14, 15, 16.

L'Homœopathie Militante, No. 9, September, 1879.

Boericke and Tafel's Quarterly Bulletin of Homœopathic Literature, August, 1879.

British Journal of Homœopathy, October, 1879.¹

Monthly Homœopathic Review, October, 1879.

La Reforma Medica, Tomo III., Num. 14.

The American Journal of Electrology and Neurology, Vol. I., No. 2, October, 1879.

The American Homœopath, October, 1879. Four copies.

Trigonocephalus Lachesis: an Acrostic.

The Organon, No. 4, Vol. II. Chemist and Druggist, Oct. 15, 1879.

American Observer, September, 1879.

The Dublin Journal of Medical Science, September, 1879.

A Guide to Homœopathic Practice; designed for the Use of Families and Private Individuals. By J. D. Johnson,

M.D. Boericke and Tafel, New York and Philadelphia. London: The Homœopathic Publishing Company.

The Grounds of a Homœopath's Faith: Three Lectures by Samuel A. Jones, M.D. Boericke and Tafel, New York and Philadelphia, 1880. London: Homœopathic Publishing Company.

Condensed Materia Medica. By C. Hering. Second Edition. Boericke and Tafel, New York and Philadelphia, 1879. London: The Homœopathic Publishing Company.

A Clinical Assistant; being Reliable Gleanings from Practice. By R. W. Nelson, M.D., etc. Chicago: Duncan Brothers, 1879.

New England Medical Gazette, October, 1879.

The New York Eclectic Medical and Surgical Journal, Vol. VI., No. 5, October, 1879.

El Criterio Medico, Tomo XX., Num. 9.

Archivos de la Medicina Homeopatica, Numero 46.

CORRESPONDENTS.

Communications received from Alan E. Chambré, Esq., London Homœopathic Hospital; Dr. Midgley Cash, Torquay; E. B. Ivatts, Esq., Dublin; Dr. Fishblatt, New York; Dr. Pope, London; Dr. Clifton, Northampton; Dr. Cooper, London; Professor E. M. Hale, Chicago; Dr. Usher, Wandsworth, S.W.; G. A. Cross, Esq., London Homœopathic Hospital; Dr. Maffey,

Bradford; Dr. Tuthill Massy, Redhill; Dr. Minton, Brooklyn, N.Y.; President and Secretary of the Statistical Society, Strand, W.C.; Dr. Roth, London; Dr. Samuel Brown, Chester.

ANSWERS TO CORRESPONDENTS.

DR. GOODMAN, editor of the "Homœopathic News," St. Louis.—Many thanks; we reciprocate.

DR. SAMUEL BROWN, Chester.—Your paper on "A Case of Mental Derangement" came too late for insertion in this number; it will appear in our next.

The Homœopathic World.

CONTENTS OF OCTOBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Our Annual Assembly.
The Art of Digesting.
The Superiority of Homœopathy over Allopathic Medical Treatment in Certain Chronic Forms of Disease.
Accurate Diagnosis Essential to Successful Treatment.

Deafness Dating from Infancy.
The Biochemic Cure of Diphtheria.
Calotropis Gigantea: Rheumatic Fever.
Dr. Pope in the United States.

VETERINARY PRACTICE:—

Case of Traumatic Tetanus.
Epilepsy in the Dog.
Milk Fever in the Cow.

LITERATURE:—

Homœopathy the Science of Therapeutics.
Lectures on Homœopathy.
A Biographical Retrospect of Allopathy and Homœopathy.

REPORTS OF INSTITUTIONS:—

Programme of the London School of Homœopathy for the Coming Session.

CORRESPONDENCE:—

A Question of Dietetics.
The Influence of Diet in Diseased Conditions.

Information Wanted.
Dr. Hawkes on Lycopodium.

THERAPEUTIC NOTES.

MISCELLANEOUS NOTES.
SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

DECEMBER 1, 1879.

NULLA FIDES SERVANDA HÆRETICIS.

A CERTAIN little homœopathic circle swerved from their wonted ways and sent for a well-known allopath who has made himself a name in pathology. Friends looked askance, enemies rubbed their hands gleefully, and there was heard the echo, "Oh, I knew they would have to give up Homœopathy, did not I say so?" But we *knew* that one at least in said circle owed his life to Homœopathy, and no just ground for the new departure was apparent.

In a few weeks Homœopathy was reinstated in its previous position, and the old wiseacres held their peace.

Then the following instructive little story gradually oozed out. A certain homœopathic practitioner, of recognised position and ability, had treated a gentleman for some pulmonary affection, and had maintained that the lungs were not materially affected. But patient's friends became uneasy, and the before-mentioned hospital physician was consulted, and he forthwith discovered a cavity in one of the lungs, and thereupon thus charitably dealt with his poor absent homœopathic brother: "The case is obvious to the merest tyro, and if one of my first year's students had made such a blunder, I should be thoroughly ashamed of him."

The unhappy homœopath (who by the way is really a sound diagnostician) was informed of his supposed blunder; he again examined the patient's chest, but still adhered to his former diagnosis. He was not believed, and patient set out for the antipodes.

Hereupon they all turned their backs upon Homœopathy, and unanimously reviled it and its professors.

Presently a young lady of this circle got a cough, and this time it was determined to have no more homœopath's bungling diagnosis, but to send for the allopathic physician. He came; examined most minutely; gave a favourable prognosis, provided the patient wintered in the south. This

M M

was agreed to. He prescribed for the case, and said he would come again in a fortnight to give final instructions for the journey south. He came, and postponed the departure for a week, to get the patient a little stronger for the journey. He came again at the expiration of a week as agreed, and found the patient—*dead*. She had died that morning, a neighbouring allopath having been hurriedly called in.

We merely mention these little facts to show how the leaders of the allopathic portion of the profession *habitually* behave to us heretics when they are *tête-à-tête* with patients. Let no one tell us that this is exceptional; we have the most incontrovertible evidence that it is the rule, the contrary being the exception. But we shed only crocodile's tears over the sorry affair; they are just digging pits for themselves.

THE WYLD-RICHARDSON FIASCO.

WE thought we had heard the last of this miserable fiasco, but we find we are mistaken. Poor Dr. George Wyld (metaphorico-homœopathically speaking) is no better; he is getting so weak in his *homœopathic* knees that he now cannot even stand without a hydropathic compress as lateral support; even when he has been thus hydropathically raised to the perpendicular he cannot get a start without a few turns at his galvanic battery and just a little medical rubbing to thaw the inspissated synovia. Moreover, even when thus started he cannot walk without allopathic crutches.

Maligning him! No, we are not. Read his own words in the November number of the *Monthly Homœopathic Review*, p. 712. He there writes thus:—"When I am brought face to face with the profession, and am asked if I am not a homœopathist, I reply, 'I am so far a homœopathist inasmuch as I believe there exists a similarity between the symptoms of drug-action and disease-action, suggesting a law of cure of the greatest importance; but I believe, with Hippocrates, that some diseases are best cured by similars, and some by contraries, and I employ hydropathy, occasional aperients, electricity, medical rubbing, Turkish baths, German waters, and all other means known to me.'

"I do not surrender one atom of principle, and yet I am, on giving this answer, at once admitted to all medical rights and privileges."

It is really no wonder that Dr. George Wyld needs so

many adventitious aids to therapeutic progression, since his Homœopathy is the *Homœopathy of Hippocrates!*

In strict historic truth, it must be admitted that the Old Man of Cos had a faint—a *very faint*—prevision of Homœopathy, but that was all.

Yet the Homœopathy of Hippocrates is to the Homœopathy of Hahnemann as one grain of sand to the entire mass of the globe we inhabit. Dr. Wyld must be ignorant indeed if he does not know this.

How a man, who has practised Homœopathy for a number of years, can have the astounding audacity to ask us to believe that he surrenders no atom of principle when he strings together such a contemptible confession of faith as the one we have just quoted, entirely transcends our comprehension.

What "medical rights and privileges" Dr. Wyld may have been admitted to as a reward for leaving out the thrice-blessed name of Hahnemann when he speaks of Homœopathy we do not care to know. To our mind there is no reward this side the grave that can compensate for the loss of one's liberty, which is the great prerogative of a man.

What shameful injustice, what craven meanness, are involved in daily using for twenty years the Herculean labours of Hahnemann, and then with scriptural unctuousness denying it in order to get admitted to some "medical rights and privileges"!

The very stones in the street cry shame.

COMPLICATED DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear,
London Homœopathic Hospital.

In a paper I read before the British Homœopathic Society last session I classified Deafness in accordance with the existing structural condition; the first class being *Simple Deafness*, where no visible structural change was present; *Complex*, where perforation of the drumhead, growths in the meatus, or adhesions calculated to interfere with hearing-power, in other words, visible structural change, existed; and *Complicated*, where with either form there was evidence of functional impairment of the auditory nerve.

This last is of course by far the most obstinate variety, as it has to do with the internal ear, which, so far as the

Allopaths are concerned, "is completely removed from the direct operations of the physician and surgeon." Thanks to the guidance of symptoms, to the possession of a therapeutic law, and to our acquaintance with the effects medicines produce upon parts removed from sight, we are almost as easily able to act upon the internal as upon the middle ear.

The following is an example of what can sometimes be accomplished in what are by the profession generally regarded as hopeless forms of Deafness.

Miss B., aged twenty-nine, has been very deaf upon both sides since seventeen years of age, and slightly so all her life. The right ear, the worst. Deafness is more pronounced when she takes cold; the right ear then gets very painful, and discharges. Her voice is thick; does not have noises in ears except when she has a cold.

A good deal of mucus in the naso-pharynx. Bowels are regular, general health good.

On testing her hearing I found her unable to detect the vibrations of a tuning-fork except at one spot half an inch in front of the left ear, and on the right side only when the meatus was closed. In fact she can hardly be said to hear a tuning-fork at all, except when placed in contact with the teeth.

The watch is not heard at all on the right side, and very feebly when pressed against the left. The right membrane was sunken in and seemed to be adherent to the promontory of the middle ear, as did also the left membrane, but here the retraction was less.

Nothing could appear more hopeless than this case, and yet by the aid of treatment a great measure of improvement has been brought about.

To begin with, for the first fortnight she had a drop of *Mezer.* ϕ in three doses every day. At the end of it, reported having had a cold which caused the hearing of the right ear to improve; has not been feeling very well, and has much chest-pain.

There has been a watery discharge from the right ear.

The handle of the malleus on the right side is foreshortened, the membrane looking if anything worse than at first; the left membrane looks better.

To have same medicine, and a lotion to the back of the throat of *Ulmus Fulva* (*Slippery Elm*) infusion and *Glycerine*.

At end of third fortnight reported further improvement in hearing (voice) and has not taken cold. Has had within

the last three days two fainting attacks. Appearance of the *right* membrane has greatly improved; less sunken in but rough-looking.

The *left* membrane natural, but the chorda tympana nerve can be seen through it, and above its course the membrane is much drawn in.

Watch-hearing the same.

To have *Apis Mellif.* 3x, seven drops to go over three weeks.

At the end of these three weeks reported herself "very much better," hearing (conversation) greatly improved, has not had any fainting fits, discharge gone from the right ear, no phlegm about the throat.

Tuning-fork heard *easily* upon both temples, watch-hearing the same.

Right membrane not retracted as it was on first coming under treatment, no appearance of a perforation; *left* membrane looks all right.

I have not seen this lady since, now nearly a year ago, but heard from a friend of hers that she was quite recovered, by which we must be allowed to understand that conversational hearing had become greatly better. More than this we are bound not to infer without instituting a careful examination.

For explanation as to the effect of *Apis Mell.* my paper had better be referred to. Case 3, p. 123 (of No. XLIX. of the *Annals of the Brit. H. Soc.*, is the same as that of Miss B.)

As a fitting accompaniment of our last case, but one unfortunately not any more instructive to the student of drug-action, will be the case of Thomas A., a deaf-mute of six years old, who came to the London Homœopathic Hospital 7th September, 1878, and who had lost his voice and hearing since an attack of scarlatina that he had had three years back. Whether he has any hearing or not it is impossible to determine, the expression he assumes upon testing his hearing with the tuning-fork not being sufficiently intelligent.

He was first given *Sulphur* by the resident medical officer, but, as far as I could determine, it seemed to cause an incontinence of urine during the daytime. On 21st September I changed to *Tereb.* 3x, without benefit, and on 12th October I gave him *Calcarea Carbon.* 3x, and on 26th received the report that he now wets his bed, besides having incontinence by day. So far, then, treatment had not been in any way happy.

We then (26th Oct.) altered his prescription to one drop of *Soda Chlorata*, to go over the fortnight, a dose that astonished an allopathic colleague who was present at the time.

On 16th November, 1878, we had this gratifying report. He has certainly improved; he can hear with the right ear, he begins to talk, and the other day heard an organ quite plainly that was playing in the street, and even looked round when a small stick dropped from the table on to the floor. Hears a watch on both sides. He does not wet his bed so often, and there is no incontinence by day. His appetite, however, is not good, and he picks his nose very often; no worms have been seen.

The membranæ tympani look natural.

December 6th.—Not so well, again wetting his bed; still hears things.

Sacch.-Lactis powders; one, dry, night and morning.

December 28th.—Decided improvement, tries to talk for the first time, and he does not wet himself so much.

Heard a piano playing upstairs when he was on the ground-floor, for the first time.

The *Saccharum Lactis* powders seemed to cause the bowels to act more freely than usual.

On this occasion the *Soda Chlorata* was once more prescribed. But again I have to express disappointment; his mother discontinued coming with him.

I need hardly say that it is most vexatious to one who takes an interest in cases of this kind to find parents will not take the trouble to give their children even a chance of getting well, for no one in their senses could expect a case of Deaf-mutism of three years' duration to be absolutely cured in as many months.

Along with the case of *Deaf-Mutism* in the last number of this journal, p. 463, it encourages to hope for and expect better things.

A CASE OF MENTAL DERANGEMENT.

By SAMUEL BROWN, M.D.

ALTHOUGH physical ailments are generally recorded in our journals, the following case of mental derangement, treated successfully with homœopathic remedies, may be none the less acceptable. Mrs. P., æt. 63, is a small, thin, sallow, and anxious-looking person of highly-nervous temperament, with black hair and dark-brown eyes. *History*.—For several weeks back sleeplessness and restlessness, developing into extreme irritability and despondency during the last few days, has been observed. She has had a slight cold, for which she prescribed *Sulphur* herself, but there was no record of any other bodily illness.

She had taken one drachm of tincture of *Sulphur*, 3 cent., in the course of a few hours, three days before. Query, Does this bear on the case? And if so, to what extent are the extreme symptoms referable to its action? Suffice it to add, she got rapidly worse thereafter.

She refuses her food, saying always, "Rather give it to the children, we can't afford so much," but has been noticed to take a surreptitious mouthful or two when she fancied she was unobserved. She thinks they are living very extravagantly, although in reality the household expenses are not increased. Instead of being hyper-kind and affectionate towards her grandchildren, she is easily irritated and roused by them, and dispenses more blows than she formerly did kisses. She moreover takes no interest in household affairs, as was her wont, is very suspicious, particularly of the servants, and will not go out of doors. During the last two nights she moaned a great deal, and scarcely slept at all. When spoken to or asked the reason of her strange behaviour, she only shakes her head and weeps. Being a strict Methodist, she could never tolerate the atmosphere of free-thought which surrounds her. Lately she had been reading Harvey's "Meditations among the Tombs," several books of sermons, and other depressing literature, over which she had been frequently seen sobbing and moaning.

June 6th, 1879.—After hearing the above the patient was sent for. She was led reluctantly into the room, and, without looking at me, sank into an easy-chair, where she sat crouched up, silent, the very picture of despair, and every now and then giving quick glances of fright and suspicion towards me and the door—much like some dejected

prisoner on a charge of murder. Nothing would induce her to enter into conversation. She only said she was very unhappy, and that it was wrong to be so. This and one or two monosyllabic answers were given in a scarcely audible whisper. I could detect no physical signs or symptoms of disease. The bowels were constipated. I advised her surroundings to be made as cheerful as possible, all depressing books and influences to be removed, and ordered

R. Tc. *Nux Vom.* 30, mj. every four hours.

June 8th.—Patient was in bed at time of visit. Her daughter reported that she had been much better since beginning the medicine till 2.30 this morning, when she awoke with a start after a good quiet sleep. She had dreamed that “the whole family were to be dead in the morning.” She raved to me about some “great calamity” which was going to befall them, but what it was she could or would not tell. I noticed now more particularly how emaciated she was, and learned that that had been slowly increasing for several months. Voice stronger. She complains of thirst and a sense of constriction in the throat. Any fluid—*e.g.*, beef-tea, milk, etc.—however, was ejected as soon as put in the mouth. Even her medicine she would spit out unless she were closely watched till it was swallowed. No appetite, or at any rate, inclination to take food. Bowels had acted comfortably. Discontinue *Nux*.

R. Tc. *Ars.-Alb.* 30, mj. every three or four hours.

June 9th.—I found she had been going about the house more naturally than she had done for a long time, and had even been induced to take a short walk. Slept well all night, but on waking had a delusion that all her clothes had been stolen, and would not be convinced of the reverse till all her belongings had been laid out for inspection. Thirst and constriction of throat gone. Of her own accord had taken some breakfast this morning. She seems to take more interest in things around. Continue.

June 16th.—Since last report she has had many ups and downs from comparative cheerfulness to the depths of despair. Very morose and dull to-day, suspicious about her clothes, and talks vaguely about taking some long journey. She would not speak to me, or answer any questions, but incoherently muttered about “something hanging over her,” and moaned all the while.

R. Tc. *Hell.-Nig.* 30, mj., R. Tc. *Nux Vom.* 30, mj. alternate two hours.

June 18th.—Four hours after first dose of *Hellebore* she seemed “perfectly herself again,” and continued so for about forty-eight hours. She had a sleepless night, and got up this morning almost as bad as ever. Has taken the medicine under great pressure. Real improvement, however, having seemingly set in, I ordered a continuance of the same.

June 23rd.—Patient very much better, taking daily walks, interesting and occupying herself about household affairs. No vague fancies or fears; more cheerful, and able to talk sensibly on ordinary subjects. Appetite returning, bowels quite regular, cheeks not so sunken nor complexion so sallow. She pleaded hard to stop all medicine, as she felt “quite well,” but I advised a continuance of *Hellebore*, one dose at night, and of *Nux* one dose in the morning.

June 27th.—To-day I sat chatting for a pretty long time, but could discover no trace of my patient’s late mental derangement, and her daughter afterwards told me that she had progressed steadily since the 23rd. A change to the country was advised, and all medicine stopped.

I have since heard, from time to time, that Mrs. P. continues “all right.” She has no recollection of her illness.

25, Grosvenor Street, Chester,
18th October, 1879.

NOTES BY THE WAY.

By Dr. USSHER.

Rheumatic Iritis.

JACOB P., a German, and, as the sequel will show, a good specimen of that solid nation, became a dispensary patient September 25th, 1879. The right eye was severely inflamed, thick bluish-red vessels were abundant on the conjunctiva of the globe; the lids were scarlet, granular, tumid-looking; more lachrymation than intolerance of light; paroxysmal pain. He was full-blooded, and of rheumatic diathesis. *Bell.* 3x gave a good deal of relief, but there was not so much as I anticipated, and to the pain was added nervousness. On the 30th there were three adhesions in the lower segment of the iris. Still I felt *Bell.* was in its place. On the 6th the appearance of the iris was much altered—immensely dilated, oblong, with the long diameter in a line from the zygoma to tip of nose; and round the iris a deep brick-brown

coloured zone. I changed the *Bell.* 3x to *Atropine* 3, gtt. v., in 12 tablespoonfuls of water, this to be taken three times daily, bathing the eye with warm milk and water. Sept. 9th, he could not sleep for the *Atropine*, it affected his head, but all the other symptoms were improved, and continued to do so until the 14th. He had *Atrop.* 3 only once; my choice was directed to it rather than *Bell.* by the severity of the neurotic symptoms—pain, agitation, and photophobia. The freedom from pain, adhesions, vascularity, and returning power of vision, left nothing to be desired. A sty on the left upper lid was the last inconvenience, and *Staph.* 3x was prescribed. He was gratified with the result, and so was I, for he placed on my book a sovereign as a *gift*, and I felt pleased and honoured by his spontaneous act of thankfulness, an act worthy of *English* imitation. We doctors love gratitude in the patient, and wonder we see so little of it. Formerly the relation of family doctor was a very endeared one, but nowadays change seems impressed on all things. Fickleness makes us sometimes cry out, "Meddle not with them that are given to change." Devotion and service require both the knowledge and respect of those you serve.

Some Sore Throats, and their Teachings.

A very severe cynanche in a lady after her confinement. She caught cold, and her old enemy returned; the pain in swallowing was terrific, the fulness and throbbing of the *right* tonsil severe, and with it sleeplessness. *Hepar Sulph.* 6x trit. (Keene and Ashwell's) helped it to an early opening, but there was still left severe pain on swallowing. There was additional distress from the foul-tasting discharge. I then gave *Baryta Carbonica* 12 in pilules, three times daily, and the next morning found my patient expatiating on the glories of "those magic pills." So great was the relief, that in this case I regretted not having used this medicine *ab initio*. Speedily everything went right.

You will observe with some of these cases a look half piteous and half frightened. These, on the recommendation of the ever-to-be-trusted Constantine Hering, *Psorin* helps; and to all who dislike *Psorin* I can only say, try it—one dose only, and away with your prejudice. I say the same of *Syphilin*, as indeed I might say more, for it has rendered me most glorious help. It was made and kindly sent to me by Dr. Skinner, of Liverpool. With two other

medicines I have succeeded in breaking up these cynanche tonsillaris abscesses. *Mercurius Cor.* 2x and 3x in a few hours has caused a free opening. In cases calling for this medicine the mucus comes from the mouth and throat in abundance, and it smells badly. They are subject to catarrhs, and the throat is easily affected. Their mucous linings are unhealthy, and in summer diarrhœa is common with them. Years ago *Guaicum* was a favourite remedy, when I mixed it with *Nitrate of Potash*, and did not know which was useful. Now I turn to Hering's *Materia Medica* and find, under "Throat," "Violent burning, threatened tonsillitis." I think this remedy finds a place in rheumatic and gouty people. Hering says, "All the secretions are of unbearable stench, and it appears to promote the breaking of abscesses." The *Nitrate of Potash* has a well-known throat relation. As a household remedy *Sal prunella* was sucked in balls made in a bullet mould, and produced any amount of saliva. It causes "sore throat day and night, with inflamed velum palate and uvula; fœtid odour from mouth." *Hepar Sulph.* determines the suppuration, but sometimes is slow about it. *Merc.-Cor.* when indicated reaches the matter in a few hours (*Burt*). *Guaicum* and *Nitrum* will be in their place, as I think, the former with rheumatic and gouty, the latter with strong, plethoric men. It takes down inflammatory action like *Aconite*, but it defibrinates the blood, and I once saw its use in rheumatic fever followed by fatal diarrhœa. Its allopathic use I mean. Some of these gentlemen never ask themselves, can medicine do any other harm than by poisoning the patients. Once, and once only, independent of diphtheria, I have seen pyæmia rapidly fatal from sore throat, and this when convalescence was supposed to be going on. Why it does not occur oftener is no more surprising than the exemption we see from uterine phlebitis, a wonderful thing, until some freak of nature breaks the charm.

Œdema of the right side of uvula and tonsil has several times yielded to *Apis* 12. The dry, shining, polished, glistening mucous membrane finds a helper in *Phosphorus*. In the phosphorus throat, as I have noted in my own person, it stings worse towards evening, and feels raw, aggravated by talking. There is a hawking of heavy mucus morning and forenoon, with a horrible taste, as if it had long lain there. One has no go in him either to do or think; every noise is a worry, the mind is depressed, and the skin perspires in bed. Another peculiar throat, dry like *Phos.*,

but not shining, the muscles of the pharynx swollen, deglutition most painful, incessant cough, and sometimes ending in vomiting; the colour of the throat dark coppery red. Here *Dros.* 1x has been of great utility. Heretofore my plan has been to use *Hepar* when suppuration is inevitable, and there are some families where it may be positively looked for early. Can we prevent it with *Bary.-Carb.*? I think with Dr. Rainsford, we may if we get them when the tonsil begins to take on action, then *Bary.-Carb.* 12 given frequently has also in my hands cut it short; but for the dreadful soreness that follows the opening, after *Hepar*, the *Baryta* has a soothing effect, and a healing one too. I have specially noticed this in several members of the same family. Enormous abscesses, holding a cupful of pus, I have had speedily opened by the *Guaicum*. It has a horrid taste, and seems, in the words of the patient, to fasten on the pharynx. Now let me say a word on things that are found, and are not found save in the dishonest invention of the diagnosers. A patient of mine went to a great man (Allopath), and was informed that warts were growing on his larynx. At first I thought it probable, as a large one on his eyebrow was cured by *Thuja*. The said warts were to be excised, but as the operation was postponed, and the fee each time was two guineas, my friend began to think of his guineas as well as his throat, so went to number two laryngoscopist. He could see nothing, but feeling that he might be fallible, advised a number three observer, who, unaware of his pre-operators, made a careful scope, but no warts were to be seen—for the best reason, there were none. It so happened that the gentleman's wife, visiting one day, discoursed the matter with her friends, when a young lady present announced that her cousin had had a similar diagnosis of warts by the same scientist, to be operated on some time hence by the same explorer. So the general confidence was shaken in the great man, who prospers by falsehood and gets fat on lies.

Years ago it was considered good (allopathic practice) to open suppurating tonsils. I have in my remembrance one young lady for whom I employed the expedient, and to my subsequent regret, for it was a long and trying affair to heal. In that case the smell was so bad I had to go quickly out of her reach. To cut these enlarged tonsils, as the "warty professor" does, is, to my humble judgment, a bad thing; nature often avenges mutilation, and they can be cured without the knife and without caustics. Lunar caustic never does the

least good; it is a piece of exploded barbarism. I well remember a poor old friend of mine who had a piece of silver nitrate dropped down his throat; he died a few months after, having suffered acute gastritis, mitigated somewhat by his swallowing at the time a solution of common salt.

Another affection of the throat, in girls, who hawk up a quantity of phlegm, and whose breath is simply indescribable, is a most troublesome matter. *Nitric Acid 1x*, *Thuja*, *Mercurius*, and *Nat.-Mur.*, have given me some hope of a curative action, and a lady has suggested "tripe" diet.

There is a *relaxed sore throat* which *Quinine* benefits, and in this case (past allopathic experience) the *Quinine* was dissolved in a few grains of *Citric Acid*, and used as a gargle only.

Another not uncommon sore throat, and unsuspected, arises from the eruption of the wisdom tooth. *Bell.* and *Hepar* here are all potent.

I have met with a *trying sore throat* in old gentlemen partial to overmuch tobacco. The uvula is long, and there is a most harassing cough, worse in the evening. It is the produce of Bristol bird's-eye, and is much relieved by *Puls. φ* and less tobacco.

Lastly, another often *unsuspected throat disorder* is the ovarian, pointed out by the late Dr Epps. Such are a few gleanings of things past and present.

Wandsworth, Oct., 1879.

SYMPTOM OF THIRTY-SEVEN YEARS' DURATION CURED WITH CALCAREA CARBONICA 30.

By THE EDITOR.

ONE might fairly suppose that a symptom that had lasted *thirty-seven years* would be beyond the reach of any remedy whatsoever. What is *Calcarea Carbonica 30*? We will not attempt to answer that question. But, whatever it be, it is a most powerful remedy. We are sorry to confess it—but shall we look and not see, touch and not feel, read and not understand?

We are treating a lady of about sixty years of age for symptoms of *softening of the brain—ramollissement* is what systematic writers like to call it—and in endeavouring to get some sound reason for exhibiting a drug we went over her case,

and a very prominent symptom was *nocturnal perspirations of the head*. "But," said she, "that I have had for more than thirty-seven years; so it is no use taking any notice of that."

But we *did* take notice of it, and gave *Calc.-Carb.* 30 several times a day. Within fourteen days the symptom quite disappeared, and with the disappearance of this pregnant symptom there is *obvious improvement* in patient's condition.

Expressing her great surprise at the disappearance of these perspirations of the head, patient remarked that she had often been obliged to get up in the night, and sometimes even two or three times a night, to dry her head with a towel. With the perspirations there was a disagreeable odour about the head, and this has also disappeared.

We have verified this old, old key-note of *Calcarea* very many times, and the more we verify it the more impossible does it seem—*i.e.*, with the *thirtieth* dilution. It is very unfortunate for Homœopathy that these dilutions *do* act, because it prevents thoughtful scientific men from investigating it.

We must admit that it is *à priori* absurd to suppose that a thirtieth dilution is anything at all; yet the most careful clinical experiment demonstrates the efficacy of said dilution.

Now let us suppose that this case of thirty-seven years' duration is in some point fallacious; that will not help us out of the dilemma, for hundreds of medical men have verified this *Calcarea* symptom, and that with the infinitesimals.

Nocturnal perspirations of the head is a very common symptom in children. A fortnight since we were called upon to prescribe for a strumous male child of two years. The mother stated that he was restless at night, backward in teething, slow in walking and talking, pale, flabby, and *his head perspired very much at night*. *Calcarea Carbonica* 30, one pilule three times a day, was prescribed. The mother, a clear-headed, intelligent lady, could not suppress a laugh at the prescription. The medicine was administered as prescribed, and now we learn that the child's flesh is firmer, *the perspiration of the head has entirely ceased*, and he sleeps much better, and is altogether "quite another child."

That mother now considers *Calcarea Carbonica* 30 a very serious prescription indeed, inasmuch as it has, to her senses, so obviously and profoundly modified the condition of her child's health.

Now, suppose the chemist prove that *Calc.-Carb.* 30 have

no existence chemically, *as far as he knows*; the microscopist, that it has no existence, *as far as his highest powers carry him*; and the physicist, that the spectrum cannot detect it—and these are true suppositions—what then? Clearly we are beyond the pale of scientific investigation, both chemically and optically. Hence we are exposed to ridicule. We have repeated this clinical experiment over and over again in Chester, in Birkenhead, and in London, and with the same result—viz., *Calcarea Carbonica 30 cures nocturnal perspirations of the head.*

THIS IS AN EXPERIMENTAL FACT.

Does such a fact cease to be a fact because it is *apparently* absurd?

We invite a discussion of the *infinitesimal* dose, and each in his, or her, own way.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 358.)

(24) *Boston Medical and Surgical Journal*, 1860, vol. lxi.
p. 173.

By Dr. J. P. Willis.

Reference to account of *Cannabis Indica* by Herodotus. In India it is called the increaser of pleasure, the exciter of desire, the cementer of friendship, the causer of a reeling gait, the laughter-mover; and causing in those who use it familiarity, a heavy, lazy state, reveries, and sleep in a few hours. Dr. Simpson (*Obstetric Works*) says it is anodyne, ecstatic, and anæsthetic. Dr. Joseph Banks says that it is used in Barbary to assuage the pains of amputations. Fifteen hundred years ago it was used in China for the same purpose. Reference to Dr. O'Shaughnessy's experiments; see above.

(25) *Boston Medical and Surgical Journal*, 1857, vol. lvi.
p. 315.

By Dr. A. Bryant Clarke.

An insane woman, aged twenty-two, took a tincture of the

English extract of *Cannabis Indica*, in the quantity of two grains night and morning, for about two weeks, with very good results. She then took a dose of two and a half grains. In about an hour a message was sent for me, saying that they thought she would live but a short time. I saw her in two or three hours, and found her sitting up, and more natural and quiet than she had been for weeks. The attendant described her as apparently fainting, with breathing slow and regular; a blue and dusky state of skin, blood settled under finger-nails; and they said they had with difficulty kept her alive.

I took the same dose (two and a half grains) myself, and soon after ate a hearty dinner. Within an hour I began to feel its peculiar effects, as described by Dr. Bell (see below, *Boston Med. and Surg. Jour.*, vol. lvi.). My left arm was partially paralysed, the skin looked blue, and there was blueness under finger-nails, as though the blood was imperfectly arterialised. The effect of the drug was at its height in about three hours, and passed off in about five hours. The arm was powerless for half an hour, but friction would partially restore it.

(26) *Boston Medical and Surgical Journal*, 1853, vol. xlvii. p. 217.

From a New Orleans paper.

Those whom we [the editor of *Boston Med. and Surg. Jour.*] saw under the influence of *Cannabis Indica* sat on a wooden bench, gravely drawing at a pipe-stem, without uttering a single word. Suddenly one of the company would burst into a tremendous horse-laugh, and then another, without having even spoken or looked at each other. Tears rolled down their bronzed cheeks, to such a pitch of pleasurable excitation had they been raised. Visions of ecstatic beauty were represented to have been dancing before them, while wit and repartee, to which they supposed themselves listening, all but convulsed their over-excited systems. One man, referred to in the New Orleans paper, took six grains, which produced great weight about the head, followed by irresistible bursts of laughter, during which, however, he was perfectly conscious of all that he was doing, and felt, and thought. He says:—“I was astonished by the crowd of brilliant and novel fancies and ideas that rushed through my brain, returning over and over again. Imagination and perception were developed to their fullest extent. All the principal incidents of my life

passed before me like a flash. This condition of mind lasted two hours. Dreams and reveries of the most pleasing nature followed this extraordinary tension of the intellectual faculties. Then came a deep, calm sleep, which ended this singular fit or mental hallucination." Another person who took the same quantity first felt the most extreme terror, indefinable and without an object, which was followed by immediate laughter.

(27) *Boston Medical and Surgical Journal*, 1845, vol. xxxi. p. 340.

By Dr. Bradley.

The Siamese smoke *Guncha* till they become intoxicated, stupid, and mad. Its first effect is to produce great mental exaltation, so that the ignorant often think its victims supernaturally influenced. It causes inebriation of the most cheerful kind in those who are naturally mild, but rage and fury in those who are naturally quarrelsome. This state of inebriation lasts from three to four hours, and is then followed by deep sleep. A prolonged use of it causes the most wretched nervousness, lung complaints, dropsy, melancholy, and madness.

(28) *Provincial Medical and Surgical Journal*, 1847, p. 122.

By Mr. Benjamin Barrow.

Cannabis Indica is said to cause a very agreeable kind of delirium, augmented appetite, sexual excitement, and impaired volition, followed by insensibility, during which the patient retains any position in which he may be placed.

Mrs. —, aged twenty-six, took *Cannabis Indica* for dysmenorrhœa. The first dose was five drops, which was repeated in two hours, and again in three hours. Some ease was experienced after the last dose, and I found her tolerably comfortable in the afternoon, but somewhat drowsy, she having had a restless night. She rose at 5 p.m., and went downstairs at 6 p.m., when she dined as well as usual, and took one glass of wine. A degree of incoherence of manner and speech was observed by her family during the meal, and almost immediately afterwards she became violently sick and vomited, being at the same time altogether unconscious; the extremities and body became cold, and when I saw her she was perfectly pulseless, the eyes wide open and staring, pupils somewhat contracted and quite insensible to the strongest light, with strong convulsions of the whole frame, and involuntary twitchings of the muscles, which symptoms

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remained for a day or two, whether awake or asleep. This state of complete insensibility—I might almost say of lifelessness—lasted about a quarter of an hour. Warm brandy-and-water, *sal volatile*, and warmth, relieved her, but there remained during the whole night a partial state of unconsciousness, as also the other symptoms in a milder degree. The pulse, which varied from 100 to 140 or 150, was extremely feeble, and intermitted from time to time during the following two days. The pains and uncomfortable sensations about the uterus and its appendages continued fourteen days or longer, which they had never done before.

(29) *Provincial Medical and Surgical Journal*, 1844, p. 90; 1843, vol. vi. p. 178; 1852, p. 281; 1848, p. 556.

Report of the Sheffield Medical Society, 1842-3.

Cannabis Indica is referred to in the memoirs of the Emperor Baber, translated from the Persian (see original). Cases of Hodson, Clendinning, and Ruhbaum quoted (see elsewhere).

(30) *Provincial Medical and Surgical Journal*, 1845, p. 197.

By Dr. James Inglis.

Mrs. —, aged thirty-two, suffering from chronic rheumatism, took a pill containing a quarter of a grain of extract of *Gunjah*, three grains of extract of *Colocynt*, and a little essential oil, at bedtime. At 3 a.m. I was sent for by her husband, who said he thought she was dying. I found her complaining of cold and general numbness; there was an inability, or rather a disinclination to move, and on raising the head she became giddy and nauseated; pulse 130; slight thirst. Stimulants internally and warmth externally soon relieved her, and she fell into a deep, calm sleep, during which she perspired profusely, and on awaking after some hours all the symptoms had passed off.

Miss —, aged twenty-seven, subject to gastric pain, took a similar pill, containing a quarter of a grain of extract of *Gunjah*, half an hour before dinner. In scarcely an hour afterwards she complained of giddiness, numbness, and a feeling of cold. She then fell from her chair in a fit, and was thence taken to bed, where I found her perfectly conscious, but listless, and disinclined to move. She had all the other symptoms of what may be called *Cannabism*, for the appearance of a person under its influence cannot be forgotten. I gave *Castor-oil* and brandy and an enema. She

soon fell asleep, perspired freely, and woke with slight vertigo, of which she was quite relieved by a second sleep.

(31) *American Journal of Medical Sciences*, 1843, New Series, vol. vi. p. 188.

Ley's paper quoted; see above.

(32) *Boston Medical and Surgical Journal*, 1863, vol. lxxvii. p. 291.

By Dr. Francis H. Brown.

Mr. C. took half a grain of extract of *Cannabis Indica* about 4 p.m.; at 4.30 p.m. half a grain more; at 4.45 p.m. one grain more; at 5 p.m. two grains; and at 5.15 p.m. two grains. Took tea as usual about 6.30 p.m. At 7.30 p.m. noticed that he felt somewhat nervous and dizzy, and that he gave wrong change to a customer. A few minutes afterwards went out on an errand, felt an irresistible inclination to run; at the same time a sense of "contraction" of entire genito-urinary organs, and great desire to urinate, with much strangury on urinating; also excessive dryness of fauces, coming on suddenly and with much thirst. On returning to his place of business he found it impossible to keep still, on account of an irresistible desire to be constantly on his feet. At this point I first saw him; found him walking at a quick pace, almost on his toes, round a room about eight feet square. Within a few minutes spasms supervened, during which, at times, the flexors and extensors, at times the abductors and adductors, of the whole body were thrown into violent alternate action. While sitting in a chair, one minute his feet would beat a tattoo on the floor, and the next his knees beat violently together. The spasms increased with severity and frequency for half an hour, and then gradually diminished, after emesis had been induced. He could, by strong exercise of his will, restrain the spasms, but on fresh access they were much more violent. They were unaccompanied by pain, but after a time he experienced a sense of weariness, as after the spasms of tetanus. He describes his mind as being "dull" and somewhat confused, but without any less of consciousness. Only once was there any mental disturbance, when he thought the vomitus was the head of a hippopotamus, and again a bunch of earth-worms. He noticed that if anything ludicrous were said or done, or any idea suggested which required more than the most common exercise of mind, the spasms were considerably intensified. The senses of seeing

and feeling were somewhat diminished. Had tinnitus aurium. Conjunctivæ much congested. Pulse at 8.30 p.m. about 140, somewhat irregular in character and frequency. At 10 p.m. pulse 90. Took an active emetic, which caused vomiting of ingesta having the odour of *Indian Hemp*. The symptoms lasted in severity for about an hour, then gradually diminished. Had a few more spasms during night, but not severe. Twenty-four hours later the desire for constant motion and an occasional slight spasm persisted, but these soon passed away, and he was well.

(33) *Dublin Medical Press*, 1847, vol. xvii. p. 168; 1843, vol. ix. pp. 329-31; 1854, vol. xxxii. p. 274; 1848, vol. xix. p. 403; 1851, vol. xxvi. p. 91; 1845, vol. xiii. pp. 149, 168, 185; 1859, vol. xli. p. 101; 1857, vol. xxxvii. p. 39; 1862, New Series, vol. vi. p. 557.

Cases by Barrow, etc., quoted; see elsewhere.

(34) *Medical Circular*, 1862, vol. xxi. p. 395; 1858, vol. xii. p. 298.

Cases by Luca, etc., quoted; see elsewhere.

(35) *Medical Times*, 1841, vol. iii. p. 58.

Extract from *Journal de Chimie Médicale*.

The effect of *Haschish* is exceedingly agreeable; the most complete *dolce far niente* is excited.

(36) *Medical Times*, 1848, vol. xviii. p. 127, and 1850, vol. xxi. p. 157.

By Dr. Ruhbaum, of Potsdam. (Original is in *Medicinische Zeitung*.—E. W. B.)

Cannabis Indica, given for facial neuralgia, caused in very delicate persons a little giddiness, lassitude in limbs, etc.; others evinced great excitement, mirth, and vivacity. These symptoms disappeared in an hour or two.

(37) *Medical Times*, 1849, vol. xix. p. 571.

Report of the Dublin Obstetrical Society.

Dr. Churchill said that in some patients *Cannabis Indica* caused a slightly unpleasant feeling in head, resembling that from an extra glass of wine. In one patient five drops caused an extraordinary degree of nervousness, and a sense of sinking, almost of dying, which gradually passed off.

THE FEVER-DENS IN THE WEST-CENTRAL AND NORTH-WESTERN DISTRICTS OF LONDON.

By DR. ROTH.

NOTWITHSTANDING the efforts of the Ladies' Sanitary Association, who, during the last twenty years, have distributed and sold one million and a half of sanitary tracts; notwithstanding the meetings of the National Health Society, and the Congresses of the Sanitary Institute; notwithstanding all the work of the officers of health and the subordinate inspectors of nuisances, the great mass of the working population, especially of the large cities and towns, are overcrowded in their miserable habitations, and are living in a state of dirt and filth of which the public at large has scarcely any idea.

My attention was directed to this subject five years ago, when one of my sons, a fourth year's student of medicine, gave me an account of the lodgings in which he had to attend to the confinement of poor women. His report is verbally copied (subjoined *A*). This year another of my sons, also a medical student, had, within five weeks, to confine forty-six poor women in the slums surrounding his hospital; and, in consequence of the bad exhalations and stench to which he was in some cases exposed for hours in these undrained localities, he caught typhoid fever, which jeopardised his life during sixty days. This is another reason that induced me to make known how young medical students are *unnecessarily* exposed to blood-poisoning and fever, and even to the danger of losing their lives, because the officers of health and their inspectors neglect their duty of periodical house-to-house visitation. There is no reason why every poor woman applying for gratuitous treatment and attendance during her confinement should not have a certificate from the Inspector of Nuisances that her room is in a fit state to live in.

The four cases mentioned (subjoined *B*) are specimens of the lodgings in which the majority of the forty-six women have been confined.

About three weeks ago I was requested by a lady to visit a poor woman in whom she was interested, and who had two months before been confined of twins. One of the twins was ill and emaciated, because the mother, unable to nurse herself, had used some farinaceous food and condensed Swiss milk; the baby was also neglected in point of cleanliness, and, lying in its wet badly smelling garments, had the feeding tube of

the bottle constantly in its mouth. Three children and one adult were sleeping in the very small room. The floor was very dirty, and the air very close. I proposed immediately to open the window, but another tenant of the back cellar and yard had fifty rabbits there, the stench of which was so great that the woman preferred the bad smell of the twins to that of the rabbits.

A.

"I attended twenty poor women in labour during the early summer of 1874, within a radius of one mile from University College Hospital. In the majority of cases they were the wives of labourers and unskilled artisans earning under 20s. a week, except in the case of costermongers, whose profits vary. In several instances, in addition to a husband and several children, one or two female adult relatives lived in the one room rented by the family, the rent of which varied from 2s. to 4s. 6d. per week. In most cases the women had enough food; in one instance, however, I attended a poor woman in a blind alley close to Tottenham Court Road, whose only articles of furniture were a wooden bedstead and a broken basin, and who had no one to attend to her. I was called in by a neighbour's boy. Her husband was an Irish labourer, out of work. I gave her some dinner tickets, which I was allowed to prescribe by the hospital rules; but, to my horror, when I asked her on the third day after her confinement whether she had enjoyed her dinner, which is generally sufficient for two meals, she replied that she had not been able to collect from her neighbours even the 2d. necessary to pay for the dinners, so she had not had them, and had only had a little gruel during the two days, which an old woman had given her.

"I attended another woman who lived in an underground room, with a grating in the pavement above for a window. The room was very foul and ill smelling; the back room was uninhabited, having about a foot deep of water in it. The woman said the drains were wrong, but the landlord would do nothing, as it cost too much, and she dared not complain to the inspector, as the landlord would turn her out at once.

"In most cases the rooms were extremely stuffy and close; if a window-pane was broken it was closed by a bundle of rags.

"The worst case I attended was a costermonger's wife, living in a second-floor front room in Fitzroy Market, which

lies between Tottenham Court Road and Great Portland Street. I arrived about 11 p.m. My patient, as well as her two sisters-in-law, was very drunk, and I had extreme difficulty in turning the latter out of the room. The woman became quieter when we were left alone with the husband, who was a quiet fellow enough. Two days after the confinement, I found that all the soiled rags which had been used were still lying under the bed, and in the corners of the room. In the same room was another bed, on which lay the costermonger's tray, and under the bed were a number of oranges and other eatables, which constituted his stock-in-trade. As a necessary consequence of these unsanitary conditions, and a total want of attention on the part of her female relatives, the woman took puerperal fever, and eventually died of it. I persuaded the husband to get a steady woman on the third day to clean out the room, but it was unfortunately too late. I remember another case where there were eatables to be sold in the streets, lying about the room in which the confinement took place.

"These notes are written from memory, and include those facts which made the greatest impression on me at the time.

"BERNARD ROTH, F.R.C.S.

"August, 1879."

B.

"Case 1.—A small room on top floor, about ten feet wide, sixteen long, seven high, wall-paper hanging in shreds, between which the bricks are visible. The crevices between the latter swarm with bugs and other vermin; the bed occupies about half the room—husband, wife, and two children occupy it; place is filthy; no water laid on; plenty of beer and gin.

"Case 2.—Room above stables; one bed only, occupied by three people; planks of floor rather rotten; one of my feet went through; the solitary window very small; stench from horses very strong, a kind of hot vapour seeming to pervade everything.

"Case 3.—Small room on kitchen floor, with a small window opening into the area; floor paved with bricks, the whole very damp; one bed for the whole family of four. Cockroaches swarming; get into the bed during the confinement and bite occupant; they crawled up my legs. Smell very bad; w.c. just outside the door, very dirty.

"Case 4.—Small room on the attic floor, reached by a steep and rotten staircase. Bed occupies a little more than half the space, and is used by mother, father, two children, and the newborn. Small window; bad ventilation; walls in bad condition, not papered for some time; ceiling falling down; crevices form nests for bugs.

"R. E. ROTH, Medical Student."

Having called public attention to such a state of filth and overcrowding, I may be permitted to make a few practical suggestions.

1. Obligatory periodical house-to-house visitation by the inspector of nuisances should be insisted upon by all medical officers of health.

2. Sanitary associations in connection with the Ladies' Sanitary Society should engage sanitary missionaries who would practically teach the poor women the advantages of cleanliness, and also how to manage their babies.

3. The National Health Society and the Sanitary Institute might assist in collecting statistics on the present neglected state of the habitations of the working and poor classes by addressing a request to the medical authorities of the London and Provincial Medical Schools to the effect that every medical student who has to attend the confinements of poor women should put down in a printed form in each case, the cubic dimensions of the room, its state regarding cleanliness, overcrowding, light, ventilation, supply of water, and the w.c.

Such statistics published periodically would be of great value, because all excuses for ignoring the filthy state of these fever-dens would be removed, and the medical officers of health would be supported by the public in carrying out their duties.

4. It is desirable that hospital authorities should make known in their adjacent districts that they will insist upon the use of disinfectants by the inspector of nuisances in all lodgings to which they send their students for the purpose of assisting poor women during their confinement; thus the danger of catching infectious fevers would be considerably diminished for the student.

5. As we live in the age of co-operation, a small weekly contribution from each working woman who expects to be confined would enable them to have in each district a kind of private lying-in Home, where, under the superintendence of

a regular nurse, all attention would be paid to the subscribers without exposing the students to the unnecessary danger of catching fever and possibly losing their lives.

6. Last month, August, 1879, the Local Government Board published an important order called Sanitary Orders, under the Public Health (Ireland) Act, which contains the following on "duties of medical officers of health, and other sanitary officers":—

"*a.* Every sanitary sub-officer shall, by inspection of the district for which he is appointed, keep himself informed in respect of any nuisances existing therein that require abatement under the Sanitary Acts, and if he shall receive notice of the existence of any nuisance within the district, he shall, as soon as practicable, visit the place and inquire into such alleged nuisance; and when he finds any matter demanding, in his opinion, attention from the medical officer of health of the dispensary district in which the same occurs, he shall notify it forthwith to the medical officer of health in writing, specifying the nature of the case, the situation of the premises, and the name of the occupier or owner, in the form (A) in the schedule B to this order annexed, and shall preserve a copy thereof in duplicate; and he shall submit to the sanitary authority at each weekly meeting, the duplicates of the reports which he has made to the medical officer of health during the preceding week, or an abstract thereof, and he shall also report to the sanitary authority any other matter affecting or threatening to affect injuriously the public health within his district.

"*b.* Every medical officer of health who shall have been apprised officially by the sanitary sub-officer or shall otherwise become cognisant of any matter demanding his attention as aforesaid, shall, as soon as practicable, visit the place, and if, after due inspection, he finds such matter to involve danger to public health, he shall report thereon to the sanitary authority, in the form (B) in the said schedule B, showing the source from which he received the information, and the date thereof, and the date of his visit of inspection; he shall also give a sufficient description of the nature of the case, and the remedy which he recommends to be adopted, and shall preserve a duplicate of every such report."

7. All I ask is that this excellent order should not remain, as at present in the London districts, a dead letter, but that it should be considered a severely punishable misdemeanour

if sanitary officers neglect their duties. In case of death caused by neglect of the sanitary officer's duties it would be desirable that the law should permit an indictment for manslaughter, and that a coroner's inquest should be held in every case of death caused by blood-poisoning and fever produced by deficient drainage, by water impregnated with poisonous exhalations or excrements, or by any other hygienic deficiencies. Hospital authorities should also be made responsible for exposing their medical students to loss of health and sometimes of life.

8. As long as there is no legal responsibility, and no liability of paying heavy damages and compensation for loss of health and life, landlords will continue to let their filthy and unhealthy tenements, and the working and poorer classes in large towns will remain in similar fever-dens to those I have described.

September, 1879.

A GOOD OPENING FOR A HOMŒOPATHIC PRACTITIONER AT CRADOCK, BRITISH SOUTH AFRICA.

A GENTLEMAN writing from Cradock, British South Africa, to Dr. Robert T. Cooper, of London, says:—

"Of course there are not many homœopathic practitioners, but there is a great deal of 'amateur' Homœopathy, and in cases of epidemics these amateurs have been more successful than the established doctors. The system is gaining ground, and we only want one or two *good men*, who could really compete in all circumstances with the best men here. The profession here is a paying one, and the youngest man coming out is pretty well certain of a good 'living.' In some of the districts the inhabitants guarantee a minimum of £500 per annum, but that is almost unnecessary. I give these particulars thinking perhaps they may be of interest to you, unless which is a very probable thing, you are better acquainted with the subject than myself.

"With regard to Cradock, there is no doubt of its desirableness as a permanent or temporary residence for invalids, particularly convalescents; those in the last stage, or requiring constant attention and nursing, are much better off at home. If, however, they are strong enough to take exercise on foot or on horseback, and can put up with plenty of plain wholesome feeding, they would almost certainly re-

cover ; there is plenty of milk (in the summer so rich that it is eaten with a spoon), and a horse can be bought for £10. Barring the climate and the healthy out-of-door life, and simple amusements, there are few attractions ; but there are any amount of shooting, a few tigers, and any quantity of "springboks," "steenboks," etc., the game varying with the district, so that life can be made very enjoyable. The winter is the pleasant time of the year, *cold and dry*, but almost invariably there is a warm sun shining outside, and it is *much colder indoors* than out. In the summer it is hot and dry ; the rain falls in this season, and is rather an advantage.

Further particulars may be learned of G. M. Harding, Esq., The Standard Bank, Cradock, British South Africa.

SOCIETY FOR IMPROVEMENT OF THE PHYSIQUE OF THE BLIND.

A NUMBER of ladies and gentlemen interested in the welfare of the blind met lately at Dr. Roth's, in Wimpole Street, and at Admiral Fishbourne's, in Hogarth Road, for the purpose of devising and introducing the best means for the improvement of the physique of the blind.

Admiral Fishbourne was in the chair at both meetings, and Dr. Roth was requested to explain his views, and to mention what might be done for the prevention of blindness and deformity.

The following is an abstract of his remarks made first on

The Prevention of Blindness.

He stated that it is desirable first to inquire into the causes of blindness ; as of the 40,000 blind who exist in England not the tenth part are born blind.

Causes of Blindness.

Ignorance of the elements of sanitary knowledge amongst various classes of the public is the most frequent cause of blindness.

Ignorance of mothers, nurses, and all those who have the care of the babies and infants, bad management, exposure to cold air, or too strong light, to their being sent out to be christened or registered, are some of the causes of the inflammation of the eyes known as ophthalmia-neonatorum—the eye-disease of the newborn.

Ignorance of elementary hygiene still prevailing amongst

public and private teachers, especially regarding all the injurious influences causing short sight and other eye-diseases; thus too strong as well as deficient natural or artificial light, bad position during school occupations, much dust, want of cleanliness and ventilation, belong to the causes of eye-diseases which occur during the time of school education.

Ignorance of persons engaged in trades and occupations injurious to the sight, partly by overstraining of the eyes through constant attention to minute work, partly by minute particles of mineral and vegetable substances floating in the air. To the causes of blindness belong especially scrofulous and syphilitic complaints, smallpox, scarlatina, measles, and the contagious purulent inflammation of the eyes which occurs in schools, barracks, and hospitals, and many accidents of various kinds. Finally, ignorance of many medical men of the right treatment of eye-diseases must be named as a source of blindness.

As means for counteracting the bad effects of these causes, Dr. Roth mentioned the necessity of imparting to the mass of the people from their childhood and during their whole school-course some elementary hygienic notions relating to health in general as well as to the eyes. Such knowledge can be diffused only by teachers who, during their own training, have obtained some practical popular hygienic knowledge. As long as Parliament does not pay for hygienic and physical education, just as for reading, writing, and arithmetic, there is unfortunately not any hope for an early introduction of popular hygienic knowledge in schools, especially as the Educational Department is still blind, and not aware of the importance of such a knowledge for all classes.

Mothers and nurses require model nurseries, where they can have practical instruction in the right management of babies and infants; they can also gather some theoretical knowledge through popular hygienic tracts and pamphlets published by the Ladies' Sanitary Association, which was originated by the speaker more than twenty years ago, and during that time has published, distributed, and sold one million and a half of sanitary tracts and pamphlets.

Those engaged in trades and occupations injurious to the eyes should be made acquainted with the circumstances causing eye-diseases and loss of sight, in order to enable them to counteract by hygienic means the noxious effects of their trades, and to induce them to resort in time to medical aid.

Many a blind man would have retained his eyesight, if the right time for medical treatment had not been neglected.

It was suggested that, by an application to the medical licensing bodies for a more strict examination in the treatment of eye-diseases, many of those who go up for a medical degree would be induced to study more earnestly the treatment of eye-diseases; a diminution of blindness caused by medical ignorance would be the result. It is not enough to have eminent oculists in the principal towns, but it is absolutely necessary that the majority of general practitioners should have a thorough knowledge of eye-diseases and their treatment.

In answer to a question regarding the prevention of deformities through physical education and hygiene, the following remarks were made by Dr. Roth. As the time at his disposal would not permit him to enter fully into this important question, he would restrict himself to some practical illustrations of how ignorance of elementary sanitary knowledge causes deformities of the feet and toes, bunions, corns and other complaints; diagrams of the skeleton of the foot in its natural state, of the deformities of a Chinese foot and of an English foot (the latter caused by short, narrow, high-heeled shoes), samples of good and bad shoes, casts of a normal foot, and of one with incipient deformities of the toes, samples of socks and stockings, with divisions for the toes—just like the fingers of a glove—were handed round; while the deficiencies of the prevailing fashion of shoes and boots, and the advantages and right form of a hygienic shoe were pointed out.

For the purpose of showing how bad positions during the time of education, study, or during the apprenticeship of various trades contribute to the development of spinal curvatures—especially when not counteracted by exercise of all the parts of the body—diagrams of the various bad positions illustrated how the deformities of the spine originated. At present it is a generally recognised fact that spinal curvatures and short sight are frequently met with in the same person, as acquired school ailments which might have been prevented; 60 to 65 per cent. short-sighted are found amongst students who attended school and college during eight to ten years; shortsightedness increases in all schools in proportion to the number of years the student has visited school.

As a large number of blind are mostly in a sedentary

position, they are more predisposed to round high shoulders, round backs, flat chests, spinal curvatures, and suffer frequently from catarrh, asthma, bronchitis, consumption, and other complaints. It is, therefore, most important, not only to teach blind children in their schools how to develop their body, and to make use of their limbs, but classes of adult blind should be formed and in the same manner instructed; they would thus be more independent in their actions and movements; they would be able to counteract the bad effects of their sedentary positions and occupations, and by obtaining a perfect control over their body and limbs, would be able to learn much more easily any trade, and lose the predisposition to the various complaints previously mentioned; and if in a good state of health, would not be obliged to depend upon public and private charity, but would be able to rely upon themselves and become independent.

Dr. Roth told the meeting that the means for the physical education and development of the blind are identical with those used for persons who can see; in order to make it more easy for the blind to learn the so-called free exercise of limbs—exercises not requiring any gymnastic or other apparatus—he had prepared models of the elementary exercises of the head, arms, trunk, and legs, which in their various combinations are quite sufficient for the harmonious development of all parts of the body. These models serve the blind for learning the exercises in the same manner as the raised type for reading.

Besides these exercises, elementary sanitary knowledge was recommended for the blind to enable them better to appreciate the advantages of pure air, proper food and dress, cleanliness and exercise. Finally, he appealed to those present—if *really* interested in the blind—not to lose time, but to put their shoulders to the wheel, and at once to have a few blind and other teachers trained in the subjects he had been advocating; every teacher thus trained would form a centre for the diffusion of this knowledge, useful to everybody, but especially to the blind. In the course of a few years the majority of all the blind in England might enjoy the benefit of improved health and vigour, and the pleasure of a perfect use of their body and limbs.

After Dr. Roth's remarks, the chairman then called upon Mr. Beresford, who is blind, to say a few words.

On rising, Mr. Beresford said he felt it impossible to remain indifferent or silent when a subject on which the

health and happiness of thousands of the blind depended was under discussion. There were upwards of 30,000 blind people in England. Of that number some few hundreds only were in a position to enjoy the solace and amusements of an education which wealth alone could procure. The rest—the vast mass, with few alleviations and many sufferings—were thrown upon their own resources for physical and mental recreations, which resources in many cases were conspicuously absent. Much, he said, in the course of the last few years had been done for this ill-starred portion of the community. The Scriptures and some few other valuable books in various types had been embossed, some few schools and institutions were scattered over the land, and some useful trades were taught in London and other large towns. Music, too, had had more than its proper share of attention in the academies and schools which boasted a more æsthetic training. Notwithstanding these and many admirable efforts, the physical education of the blind had been very much neglected. The blind were, from the very circumstance of loss of sight, prone to remain inactive, and in numerous cases, where blindness resulted from accident late in life, the sufferers being incapacitated for work, they spent their time in the monotonous pastime of nursing an empty grate, while the “click of the drowsy clock stamped on their brain its dull monotony.” Thus in many cases the once active and intelligent man degenerates in mind and physique till at length the cold but kindly kiss of death releases him from the burden of life. In conclusion, Mr. Beresford gave it as his deliberate opinion that the system of “free exercises” would be a blessing to all classes of the blind. In schools and institutions the young should be carefully taught by competent teachers; for the old and those beyond the reach of such institutions classes should be formed where the aged, even the invalided, could acquire that knowledge of the various movements which they could utilise afterwards in their own homes and upon their own hearths.

Those who wish to assist the Society for the Physical Improvement of the Blind, are requested to send their names and subscriptions to Mr. John Jervis Beresford, B.A. Cambridge, Treasurer (*pro tem.*), 4, Gloucester Crescent, Hyde Park, London, W.; or to Dr. Roth, 48, Wimpole Street, London, W.

Obituary.

CHARLES J. HEMPEL, M.D.

DR. HEMPEL has so long been an invalid, with vitality at a very low ebb, that the announcement of his death will cause no surprise, although no particularly unfavourable turn in his condition had been reported. He expired at his residence in East Bridge Street, Grand Rapids, on the 24th September, shortly before midnight, at the age of sixty-eight years.

Dr. Hempel was a native of Rhenish Prussia, born at Solingen, a manufacturing town near Cologne. Having received a collegiate education, he availed himself of the privilege afforded to all young Prussians at that time of passing a military examination. Young men who passed through this ordeal successfully being entitled to postpone entering the military service of Prussia until the completion of their twenty-third year, the doctor profited by this interval to go to Paris and attend the lectures of the distinguished men who then filled the chairs in the University and College de France.

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

He landed in New York on the 5th September, 1835, the twenty-fourth anniversary of his birth. He always regarded this circumstance as a remarkable coincidence, for he dated the higher intellectual activity, of which he speedily became conscious, from the day when he landed on the shores of America. He at once applied himself to a thorough acquisition of the English language, read the English and American classics with a passionate fondness, at the same time pursuing the study of the Italian language and literature with great zeal and enthusiasm. Very soon after his arrival in New York he became intimately acquainted with

Signor Maroncelli, the friend of Silvio Pellico, and with the other members of the Society of the Carbonari who had been released from the dungeons of the Spielberg, and had taken refuge in the United States. He resided two years in Signor Maroncelli's family, where he imbibed an ardent love for music, Italian literature, and erudition, and for the great and exalted ideas of social, political, and religious liberty which the members of the Carbonari entertained, and for which they had suffered martyrdom.

While enjoying the society of these gentlemen, and cultivating his taste for the classical literature of foreign nations, he attended medical lectures of the then recently organised Medical Department of the University of New York, of which he became one of the first graduates. Among his intimate friends and associates at that period he numbered John Manesca, author of a new system of studying the French language, and otherwise a gentleman of vast intellect and scientific attainments; Parke Godwin, editor of the *Evening Post*; Charles A. Dana, co-editor of the *Tribune*; Mr. Ripley, literary critic of the *Tribune*; John C. Bigelow, late ambassador to the Court of France; Daniel E. Sickles, late ambassador to the Court of Spain; Albert Brisbane, the celebrated socialist writer; Professor Bush, the celebrated Hebrew scholar and Swedenborgian theologian, and a number of other gentlemen who have since rendered themselves conspicuous in the domain of literature and politics.

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

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

Shortly after his marriage he was called to Philadelphia to fill the chair of *Materia Medica* and *Therapeutics* in

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

We are indebted to the *Homœopathic Times* for this notice.

FREDERICK JAMES SMITH.

It is with much regret that we announce the death of this gentleman, for upwards of five-and-thirty years a staunch disciple of Hahnemann, and a fervent apostle of his doctrines.

The earlier part of Mr. Smith's life was spent with his grandfather, Christopher Sundius, the Swedish scholar and philanthropist, whom George III. honoured with his sign manual, and to whom the freedom of the City of London was presented for his eminent services to this country. From him he imbibed that love of all that is good and great, and that desire of conducing to the happiness and permanent welfare of mankind, which has always been so characteristic of him.

Mr. Smith's was a face that, once seen, was not easily forgotten. Nature had been very bountiful to him, adding to the attractions of a singularly handsome and expressive face a most excellent manner.

When a young man he was induced by a friend to try Homœopathy as a last resource for loss of eyesight, from which he had been suffering, and for which he had consulted fruitlessly the most eminent Allopaths of the day. The rapid cure which followed on the adoption of this advice led him to inquire into the evidences for and against what was then the new system. The result of this was, what we believe will always be the result of a conscientious inquiry into the facts, a complete conviction of the truth of Homœopathy. From this time to within a few weeks of his death,

he spared neither time nor money in furthering the good cause. Few men in, and none out of, the profession have made more converts than Mr. Smith, whether by "personal dealing," if we may be allowed the expression, or by writing. His writings, which were many, were clear, concise, and never failed to be interesting. His "Narrative of the Introduction of Homœopathy into England," which came out monthly in the *Homœopathic Times* of 1852, had a great success at the time. Dr. Quin used to call him the "Historian of British Homœopathy." Dr. Chapman, the then editor of the *Homœopathic Times*, writes to him on the appearance of the first chapter: "Your style is good, your animus good, your materials good. Homœopathy is lucky in having such an historian."

Our limits will not admit of our recording all his services to Homœopathy and in the general field of philanthropy, but we may refer to his constant watchfulness over sanitary measures, and his able and useful pamphlets on scarlet fever, cholera, and other subjects. Apart from all these, as the originator of the Homœopathic Cholera Hospital, in 1849, he has claims to the grateful remembrance of every homœopath.

But perhaps the one deed for which we and the public in general owe him the deepest debt of gratitude is the great part he played in the purification of the Thames. With much earnestness and perseverance he originated a petition signed by the principal bankers, merchants, and charitable institutions of the City of London, and waited on the Lord Mayor. His speech on the occasion was reported in all the daily papers, and in a leading article in the *Daily News* shortly after, occur the following remarks: "Thanks to the energies of Mr. Frederick Smith and the present Lord Mayor, the City of London is in a fair way of emancipating itself from the disgrace which it has incurred by the impure condition of the river."

There are few of the professional men of our body to whom Mr. Smith was not well known, and they will, we are sure, cordially agree with us in saying that in Mr. Frederick Smith Homœopathy has sustained an irreparable loss, and that it will be long ere we look upon his like again.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

LACHNANTHES IN CONSUMPTION.

DEAR SIR,—In your November number Dr. Alabone says: "On reading the article entitled 'Our Annual Assembly,' in your issue of the 1st October, I was surprised to find that Dr. Nankivell, of Bournemouth, in reading his paper on 'The Therapeutics of Phthisis Pulmonalis,' referred to the employment of *Lachnanthes* as a remedy for the disease in such a manner as to infer that the discovery was his own."

Dr. Nankivell's words, as given in the *Monthly Homœopathic Review* for November, are: "*Lachnanthes* is a remedy which was brought under my notice in a pamphlet written by Dr. Edwin Alabone. This brochure makes no pretence to scientific accuracy, and is in fact one of those addresses *ad populum* which we must all regret to see in print. Still, I considered there was sufficient proved in the statements made by the author to warrant further inquiry. I then wrote to Dr. Alabone, etc., etc."

Had Dr. Alabone only waited till Dr. Nankivell's paper appeared *in extenso*, he would not have fallen into the error of unjustly accusing a *confrère* of appropriating his "discovery," of which supposed appropriation I must confess I can see no proof even in the *résumé* given in the October number of the *Homœopathic World*.

Dr. Alabone continues: "I think I am perfectly correct in stating that, until I drew the attention of the profession to the utility of this remedy, it had never before been used." *Lachnanthes* was first introduced to our profession by Dr. Ad. Lippe, in 1864, in the *American Homœopathic Review*, as Dr. Alabone might have discovered for himself, had he read the review of his book in *The Organon*, vol. i. p. 454; and before this time it was in use among the Seminole Indians. In this proving are some well-marked chest symptoms, quite sufficient to point out its curative value in phthisis, *provided the symptoms of the individual patient correspond*, and of course Dr. Alabone, as a professed homœopath, knows that we do not treat the disease phthisis, but the individual patient suffering from it.

Dr. Alabone continues: "From my own experience, and this is founded on the treatment of several thousands o

cases, the drug has proved successful in a most extraordinary degree, and a very great number of these cases have recovered." It is unfortunate that he has not given us the detailed account of a few dozen of these "several thousands of cases."

From a perusal of his pamphlet I find he also resorts to the use of a peculiar phosphorised "emulsion," to the inhalation of *Phosph.* and *Iodine*, or of *Oxygen*, and to inunction with *Phosphorised Oil*. Further, on examining the fifty illustrative cases (several of them with the names and addresses (!) of patients), I find only *five* in which *Lachnanthes* alone was used, exclusive of five in which the treatment is not specified. Any information which will lead to a scientific—*i.e.*, homœopathic—use of *Lachnanthes* will be welcome; but cases like Case 5, treated by *Lachnanthes*, *Phosph.*, and *Iodide of Arsenic*, NEARLY AT THE SAME TIME, show nothing as to the action of either remedy, and approach far too nearly to allopathic polypharmacy.

Yours truly,

E. W. BERRIDGE, M.D.

4, Highbury New Park, London, N.

ADVERTISING, AND NOSTRUM-MONGERING.

SIR,—I was struck with the prompt claim made by Dr. E. Alabone for priority of the use of *Lachnanthes* in phthisis after Dr. Nankivell's mention of it in his paper read before Congress at Malvern. And this eagerness to claim priority over Dr. Nankivell leads me ask how Dr. Alabone could refrain from informing the profession and the world that he possessed the knowledge of a remedy so potent and useful, instead of keeping the knowledge to himself, and using it for selfish purposes. It is generally deemed derogatory to a physician to use any remedy as a secret nostrum, and still more so to advertise himself as the healer thereby of any particular ailment, or class of ailments. I see Dr. Alabone's name, and have seen it very often, in the *Christian World* and elsewhere, as the author of a treatise on Consumption, which he professes to cure by sure remedies. And I see a preparation of his, an emulsion, advertised by W. Trick, Chemist, Green Lanes, N., styled a "well-known compound of olein and phosphorin—the most successful yet introduced." (Can any one inform me what is phosphorin?) I sent you a copy of his advertisement from the *Christian World*. With regard to advertising secret remedies or special methods.

of cure, if it be derogating from the honourable position of a physician to do so, and to place his name in the "dirty corner" with Page Woodcock's wind pills, etc., etc., I hold that in a small body professing a system like ours, which is already tabooed by the mass of the profession, it is especially desirable not to fall in with any of the trading practices which are too common, and that a special disgrace attaches to a homœopath who so far forgets what is due to his status, and to the honour of the body of men to whom he professes to belong. They manage these things better in France. If Dr. Churchill, for instance, wants to make it known that he can cure phthisis with hypophosphites, he writes a "mémoire" on the subject, presents it to the Académie de Médecine, and gets that august institution to favour his method. Then under its auspices he can make his discovery known, and push it before the profession. But even this is looked upon as rather *infra dig.* by the French purists, and popular treatises are looked on by them very much askance.

I am sure none of our good men can countenance such means of getting practice, and trust that Dr. Alabone will see his way to renouncing it.

Your obedient servant,

ADRIAN STOKES.

Sidmouth, November 10.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. O. BURNETT, Finsbury Circus, London, E.C.

All advertisement and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

HOMŒOPATHY IN BRADFORD.

—We are glad to learn that Mr. Charles E. Waddington

has taken over the business of the late Mrs. J. Teasdale, Homœopathic Chemist, Bradford, and that he intends to carry it on in future at more commodious premises—viz., at 31, Darley Street, Bradford. Mr. C. E. Waddington, in addition to his qualification as a chemist by examination, has had nine years' experience in homœopathic pharmacy; and hence the correctness of his preparations may be relied upon.

QUERIES.

In the "National Encyclopædia" (art. Glycerin) it is

stated that Nitro-glycerin "acts so powerfully on the nervous system that a single drop placed on the tip of the tongue produces a violent headache that lasts for several hours."

Has this fact—if it be a fact—ever been turned to account homoeopathically for the curative treatment of nervous headache and other nervous disorders? F. S. S.

[We are much obliged to our correspondent; he will be gratified to learn that Nitro-glycerine is well known in homoeopathic practice in this sense.—Ed.]

DR. ARROWSMITH presents his compliments to the editor of the *H. W.*, and will be glad to know where the proving of *Calotropis G.* and this drug are to be found, and any other particulars that "E. B. I." may be able to furnish respecting the medicine.

BOOKS AND JOURNALS
RECEIVED.

The Nurse, or Hints on the Care of the Sick. By C. T. Harris, A.M., M.D. Chicago: Duncan Brothers, 1879.

The Homoeopathic Times, October and November, 1879.

The Medical Enquirer, Oct., 1879.

Revue Homoeopathique Belge, Septembre, 1879.

Allgemeine Homoeopathische Zeitung, Nos. 17 to 20. Bd. 99.

American Observer, October, 1879.

The Cincinnati Medical Advance, 1879.

The Medical Counsellor,

October, 1879, with the September supplement.

Dietetic Reformer.

Archivos de la Medicina Homeopatica, Numero 48.

The Homoeopathic News, October, 1879.

New England Medical Gazette, November, 1879.

St. Louis Clinical Review, Nos. 7 and 8.

The Anglo-American Nice and Italian Register, Nov. 8, 1879.

La Reforma Medica, Tomo III., Num. 15.

Two Rare Forms of Skin Disease. By J. Galley Blackley, M.B. London.

The Hahnemannian Monthly, November, 1879.

Report of the South London Refuge, 1879.

Barbados Globe, October 13, 16, 20, and 23, 1879.

Chemist and Druggist, Nov. 15, 1879.

The New York Eclectic Medical and Surgical Journal, September and November, 1879.

El Criterio Medico, Tomo XX., Num. 10.

The Trade Bureau; Treating of Furniture, Upholstery, Interior Decoration, etc. New York, November 8, 1879.

The Medical, Surgical, and Hygienic Treatment of Diseases of Women, especially those causing *Sterility*, the Disorders and Accidents of Pregnancy, and Painful and Difficult Labour. Second Edition, enlarged; with fifty-five illustrations. By Edwin M. Hale, M.D., Professor of Materia Medica and Therapeutics in the Chicago Homoeopathic College, etc. Boericke and Tafel,

New York and Philadelphia, 1880.

A Text Book of Electro-Therapeutics and Electro-Surgery. By John Butler, M.D., L.R.C.P.E., L.R.C.S.I., etc. Ed. II. Boericke and Tafel.

OUR REVIEWS.

THERE are some reviews of very important works which are unavoidably postponed.

ANSWERS TO CORRESPONDENTS.

"X."—Your letter contains many good points, but it is really too abusive for our pages. Write it afresh, and leave out the gratuitous and unfounded aspersions that you cast upon a body of men that stand second to none in human society. As you are not the "X." of a former number, you had better adopt a different *nom de plume*.

DR. DAVIDSON, Florence.—Your remarkable memoir on "Grave Scrofulides of the Mucous Membrane of the Mouth and Throat" will be commenced in our January number.

DR. CLIFTON, Northampton.—We shall be pleased to receive the continuation of your paper whenever it is quite convenient.

COLLEAGUES who may be sending patients to winter at Mentone will be glad to learn that our friend Dr. Dunn, formerly of Doncaster, is now residing in that charming place at the Hôtel des Îles Britanniques.

TO OUR READERS AND SUBSCRIBERS.—This is the last number for the year, and hence our January number will commence a new issue of the

Homeopathic World. To avoid any delay or interruption, P.O. orders for the subscriptions should be sent at once to the manager, Mr. J. E. Stretton, 2, Finsbury Circus, E.C.

CORRESPONDENTS.

Communications received from Dr. Wilde, Weston-super-Mare; Dr. Roth, London; Dr. Cooper, London; Dr. Ussher, London; "X.;" Dr. Adrian Stokes, Sidmouth; Dr. Pope, London; Dr. Eugene Cronin, London; Dr. Tuthill Massy, Redhill, Surrey; Dr. Davidson, Florence, Italy; Dr. Arrow-smith, Wateringbury, near Maidstone; Dr. Shuldham, London; Dr. Berridge, London; "One Who Knows;" Dr. Herbert Nankivell, Bourne-mouth; Rev. J. R. F. Ross, Fowey; Mr. J. Tomlins, F.S.S.; and Dr. Clifton, Northampton.

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